ATHERTON & ASSOCIATES, LLP
P.O. BOX 4339
MODESTO, CA 95352

NOVEMBER 11, 2025

FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY
945 SOUTH MAIN STREET 210
SALINAS, CA 93901

FUTURE CITIZENS FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2024 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 17, 2025.

FORM 990-T RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

NO AMOUNT IS DUE ON FORM 990-T.

CALIFORNIA FORM RRF-1:

ON OR BEFORE NOVEMBER 17, 2025, THIS REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

THE CALIFORNIA FORM RRF-1 WILL BE MAILED TO THE REGISTRY OF CHARITIES AND FUNDRAISERS BY ATHERTON & ASSOCIATES, LLP. WE HAVE WRITTEN A CHECK, PAYABLE TO THE DEPARTMENT OF JUSTICE, IN THE AMOUNT OF $200 FOR THE ANNUAL REGISTRATION RENEWAL FEE ON YOUR BEHALF. THIS AMOUNT WILL BE BILLED AS A SEPARATE LINE ITEM IN A FUTURE INVOICE.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM 109 RETURN:

THE CALIFORNIA FORM 109 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

ATHERTON & ASSOCIATES, LLP

EXTENDED TO NOVEMBER 17, 2025

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
945 SOUTH MAIN STREET 210

City or town, state or province, country, and ZIP or foreign postal code
SALINAS, CA 93901

F Name and address of principal officer: NICHOLAS NELSON
SAME AS C ABOVE

D Employer identification number
26-0015069

E Telephone number
831-800-3458

G Gross receipts $ 8,341,681.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.FCF-CA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2001 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO DELIVER A TARGETED CURRICULUM OF GOLF AND CHARACTER DEVELOPMENT, LIFE SKILLS, ACADEMIC SUPPORT,

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	103
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-9,410.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,105,976.	4,406,247.
9	Program service revenue (Part VIII, line 2g)	388,865.	525,120.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,576.	178,155.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-590,056.	-580,795.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,006,361.	4,528,727.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	312,500.	296,250.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,221,032.	3,391,889.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 216,527.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,419,150.	1,687,191.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,952,682.	5,375,330.
19	Revenue less expenses. Subtract line 18 from line 12	53,679.	-846,603.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,629,629.	8,893,118.
21	Total liabilities (Part X, line 26)	1,025,163.	1,108,856.
22	Net assets or fund balances. Subtract line 21 from line 20	8,604,466.	7,784,262.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Date

NICHOLAS NELSON, CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JACQUELYN HOWELL			☒	P01327223

Firm's name ATHERTON & ASSOCIATES, LLP Firm's EIN 94-1239084

Firm's address P.O. BOX 4339
MODESTO, CA 95352-4339 Phone no. 209-577-4800

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO DELIVER A TARGETED CURRICULUM OF GOLF AND CHARACTER DEVELOPMENT, LIFE SKILLS, ACADEMIC SUPPORT, HIGHER EDUCATION, MENTORSHIP AND CAREER DEVELOPMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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.

4a (Code:) (Expenses $ 3,121,513. including grants of $ 0.) (Revenue $ 85,293.)
FIRST TEE - MONTEREY COUNTY (FTMC): FTMC IS A CHAPTER OF FIRST TEE AND SITUS UNDER THE PGA TOUR FOUNDATION. FIRST TEE IS A YOUTH DEVELOPMENT ORGANIZATION THAT ENABLES KIDS TO BUILD THE STRENGTH OF CHARACTER THAT EMPOWERS THEM THROUGH A LIFETIME OF NEW CHALLENGES. BY SEAMLESSLY INTEGRATING THE GAME OF GOLF WITH A LIFE SKILLS CURRICULUM, WE CREATE ACTIVE LEARNING EXPERIENCES THAT BUILD INNER STRENGTH, SELF-CONFIDENCE, AND RESILIENCE THAT KIDS CAN CARRY TO EVERYTHING THEY DO. WE'RE BUILDING GAME-CHANGERS THROUGH OUR JUNIOR GOLF PROGRAMS. FTMC PROVIDES ITS PROGRAMS AT ITS TWIN CREEKS GOLF CAMPUS LOCATED IN SALINAS, CALIFORNIA AND KING CITY GOLF COURSE LOCATED IN KING CITY, CALIFORNIA. AS OF OCTOBER 2023, FTMC DELIVERS THE FIRST TEES GOLF AND LIFE SKILLS EXPERIENCE CURRICULUM FROM JANUARY THROUGH DECEMBER DURING SCHOOL TIME,

4b (Code:) (Expenses $ 296,250. including grants of $ 296,250.) (Revenue $ 0.)
PAY IT FORWARD SCHOLARSHIP AND MENTORING PROGRAM: ON FEBRUARY 2, 2013, THE CALIFORNIA STATE UNIVERSITY MONTEREY BAY, THROUGH ITS UNIVERSITY CORPORATION (UCORP), TRANSFERRED TO FCF ALL RIGHTS, TITLE OR INTEREST IN THE PAY IT FORWARD SCHOLARSHIP AND MENTORING PROGRAM (PIF). THIS INCLUDED ALL RIGHTS IN NAMES OR STYLES RELATING TO THE PROGRAM, IT BEING THE INTENT OF THE PARTIES THAT FCF SHALL OWN OUTRIGHT THE INTEREST, RIGHTS AND ASSETS BELONGING TO THE PROGRAM. ADDITIONALLY, FOR A PERIOD OF FOUR YEARS AFTER THE TRANSFER DATE, AND THEREAFTER, SUBJECT TO TERMINATION UPON THE GIVING OF ONE YEARS PRIOR WRITTEN NOTICE, UCORP AGREES TO CONTINUE TO PROVIDE FUNDING FOR ADMINISTRATIVE SERVICES FOR THE PROGRAM, CONSISTENT WITH THE CURRENT LEVEL OF FUNDING, BUT NOT TO EXCEED $110,000 PER YEAR. THIS PERMITS ALL FUNDS RAISED BY FCF FOR THE

4c (Code:) (Expenses $ 298,338. including grants of $ 0.) (Revenue $ 0.)
THE TAYLOR FARMS CENTER FOR LEARNING (TFCFL): IN FEBRUARY 2014, OUR BOARD OF DIRECTORS APPROVED FUNDS TO CONSTRUCT A 5,000 SQUARE FOOT LEARNING CENTER ON THE CAMPUS IN SALINAS. CONSTRUCTION OF THE TFCFL BEGAN IN MARCH 2016 AND FCF TOOK OCCUPANCY IN SEPTEMBER 2016, WITH PROGRAM OPERATIONS COMMENCING IN MARCH 2017. THE CFL WAS CONSTRUCTED AT A COST OF $1.2M AND WAS COMPLETED ON TIME AND UNDER BUDGET. THE CFL PROVIDES A POWERFUL CURRICULUM OF ACADEMIC AND EDUCATIONAL SUPPORT AS WELL AS A CONTINUATION OF LIFE SKILLS AND CHARACTER DEVELOPMENT. THE CONTINUUM TOUCHES EACH PART OF THEIR LIFE FROM ELEMENTARY SCHOOL THROUGH COLLEGE. TO SUPPORT THE VISION OF OFFERING YOUNG PEOPLE OF MONTEREY COUNTY OPPORTUNITIES FOR A BRIGHTER FUTURE, THE CFL OFFERS PROGRAMS IN THREE PRIMARY FOCUS AREAS: ACADEMIA, SCIENCE, TECHNOLOGY,

4d Other program services (Describe on Schedule O.)
(Expenses $ 685,774. including grants of $) (Revenue $ 474,475.)

4e Total program service expenses 4,401,875.

SEE SCHEDULE O FOR CONTINUATION(S)

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*? See instructions	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 similar amounts as defined in Rev. Proc. 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		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 donor-restricted endowments or in 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, VII, VIII, IX, or X, as applicable.			
a	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	
c	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 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
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 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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	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		
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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 on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	103		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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 payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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.**				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on Schedule O. See instructions.*

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

Section 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	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	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			X
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			X
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:				
a	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 on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on 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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records

CLIFTONLARSONALLEN LLP - 831-759-6300
1188 PADRE DRIVE, SUITE 101, SALINAS, CA 93901

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICHOLAS NELSON CEO/SECRETARY	40.00	X		X				163,633.	0.	43,594.
(2) DANIEL LYNCH CHAIRMAN	4.00	X		X				0.	0.	0.
(3) DAVID GILL VICE CHAIRMAN	4.00	X		X				0.	0.	0.
(4) MICHAEL WINER VICE CHAIRMAN	4.00	X		X				0.	0.	0.
(5) BRIAN ANTLE DIRECTOR	4.00	X						0.	0.	0.
(6) SYDNEY BURLISON DIRECTOR	4.00	X						0.	0.	0.
(7) PETER BUTLER DIRECTOR	4.00	X						0.	0.	0.
(8) LISA DAVIS DIRECTOR	4.00	X						0.	0.	0.
(9) ANKER FANOE DIRECTOR	4.00	X						0.	0.	0.
(10) ANTHONY GALLINO DIRECTOR	4.00	X						0.	0.	0.
(11) ERIK HALLGRIMSON DIRECTOR	4.00	X						0.	0.	0.
(12) AARON JOHNSON DIRECTOR	4.00	X						0.	0.	0.
(13) JOHN LOUIE DIRECTOR	4.00	X						0.	0.	0.
(14) GEOFF COUCH DIRECTOR	4.00	X						0.	0.	0.
(15) HANK PLAIN DIRECTOR	4.00	X						0.	0.	0.
(16) VANYA QUINONES DIRECTOR	4.00	X						0.	0.	0.
(17) REUBEN RICHARDS DIRECTOR	4.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDREW ROSENBERG DIRECTOR	4.00	X						0.	0.	0.
(19) ROBERT SKINNER DIRECTOR	4.00	X						0.	0.	0.
(20) PAM FADEL DIRECTOR	4.00	X						0.	0.	0.
(21) BEN ZOLLER DIRECTOR	4.00	X						0.	0.	0.
(22) DEREK LARSON DIRECTOR	4.00	X						0.	0.	0.
(23) MAC TODD DIRECTOR	4.00	X						0.	0.	0.
1b Subtotal								163,633.	0.	43,594.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								163,633.	0.	43,594.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,271,779.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,134,468.				
	g Noncash contributions included in lines 1a-1f	1g	$ 276,213.				
	h **Total.** Add lines 1a-1f			4,406,247.			
Program Service Revenue		**Business Code**					
	2a GOLF COURSE OPERATIONS	713910		433,665.	433,665.		
	b FIRST TEE OF MONTEREY COUNTY	611710		85,293.	85,293.		
	c MEMBERSHIP DUES AND FEES	713910		6,162.	6,162.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			525,120.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			140,095.			140,095.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	3,144,729.				
	b Less: cost or other basis and sales expenses	7b	3,106,669.				
	c Gain or (loss)	7c	38,060.				
	d Net gain or (loss)			38,060.			38,060.
	8a Gross income from fundraising events (not including $ 2,271,779. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b Less: direct expenses	8b	606,033.				
	c Net income or (loss) from fundraising events			-606,033.			-606,033.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	90,842.				
	b Less: cost of goods sold	10b	100,252.				
	c Net income or (loss) from sales of inventory			-9,410.		-9,410.	
Miscellaneous Revenue		**Business Code**					
	11a OTHER INCOME	900099		34,648.	34,648.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			34,648.			
	12 **Total revenue.** See instructions			4,528,727.	559,768.	-9,410.	-427,878.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	296,250.	296,250.		
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, trustees, and key employees	207,227.	93,252.	93,252.	20,723.
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	2,705,328.	2,705,328.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,343.	17,254.	17,254.	3,835.
9 Other employee benefits	211,902.	95,356.	95,356.	21,190.
10 Payroll taxes	229,089.	103,090.	103,090.	22,909.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	184,188.	5,524.	178,574.	90.
12 Advertising and promotion	21,983.	34.	381.	21,568.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	302,128.	217,487.	74,865.	9,776.
17 Travel	52,331.	16,590.	35,691.	50.
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	132,437.	132,437.		
23 Insurance	121,678.	67,231.	41,953.	12,494.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	313,847.	235,492.	48,578.	29,777.
b MAINTENANCE FEE	196,560.	194,103.		2,457.
c REPAIRS & MAINTENANCE	171,569.	134,979.	10,797.	25,793.
d DUES & SUBSCRIPTIONS	69,677.	28,559.	15,426.	25,692.
e All other expenses SEE SCH O	120,793.	58,909.	41,711.	20,173.
25 **Total functional expenses.** Add lines 1 through 24e	5,375,330.	4,401,875.	756,928.	216,527.
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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,389,634.	1	1,017,903.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		907,464.	3	544,110.
	4	Accounts receivable, net		955,313.	4	593,676.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		39,004.	8	48,813.
	9	Prepaid expenses and deferred charges		44,868.	9	79,264.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,564,093.			
	b	Less: accumulated depreciation	10b 1,142,006.	1,383,633.	10c	1,422,087.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		4,217,814.	12	4,566,666.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		465.	14	1,764.
	15	Other assets. See Part IV, line 11		691,434.	15	618,835.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		9,629,629.	16	8,893,118.
Liabilities	17	Accounts payable and accrued expenses		335,475.	17	389,651.
	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	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	102,188.
	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		689,688.	25	617,017.
	26	**Total liabilities.** Add lines 17 through 25		1,025,163.	26	1,108,856.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		6,908,784.	27	6,398,320.
	28	Net assets with donor restrictions		1,695,682.	28	1,385,942.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		8,604,466.	32	7,784,262.
	33	Total liabilities and net assets/fund balances		9,629,629.	33	8,893,118.

Part XI Reconciliation of Net Assets

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	4,528,727.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,375,330.
3	Revenue less expenses. Subtract line 2 from line 1	3	-846,603.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,604,466.
5	Net unrealized gains (losses) on investments	5	170,696.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-144,297.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,784,262.

Part 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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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	2b	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Employer identification number 26-0015069

Part I 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 12, 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 (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ 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: _____
5 ☐ 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.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ 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.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**
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.**
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.**
d ☐ **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.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, 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 about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 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						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2520134.	5381028.	4155705.	4105976.	4406247.	20569090.
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	36,180.	146,818.	247,128.	388,865.	525,120.	1344111.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 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	2556314.	5527846.	4402833.	4494841.	4931367.	21913201.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	946,526.	2720604.	1389430.	1275049.	1436209.	7767818.
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				101,833.		101,833.
c Add lines 7a and 7b	946,526.	2720604.	1389430.	1376882.	1436209.	7869651.
8 **Public support.** (Subtract line 7c from line 6.)						14043550.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	2556314.	5527846.	4402833.	4494841.	4931367.	21913201.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	47,593.	58,406.	78,947.	100,861.	140,095.	425,902.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	69.	2,151.	1,612.			3,832.
c Add lines 10a and 10b	47,662.	60,557.	80,559.	100,861.	140,095.	429,734.
11 Net income from unrelated business activities not included on 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.)	44,152.	13,344.	6,880.	28,532.	34,648.	127,556.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	2648128.	5601747.	4490272.	4624234.	5106110.	22470491.

14 **First 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	62.50 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	62.08 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	1.91 %
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	1.71 %

19a **33 1/3% support tests - 2024.** 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 ☒

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
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.)*	10b		

Part IV 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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
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.	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

Schedule A — Payments from Disqualified Persons Included on Part III, Line 7a — 2024

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
GEOFF COUCH	62,131.	403,975.	56,100.	119,271.	21,000.
SCOTT MCWHORTER	3,000.	0.	0.	0.	0.
REUBEN RICHARDS	685.	0.	5,000.	0.	0.
DAVID GILL	90,174.	475,666.	102,836.	103,420.	122,668.
ROBIN BAGGETT	0.	130,042.	0.	0.	0.
ROBERT SKINNER	2,427.	433,666.	67,000.	67,050.	59,650.
ERIK HALLGRIMSON	4,500.	88,266.	5,000.	10,000.	10,000.
MICHAEL & BOBBI WINER	37,540.	115,250.	29,675.	48,700.	26,142.
PETER BUTLER	800.	10,578.	3,000.	0.	550.
JULIE WIRTH	11,407.	18,028.	25,700.	27,000.	0.
MONTEREY PENINSULA FOUNDATION	664,498.	459,100.	976,115.	785,000.	1,030,644.
DANIEL LYNCH	2,410.	336.	3,000.	0.	0.
EDUARDO OCHOA	485.	2,700.	0.	0.	0.
HANK PLAIN	48,139.	446,666.	37,500.	52,000.	47,250.
BILL SHELTON	1,510.	200.	0.	0.	0.
JOHN LOUIE	800.	672.	600.	0.	1,150.
BRIAN ANTLE	1,779.	0.	1,536.	1,054.	1,000.
LISA DAVIS	8,710.	100,000.	0.	10,000.	3,000.
ANTHONY GALLINO	3,168.	23,636.	17,974.	16,004.	1,000.
ANNA CABALLERO	300.	0.	0.	0.	0.
SYDNEY BURLISON	2,063.	1,150.	500.	0.	0.
NICHOLAS NELSON	0.	10,673.	250.	100.	1,800.
ANKER FANOE	0.	0.	12,500.	19,000.	15,000.
AARON JOHNSON	0.	0.	6,000.	450.	200.
Total to Schedule A, Part III, Line 7a					

Schedule A — Payments from Disqualified Persons Included on Part III, Line 7a — 2024

**** Do Not File ****
***** Not Open to Public Inspection *****

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
BEN ZOLLER	0.	0.	39,144.	3,000.	27,900.
ANDREW ROSENBERG	0.	0.	0.	13,000.	46,955.
VAYA QUINONES	0.	0.	0.	0.	100.
PAM FADEL	0.	0.	0.	0.	10,200.
DEREK LARSON	0.	0.	0.	0.	10,000.
Total to Schedule A, Part III, Line 7a	946,526.	2,720,604.	1,389,430.	1,275,049.	1,436,209.

Schedule A — Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b — 2024

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
CHEVRON	0.	0.	0.	101,833.	0.
Total to Schedule A, Part III, Line 7b				101,833.	

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Employer identification number 26-0015069

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
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 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 _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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.

Part III 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 FASB 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 FASB 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 $ _____

2 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,427,749.	567,775.	859,974.
c Leasehold improvements		538,956.	206,196.	332,760.
d Equipment		569,362.	344,317.	225,045.
e Other		28,026.	23,718.	4,308.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,422,087.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) VARIOUS INVESTMENTS	4,566,666.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,566,666.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	2,903.
(2) OPERATING RIGHT-OF-USE ASSETS	615,932.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	618,835.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	617,017.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	617,017.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	4,799,675.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	170,696.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	100,252.		
e	Add lines 2a through 2d			2e	270,948.
3	Subtract line 2e from line 1			3	4,528,727.
4	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	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	4,528,727.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	5,475,582.
2	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	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	100,252.		
e	Add lines 2a through 2d			2e	100,252.
3	Subtract line 2e from line 1			3	5,375,330.
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,375,330.

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.

PART X, LINE 2:
MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR TAX YEARS ENDING DECEMBER 31, 2020 AND PRIOR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
PRO SHOP COST OF GOODS SOLD 100,252.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
PRO SHOP COST OF GOODS SOLD 100,252.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

(Rev. December 2024)

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, 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Employer identification number: 26-0015069

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
Total						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 BOOTS, BOTTLES & BB (event type)	(b) Event #2 GAME CHANGERS GAL (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,403,167.	341,939.	526,673.	2,271,779.
	2 Less: Contributions	1,403,167.	341,939.	526,673.	2,271,779.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes	0.	0.	0.	
	5 Noncash prizes	173,672.	530.	24,792.	198,994.
	6 Rent/facility costs	0.	2,836.	47,112.	49,948.
	7 Food and beverages	2,631.	730.	55,094.	58,455.
	8 Entertainment	11,255.	3,000.	3,686.	17,941.
	9 Other direct expenses	199,258.	36,117.	45,320.	280,695.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				606,033.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-606,033.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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 records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Employer identification number 26-0015069

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

LHA 432101 01-02-25

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	81	296,250.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
THE ORGANIZATION REQUIRES GRANTEE REPORTS.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Employer identification number: 26-0015069

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NICHOLAS NELSON	(i)	163,633.	0.	0.	20,000.	23,594.	207,227.	0.
CEO/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization: FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Employer identification number: 26-0015069

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (AUCTION ITEMS)	X	52	188,349.	FAIR MARKET VALUE
26	Other (SUPPLIES)	X	192	87,864.	FAIR MARKET VALUE
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 | 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Employer identification number: 26-0015069

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HIGHER EDUCATION, MENTORSHIP AND CAREER DEVELOPMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AFTER SCHOOL, ON WEEKENDS AND ON SCHOOL VACATIONS. SINCE 2004, OVER 110,000 ACTIVE PARTICIPANTS BETWEEN THE AGES OF 7 AND 18 YEARS OF AGE HAVE BEEN IMPACTED THROUGHOUT MONTEREY COUNTY. FTMC ALSO INCLUDES PROGRAMS THAT PROMOTE HEALTHY HABITS AND NUTRITION, AS WELL AS OFFERING HOMEWORK HELP AND TUTORING ASSISTANCE. DURING SCHOOL VACATIONS (SPRING, SUMMER, AND WINTER), FTMC DELIVERS EXTENDED PROGRAMMING THROUGH A VARIETY OF ACTIVITY CAMPS. WITH A FOCUS ON PROVIDING YOUTH OPPORTUNITIES FOR A BETTER FUTURE, PARTICIPANTS ENJOY THE PROGRAMMING PARTNERSHIPS WITH SEVERAL OTHER LOCAL NON-PROFIT ORGANIZATIONS AND FOR-PROFIT BUSINESSES THAT FTMC HAS DEVELOPED. THE ANNUAL REGISTRATION FEE FOR A PARTICIPANT IS $160. THE PARTNERSHIPS WITH LOCAL SCHOOL DISTRICTS HAVE RESULTED IN OVER 6,000 FULL SCHOLARSHIPS. NINETY-SIX PERCENT OF THE FTMC PARTICIPANTS ARE NON-CAUCASIAN, AND FORTY-EIGHT PERCENT ARE FEMALE. THE FCF BOARD BELIEVES THAT THE INVESTMENT OF OVER $2,200,000 IN NON-COLLECTED MEMBERSHIP FEES IS MORE THAN JUSTIFIED THROUGH THE POSITIVE IMPACT THAT THE PROGRAM HAS ON THE YOUNG PEOPLE'S LIVES AND CONSEQUENTLY, THE SURROUNDING COMMUNITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM TO BE GRANTED 100 PERCENT TO STUDENT SCHOLARSHIPS. EACH STUDENT RECEIVES A $20,000 PIF SCHOLARSHIP AT $5,000 PER YEAR FOR FOUR YEARS AND IS REQUIRED TO STAY ON A FOUR-YEAR GRADUATION TRACK, MAINTAIN AT LEAST A 2.5 CUMULATIVE GRADE POINT AVERAGE, MEET PERSONALLY WITH HIS/HER COMMUNITY MENTOR AT LEAST ONCE A MONTH, PARTICIPATE IN EACH OF 10 MONTHLY PROGRAM MEETINGS, SPEND AT LEAST FIVE HOURS EACH MONTH TUTORING AND MENTORING YOUNGER STUDENTS, PRIMARILY THROUGH TFTMC, AND BE IN THE FIRST GENERATION OF THEIR FAMILY TO ATTEND COLLEGE. AS OF OCTOBER 2024, THERE ARE 61 STUDENTS RECEIVING SCHOLARSHIPS IN THE 2023-2024 SCHOOL YEAR, 142 STUDENTS HAVE GRADUATED UNDER THE PIF PROGRAM IN FOUR YEARS OR LESS, AND OF THOSE GRADUATED, 51 PERCENT DID SO WITH HONORS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ENGINEERING, AND MATH (STEAM); PLUS LIFE EXPLORATION AND PREPARATION (LEAP). THE CFL SERVES AGES 7-22 FROM SPECIFIC GROUPS INCLUDING FIRST TEE - MONTEREY COUNTY PARTICIPANTS, THE PAY IT FORWARD SCHOLARSHIP AND MENTORING PROGRAM SCHOLARS AND THEIR MENTEES, AND ALUMNI OF FIRST TEE - MONTEREY COUNTY THAT MAY NOT BE COLLEGE-READY OR STILL EXPLORING LIFE OPTIONS. THE CFL PROVIDES ACADEMIC ENRICHMENT, STEAM ACTIVITIES, CODING AND GAME DESIGN CLASSES, AND CAREER EXPLORATION ACTIVITES, AS WELL AS A SAFE AFTER-SCHOOL ENVIRONMENT, AND OUT-OF-SCHOOL CAMPS FOR YOUTH IN MONTEREY COUNTY.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WAS REVIEWED BY THE KEY BOARD MEMBERS BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD AND MANAGEMENT SIGN AND REVIEW CONFLICT OF INTEREST STATEMENTS.

Name of the organization FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Employer identification number 26-0015069

FORM 990, PART VI, SECTION B, LINE 15:
MANAGEMENT AND THE BOARD COMPARE SALARY RATES IN THEIR ORGANIZATION WITH THOSE OF SIMILAR ORGANIZATIONS TO DEVELOP COMPENSATION POLICIES AND RATES, WHICH ARE THEN APPROVED AT BOARD MEETINGS.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

EVENTS:	
PROGRAM SERVICE EXPENSES	18,451.
MANAGEMENT AND GENERAL EXPENSES	30,348.
FUNDRAISING EXPENSES	2,980.
TOTAL EXPENSES	51,779.
BANK AND MERCHANT CHARGES:	
PROGRAM SERVICE EXPENSES	17,472.
MANAGEMENT AND GENERAL EXPENSES	3,676.
FUNDRAISING EXPENSES	17,081.
TOTAL EXPENSES	38,229.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	22,986.
MANAGEMENT AND GENERAL EXPENSES	4,627.
FUNDRAISING EXPENSES	112.
TOTAL EXPENSES	27,725.
BAD DEBT EXPENSE (RECOVERY):	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,060.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,060.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	120,793.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LIQUOR LICENSE	12/31/23		15M	HY	43	2,381.				2,381.	534.		83.	617.
2	BUILDING	12/31/23	SL	20.00		16	1,427,749.				1,427,749.	497,649.		70,126.	567,775.
3	LEASEHOLD IMPROVEMENTS	12/31/23	SL	20.00		16	538,956.				538,956.	177,687.		28,509.	206,196.
4	PUMPS & IRRIGATION	12/31/23	SL	10.00		16	58,841.				58,841.	41,963.		1,266.	43,229.
5	FURNITURE & FIXTURES	12/31/23	SL	7.00		16	28,026.				28,026.	22,898.		820.	23,718.
6	GOLF COURSE EQUIPMENT	12/31/23	SL	7.00		16	96,462.				96,462.	38,310.		9,198.	47,508.
7	VEHICLES	12/31/23	SL	5.00		16	152,738.				152,738.	37,500.		9,391.	46,891.
8	SOFTWARE	12/31/23		5M	HY	43	17,500.				17,500.	17,500.		0.	17,500.
9	OFFICE EQUIPMENT	12/31/23	SL	7.00		16	261,322.				261,322.	193,646.		13,044.	206,690.
	* TOTAL 990 PAGE 10 DEPR & AMORT						2,583,975.				2,583,975.	1,027,687.		132,437.	1,160,124.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

CARRYOVER DATA TO 2025

Name	Employer Identification Number
FUTURE CITIZENS FOUNDATION DBA THE FIRST TEE OF MONTEREY COUNTY	26-0015069

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - GOLF PRO-SHOP	16,634.
FEDERAL PRE-2018 NET OPERATING LOSS	74,599.
CA NET OPERATING LOSS	96,302.

Name: FUTURE CITIZENS FOUNDATION DBA THE F FEIN: 26-0015069

Type and Entity: GOLF PRO-SHOP POST-2017 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2023	7,224.										
B	2024	9,410.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

Name: FUTURE CITIZENS FOUNDATION DBA THE F FEIN: 26-0015069

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/17	Amount Used for 12/31/18	Amount Used for 12/31/19	Amount Used for 12/31/20	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2016	85,507.	10,908.	2,185.	3,453.	1,438.	69.	2,151.	1,612.			
B												
C												
D												
E												
F												
G												
H												
I												
J												
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N												
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S												
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V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
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R													
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U													
V													
W													

Name: FUTURE CITIZENS FOUNDATION DBA THE F FEIN: 26-0015069

Type and Entity: NOL CA

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/17	Amount Used for 12/31/18	Amount Used for 12/31/19	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2016	85,507.	5,839.	1,185.	2,453.	438.	1,151.	612.				
B	2023	7,224.										
C	2024	9,410.										
D												
E												
F												
G												
H												
I												
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R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
E													
F													
G													
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V													
W													

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____ , 2024, and ending _____ , 20 ___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

EIN or SSN 26-0015069

Name and title of officer or person subject to tax NICHOLAS NELSON
CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☒	**b Total tax** (Form 990-T, Part III, line 4)	6b	0.
7a	**Form 4720** check here	☐	**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize ATHERTON & ASSOCIATES, LLP to enter my PIN 50690

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 77019900125

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Taxpayer identification number (TIN)
26-0015069

Number, street, and room or suite no. If a P.O. box, see instructions.
945 SOUTH MAIN STREET, 210

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SALINAS, CA 93901

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

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

The books are in the care of CLIFTONLARSONALLEN LLP
1188 PADRE DRIVE, SUITE 101 - SALINAS, CA 93901

Telephone No. 831-759-6300 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

EXTENDED TO NOVEMBER 17, 2025

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Number, street, and room or suite no. If a P.O. box, see instructions.
945 SOUTH MAIN STREET, 210

City or town, state or province, country, and ZIP or foreign postal code
SALINAS, CA 93901

C Book value of all assets at end of year ..... 8,893,118.

D Employer identification number
26-0015069

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of CLIFTONLARSONALLEN LLP Telephone number 831-759-6300

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded**			11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ 74,599. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
455000	$ 7,224.
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
JACQUELYN HOWELL				P01327223

Firm's name ATHERTON & ASSOCIATES, LLP — Firm's EIN 94-1239084

Firm's address P.O. BOX 4339 MODESTO, CA 95352-4339 — Phone no. 209-577-4800

Form **990-T** (2024)

423711 01-30-25

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	85,507.	10,908.	74,599.	74,599.
NOL CARRYOVER AVAILABLE THIS YEAR			74,599.	74,599.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

B Employer identification number 26-0015069

C Unrelated business activity code (see instructions) 455000

D Sequence: 1 of 1

E Describe the unrelated trade or business GOLF PRO-SHOP

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 90,842. b Less returns and allowances c Balance	1c	90,842.		
2 Cost of goods sold (Part III, line 8)	2	100,252.		
3 Gross profit. Subtract line 2 from line 1c	3	-9,410.		-9,410.
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	-9,410.		-9,410.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	**Total deductions.** Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-9,410.
17	Deduction for net operating loss. See instructions		17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16		18	-9,410.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2024**

Part III Cost of Goods Sold Enter method of inventory valuation COST

1	Inventory at beginning of year	1	0.
2	Purchases	2	100,252.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	**Total.** Add lines 1 through 5	6	100,252.
7	Inventory at end of year	7	0.
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	100,252.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☒ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2024

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____
B ☐ _____
C ☐ _____
D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/23	7,224.	0.	7,224.	7,224.
NOL CARRYOVER AVAILABLE THIS YEAR			7,224.	7,224.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property) 990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
FUTURE CITIZENS FOUNDATION DBA THE FIRST TEE OF MONTEREY COUNTY	FORM 990 PAGE 10	26-0015069

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	132,354.

Part III **MACRS Depreciation (Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	132,354.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles. **)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year STMT 3				**43**	83.
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	83.

Form **4626**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax-Corporations

Attach to your tax return.
Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

2024

Name of corporation

FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Employer identification number (EIN)

26-0015069

A Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ☐ **Yes** ☒ **No**
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).

B Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ **Yes** ☒ **No**
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

			(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):				
a	Consolidated net income or loss per the AFS of the corporation	1a			
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b			
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c			
d	Adjustment for certain consolidating entries (see instructions)	1d			
e	Specified additional net income or loss item B. Reserved for future use	1e			
f	AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f			
2	Adjustments (see instructions):				
a	Financial statements covering different tax years	2a			
b	Corporations that are not included on the taxpayer's consolidated return	2b			
c	Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c			
d	Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d			
e	Certain taxes	2e			
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f			
g	Alaska native corporations	2g			
h	Certain credits	2h			
i	Mortgage servicing income	2i			
j	Tax-exempt entities (organizations subject to tax under section 511)	2j			
k	Depreciation	2k			
l	Qualified wireless spectrum	2l			
m	Covered transactions	2m			
n	Adjustments related to bankruptcy and insolvency	2n			
o	Certain insurance company adjustments	2o			
p	Adjustment P - Reserved for future use	2p			
q	Adjustment Q - Reserved for future use	2q			
r	Adjustment R - Reserved for future use	2r			
s	Adjustment S - Reserved for future use	2s			
z	Other	2z			
3	Specified adjustment. Reserved for future use	3			
4	Total adjustments. Combine lines 2a through 2z	4			
5	AFSI. Combine lines 1f and 4	5			
6	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5	6			
7	3-year average annual AFSI (see instructions)	7			

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

8 Is line 7 more than $1 billion?

☐ **Yes.** Continue to line 9.

☐ **No.** STOP here and attach to your tax return.

9 Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?

☐ **Yes.** Continue to line 10.

☐ **No.** Continue to Part II.

			(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10	AFSI for purposes of the $100 million test before adjustments:				
a	AFSI from line 5	**10a**			
b	Aggregation differences (see instructions)	**10b**			
c	Total AFSI for purposes of the $100 million test before adjustments. Combine lines 10a and 10b	**10c**			
11	Adjustments:				
a	Income not effectively connected to a U.S. trade or business	**11a**			
b	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	**11b**			
c	Reserved for future use - Other adjustments 1	**11c**			
d	Reserved for future use - Other adjustments 2	**11d**			
12	Total adjustments. Combine lines 11a and 11b	**12**			
13	Total AFSI for purposes of the $100 million test. Combine lines 10c and 12	**13**			

14	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13	**14**	
15	3-year average annual AFSI for purposes of the $100 million test	**15**	

16 Is line 15 $100 million or more?

☐ **Yes.** Continue to Part II.

☐ **No.** STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

1	Net income or loss per AFS (see instructions):		
a	Consolidated net income or loss per the AFS of the corporation	1a	-10,410.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
e	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-10,410.
2	Adjustments (see instructions):		
a	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2i	
j	Certain credits	2j	
k	Mortgage servicing income	2k	
l	Covered benefit plans described in section 56A(c)(11)(B)	2l	
m	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
o	Qualified wireless spectrum	2o	
p	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
s	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other	2z	
3	Total adjustments. Combine lines 2a through 2z	3	
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-10,410.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6a	Adjustment A - Reserved for future use	6a	
b	Adjustment B - Reserved for future use	6b	
c	Adjustment C - Reserved for future use	6c	
d	Adjustment D - Reserved for future use	6d	
e	Adjustment E - Reserved for future use	6e	
f	Adjustment F - Reserved for future use	6f	
g	Adjustment G - Reserved for future use	6g	
h	Adjustment H - Reserved for future use	6h	
z	Income taxes in other places	6z	
7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

1	Domestic corporation CAMT foreign income taxes:				
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a			
b	Adjustment	1b			
c	Adjustment	1c			
d	Adjustment	1d			
e	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g			2	
3	Allowable CFC CAMT foreign income taxes:				
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a			
b	Other	3b			
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c			
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c			3d	
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%		
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f			
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)			3g	
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)			3h	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8			6	

Part V **Members of a Controlled Group Treated as a Single Employer and FPMG Members Taken Into Account in "Applicable Corporation" Determination**

	(a) Name of member	(b) EIN of member	(c) Check if the entity is a member of a 59(k)(1)(D) group	(d) Check if the entity is a member of a 59(k)(2)(B) group	(e) EIN/FTIN of the U.S. return (if any) on which the majority of the member's income is reported	(f) Member's financial statement income/(loss)
1						
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FORM 4562 PART VI - AMORTIZATION STATEMENT 3

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
LIQUOR LICENSE	12/31/23	2,381.		15M	534.	83.
TOTAL TO FORM 4562, LINE 43						83.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LIQUOR LICENSE	12 31 23		15M	43	2,381.			2,381.	534.		83.
2	BUILDING	12 31 23	SL	20.00	16	1427749.			1427749.	497,649.		70,126.
3	LEASEHOLD IMPROVEMENTS	12 31 23	SL	20.00	16	538,956.			538,956.	177,687.		28,509.
4	PUMPS & IRRIGATION	12 31 23	SL	10.00	16	58,841.			58,841.	41,963.		1,266.
5	FURNITURE & FIXTURES	12 31 23	SL	7.00	16	28,026.			28,026.	22,898.		820.
6	GOLF COURSE EQUIPMENT	12 31 23	SL	7.00	16	96,462.			96,462.	38,310.		9,198.
7	VEHICLES	12 31 23	SL	5.00	16	152,738.			152,738.	37,500.		9,391.
8	SOFTWARE	12 31 23		5M	43	17,500.			17,500.	17,500.		0.
9	OFFICE EQUIPMENT	12 31 23	SL	7.00	16	261,322.			261,322.	193,646.		13,044.
	* TOTAL 990 PAGE 10 DEPR & AMORT					2583975.		0.	2583975.	1027687.		132,437.

428102 04-01-24

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	LIQUOR LICENSE	12 31 23		15M	2,381.		2,381.	617.	0.
2	BUILDING	12 31 23	SL	20.00	1427749.		1427749.	567,775.	71,387.
3	LEASEHOLD IMPROVEMENTS	12 31 23	SL	20.00	538,956.		538,956.	206,196.	26,948.
4	PUMPS & IRRIGATION	12 31 23	SL	10.00	58,841.		58,841.	43,229.	5,884.
5	FURNITURE & FIXTURES	12 31 23	SL	7.00	28,026.		28,026.	23,718.	4,004.
6	GOLF COURSE EQUIPMENT	12 31 23	SL	7.00	96,462.		96,462.	47,508.	13,780.
7	VEHICLES	12 31 23	SL	5.00	152,738.		152,738.	46,891.	30,548.
8	SOFTWARE	12 31 23		5M	17,500.		17,500.	17,500.	0.
9	OFFICE EQUIPMENT	12 31 23	SL	7.00	261,322.		261,322.	206,690.	37,332.
	* TOTAL 990 PAGE 10 DEPR & AMORT				2583975.		2583975.	1160124.	189,883.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAXABLE YEAR **2024**

California Exempt Organization Annual Information Return

428941 01-14-25
FORM **199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization name
FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

California corporation number
2361970

Additional information. See instructions.

FEIN
26-0015069

Street address (suite or room)
945 SOUTH MAIN STREET, 210

PMB no.

City
SALINAS

State
CA

ZIP code
93901

Foreign country name

Foreign province/state/county

Foreign postal code

A First return ..... ☐ Yes ☒ No
B Amended return ..... ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☒ 990T (2) ● ☐ 990PF
(3) ● ☐ Sch H (990) (4) ☒ Other 990 series
G Is this a group filing? See instructions ..... ● ☐ Yes ☒ No
H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ..... ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $ _____
L Is the organization a limited liability company? ..... ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● ☒ Yes ☐ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? ..... ☐ Yes ☒ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●			1	3,935,434 00
	2	Gross dues and assessments from members and affiliates ●			2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●			3	4,406,247 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 3 **This line must be completed.** If the result is less than $50,000, see General Information B ●			4	8,341,681 00
	5	Cost of goods sold STMT 2 ●	5	100,252 00		
	6	Cost or other basis, and sales expenses of assets sold ●	6	3,106,669 00		
	7	Total costs. Add line 5 and line 6			7	3,206,921 00
	8	Total gross income. Subtract line 7 from line 4 ●			8	5,134,760 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●			9	5,981,363 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●			10	-846,603 00
Payments	11	Total payments ●			11	00
	12	Use tax. See General Information K ●			12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●			13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●			14	00
	15	Penalties and interest. See General Information J			15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉			16	00

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title CEO | Date | ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☒ | ● PTIN P01327223

Firm's name (or yours, if self-employed) and address ▶ ATHERTON & ASSOCIATES, LLP
P.O. BOX 4339
MODESTO, CA 95352-4339

● Firm's FEIN 94-1239084
● Telephone 209-577-4800

May the FTB discuss this return with the preparer shown above? See instructions ..... ● ☒ Yes ☐ No

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

	1	Gross sales or receipts from all business activities. See instructions	1	90,842	00
	2	Interest	2	48,744	00
	3	Dividends	3	91,351	00
Receipts	4	Gross rents	4		00
from	5	Gross royalties	5		00
Other	6	Gross amount received from sale of assets (See instructions) STATEMENT 4	6	3,144,729	00
Sources	7	Other income. Attach schedule SEE STATEMENT 5	7	559,768	00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	3,935,434	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule STATEMENT 6	9	296,250	00
	10	Disbursements to or for members.	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 7	11	207,227	00
	12	Other salaries and wages	12	2,705,328	00
Expenses	13	Interest	13		00
and	14	Taxes	14	229,089	00
Disburse-	15	Rents	15	302,128	00
ments	16	Depreciation and depletion (See instructions)	16	132,437	00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 8	17	2,108,904	00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	5,981,363	00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash		1,389,634		1,017,903
2 Net accounts receivable		955,313		593,676
3 Net notes receivable				
4 Inventories		39,004		48,813
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule *		4,217,814		4,566,666
10 a Depreciable assets	2,393,285		2,564,093	
b Less accumulated depreciation	1,009,652	1,383,633	1,142,006	1,422,087
11 Land				
12 Other assets. Attach schedule STMT 10		1,644,231		1,243,973
13 **Total assets**		9,629,629		8,893,118
Liabilities and net worth				
14 Accounts payable		335,475		389,651
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				102,188
18 Other liabilities. Attach schedule STMT 11		689,688		617,017
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		8,604,466		7,784,262
22 **Total liabilities and net worth**		9,629,629		8,893,118

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	-846,603	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	-846,603
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	-846,603		

* SEE STATEMENT

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DAVID AND SUSAN GILL	P.O. BOX 605 KING CITY, CA 93930	12/31/24	111,100.
MONTEREY PENINSULA FOUNDATION, INC	1 LOWER RAGSDALE DR BLDG 3, SUITE 100 MONTEREY, CA 93940	12/31/24	1,030,644.
HANK AND LISA PLAIN	P.O. BOX 1095 PEBBLE BEACH, CA 93953	12/31/24	47,250.
ROBERT AND STEPHANIE SKINNER	PO BOX 386 PEBBLE BEACH, CA 93953	12/31/24	57,650.
GEOFF AND MIERA COUCH	1290 PORTOLA ROAD PEBBLE BEACH, CA 93953	12/31/24	21,000.
TAYLOR FARMS	150 MAIN ST. SUITE 400 SALINAS, CA 93901	12/31/24	97,000.
MICHAEL AND BOBBI WINER	8235 MANJARES MONTEREY, CA 93940	12/31/24	17,000.
CARMEL REALTY FOUNDATION	25185 RANDALL WAY CARMEL, CA 93923	12/31/24	38,450.
ERIK HALLGRIMSON	300 SANTANA ROW, FLR 5 SAN JOSE, CA 95128	12/31/24	10,000.
FIRST TEE PGA TOUR	1 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082	12/31/24	41,290.
GOLFNOW	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	10,265.
BANK OF AMERICA	405 MAIN ST, 2ND FLOOR SALINAS, CA 93901	12/31/24	6,000.
JERRY AND NATALIE RAVA	743794 VIA CANADA KING CITY, CA 93930	12/31/24	46,700.
ART AND EILEEN CHATOFF	P.O. BOX 2387 LOS GATOS, CA 95031	12/31/24	10,000.

MICHAEL AND JULIE WIRTH	PO BOX 15203 ALBANY, NY 12212	12/31/24	10,000.
JAMES AND KAREN TYLER	PO BOX 1459 PEBBLE BEACH, CA 93953	12/31/24	15,000.
MIKE AND MARY ORRADRE	67100 SARGENTS RD SAN ARDO, CA 93450-8901	12/31/24	12,000.
JV SMITH COMPANIES	701 W. 16TH ST., SUITE 101 YUMA, AZ 85364	12/31/24	6,000.
QUINN AG PRODUCTS	P.O. BOX 226789 LOS ANGELES, CA 90022	12/31/24	12,000.
DRISCOLL'S	P.O. BOX 50045 WATSONVILLE, CA 95077	12/31/24	6,000.
THOMAS AND CAROLYN MCGURN	2737 CALLE LA CRUZ CARMEL, CA 93923	12/31/24	7,500.
HOLADAY SEED COMPANY, INC.	820 PARK ROW #616 SALINAS, CA 93901	12/31/24	28,000.
MIKE AND ALICE HITCHCOCK	506 SANTA PAULA DRIVE SALINAS, CA 93901	12/31/24	25,450.
RICKY AND TRINA NGUYEN	9150 CARMEL VALLEY RD CARMEL, CA 93923	12/31/24	6,250.
GARY WIPFLER	1364 MONTCLAIRE WAY LOS ALTOS, CA 94024	12/31/24	10,000.
FRED AND SUSAN BREIDENBACH	65755 PRONGHORN ESTATES DRIVE BEND, OR 97701	12/31/24	5,000.
BLAZER WILKINSON, LP	P.O. BOX 7428 SPRECKELS, CA 93962	12/31/24	6,000.
RDO TRACTOR SALES	501 EL CAMINO REAL SALINAS, CA 93908	12/31/24	12,000.
ANDY AND STEFFANIE SMITH	13745 VISTA DORADA SALINAS, CA 93908	12/31/24	10,000.
BEN ZOLLER	24501 VIA MAR MONTE APT #53 CARMEL, CA 93923	12/31/24	20,900.
BOBALU BERRIES	4324 E. VINEYARD AVE OXNARD, CA 93036	12/31/24	6,000.
D'ARRIGO BROS. CO. OF CALIFORNIA	PO BOX 850 SALINAS, CA 93902	12/31/24	6,000.
HAYFORD FAMILY FOUNDATION	11975 SADDLE RD MONTEREY, CA 93940	12/31/24	5,000.
MACYS BLOOMINGDALE'S	PO BOX 8214 MASON, OH 45040	12/31/24	5,000.
MICON REAL ESTATE	1370 JENSEN AVE, SUITE B SANGER, CA 93957	12/31/24	10,000.
NORTHERN CALIFORNIA GOLF ASSOCIATION	3200 LOPEZ ROAD PEBBLE BEACH, CA 93953	12/31/24	20,396.
STEVE ADAMS	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	110,250.
MIKE AND WENDY ALLARD	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	35,350.
FORTY NINERS FOOTBALL COMPANY, LLC	4949 MARIE P. DEBARTOLO WAY SANTA CLARA, CA 95054	12/31/24	50,000.
CHAMPION CHARITIES	555 BRYANT ST PALO ALTO, CA 94301	12/31/24	15,000.
BOB ZAMORA	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	20,100.
BOB KENT	25728 TIERRA GRANDE DR CARMEL, CA 93923	12/31/24	10,000.

ANKER FANOE	PO BOX 3648 SALINAS, CA 93912	12/31/24	15,000.
BONNIE NUTT	36862 N 104TH PLACE SCOTTSDALE, AZ 85262	12/31/24	10,000.
SSB CONSTRUCTION	1161 TERVEN AVE SALINAS, CA 93901	12/31/24	8,000.
HONEST ENGINE FILMS, INC.	PO BOX 1557 PEBBLE BEACH, CA 93953	12/31/24	6,000.
JOHN ROMANS	46069 ARROYO SECO RD GREENFIELD, CA 93927	12/31/24	7,500.
MESA PACKING, LLC	510 BROADWAY KING CITY, CA 93930	12/31/24	5,000.
COMMUNITY FOUNDATION FOR MONTEREY COUNTY	2354 GARDEN RD MONTEREY, CA 93940	12/31/24	9,969.
SALLY LUCAS	3217 OAK MEADOW RD PEBBLE BEACH, CA 93953	12/31/24	25,000.
BARDIN BENGARD	PO BOX 80090 SALINAS, CA 93912	12/31/24	23,100.
YOUTH ON COURSE	3200 LOPEZ RD PEBBLE BEACH, CA 93953	12/31/24	8,448.
ROBERT K. BARKLEY	PO BOX 5402 YUMA, AZ 85366	12/31/24	23,000.
THE BEALL FAMILY FOUNDATION	1200 NEWPORT CENTER DR NEWPORT BEACH, CA 92660	12/31/24	5,000.
ANDREW ROSENBERG	47 PELHAM DR METAIRIE, LA 70005	12/31/24	46,955.
CHURCH BROTHERS, LLC	PO BOX 509 SALINAS, CA 93902	12/31/24	12,000.
UC SANTA CRUZ	1156 HIGH STREET SANTA CRUZ, CA 95064	12/31/24	6,000.
MARIE AND MURRAY DEMO	1456 CLUB VIEW TERRACE LOS ALTOS, CA 94024	12/31/24	10,000.
PHILLIP GILES	27360 BAVELLA WAY SALINAS, CA 93908	12/31/24	36,050.
ALAN AND PENNY DUNCKEL	7578 PASEO VISTA MONTEREY, CA 93940	12/31/24	7,000.
STURDY OIL COMPANY	PO BOX 90 SALINAS, CA 93902	12/31/24	20,500.
CROWN PROPERTY MANAGEMENT	415 BROADWAY, SUITE B KING CITY, CA 93930	12/31/24	8,000.
DUDA FARM FRESH FOODS, INC.	PO BOX 620257 OVIEDO, FL 32762	12/31/24	6,000.
IGNOMAR PACKING COMPANY	POI BOX 1448 LOS BANOS, CA 93635	12/31/24	12,000.
INTEGRATED CROP MANAGEMENT CONSULTANTS, INC.	635 SANBORN PLACE, SUITE 22 SALINAS, CA 93901	12/31/24	15,000.
R.C. FARMS	26769 EL CAMINO REAL GONZALES, CA 93926	12/31/24	6,000.
RAMCO ENTERPRISES LP	710 LA GUARDIA ST, SUITE A SALINAS, CA 93905	12/31/24	6,000.
SCOTT AND KIM NEGRI FAMILY FOUNDATION	540 EL DORADO ST MONTEREY, CA 93940	12/31/24	5,500.

BLAKE MYCOSKIE	9100 WILSHIRE BLVD., SUITE 1000W BEVERLY HILLS, CA 90212	12/31/24	500,000.
JOSEPH FAN	20342 SW ACAIA ST NEWPORT BEACH, CA 92660	12/31/24	250,000.
PEBBLE BEACH COMPANY FOUNDATION	PO BOX 1767 PEBBLE BEACH, CA 93953	12/31/24	95,778.
RUSS AND PAM FADEL	3916 RONDA ROAD PEBBLE BEACH, CA 93953	12/31/24	76,000.
CRUZ FLETCHER	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	75,000.
MICHAEL DER MANOUEL	26350 OCEAN VIEW AVE CARMEL-BY-THE-SEA, CA 93923	12/31/24	33,500.
LEE J. STYSLINGER III	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	25,000.
AUSD	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	24,300.
MEN'S GOLF ASSOCIATION AT QUAIL LODGE	2354 GARDEN ROAD MONTEREY, CA 93940	12/31/24	20,000.
PAUL MOCETTINI	49 MAPLEWOOD DR SALINAS, CA 93901	12/31/24	17,001.
KEN ADAMS	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	17,000.
MIKE AND CHRISSI MORGAN	1667 CRESPI LANE PEBBLE BEACH, CA 93953	12/31/24	15,250.
TOM AND SHARISE SALCIDO	PO BOX 691 KING CITY, CA 93930	12/31/24	15,050.
NEIL AND LISA MILBURN	18391 CORRAL DEL CIELO RD SALINAS, CA 93908	12/31/24	13,300.
ROBERTA HUNTINGTON	820 PARK ROW #501 SALINAS, CA 93901	12/31/24	12,000.
BETTYE J. SAXON	401 W. FRANKLIN MONTEREY, CA 93940	12/31/24	11,100.
CODY BASSETTI	402 BASSETT ST KING CITY, CA 93930	12/31/24	11,000.
DEBI STEPHENS	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	11,000.
TOM HEARNE	PO BOX 902 KING CITY, CA 93930	12/31/24	10,850.
PAM FADEL	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	10,200.
LAWRENCE SAMUELS	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	1,200.
ANTLE FAMILY FUND FOR THE COMMUNITY FOUNDATION	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	10,000.
DAVID AND JOAN O'REILLY	PO BOX 1437 PEBBLE BEACH, CA 93953	12/31/24	10,000.
DAVID AND SUSY ENDICOTT	1201 HILLCREST ST FORT WORTH, TX 76107	12/31/24	10,000.
DEREK LARSON	2409 BAY VIEW AVE CARMEL-BY-THE-SEA, CA 93923	12/31/24	10,000.
JOHN AND DIANE WATSON	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	10,000.
LEONARD AND PEGGY RIGGS	10000 N. CENTRAL EXPWY, STE 710 DALLAS, TX 75231	12/31/24	10,000.
MICHAEL AND KRISTEN MCCARTHY	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	10,000.

WALLACH FAMILY FUND	625 CREIGHTON RD VILLANOVA, PA 19085	12/31/24	10,000.
STEVE AND LISA JOHN	7557 CANADA VISTA CT MONTEREY, CA 93940	12/31/24	1,850.
MICHAEL AND LYNN HAYFORD	179 CORTE RAMON GREENBRAE, CA 94904	12/31/24	9,350.
PACIFIC VALLEY BANK	PO BOX 3648 SALINAS, CA 93912	12/31/24	9,000.
NICOLE MAXWELL	46421 LITTLE CREEK CT KING CITY, CA 93930	12/31/24	8,500.
SHIRLEY KILEY	26000 PASEO DE LOS ROBLES CARMEL, CA 93923	12/31/24	8,050.
ANGELA AND MARK POZZI	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	8,000.
GRACE BORZINI	44150 VIA CANADA KING CITY, CA 93930	12/31/24	7,565.
CLEM RICHARDSON	16629 TORO HILLS CT SALINAS, CA 93908	12/31/24	7,500.
MONTAGE HEALTH	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	7,200.
SAKATA SEED	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	6,268.
CAROLINE CHAPIN	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	6,100.
AG LAND TRUST	PO BOX 1731 SALINAS, CA 93902	12/31/24	6,000.
JAMII AND STANLEY PURA OMAGGIO CHARITABLE FUND	1171 LOS VIBORAS ROADH HOLLISTER, CA 95023	12/31/24	6,000.
TAMA BISTRIAN	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	6,000.
TORO PETROLEUM PRODUCTS	308 W. MARKET ST SALINAS, CA 93901	12/31/24	6,000.
JON FANOE	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	5,800.
KENT ROBINSON	45260 CROWN AVE KING CITY, CA 93930	12/31/24	5,500.
NOREEN WEST	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	5,500.
RAVA RANCHES, INC.	PO BOX 1600 KING CITY, CA 93930	12/31/24	5,500.
JAMES CALTAGIRONE	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	5,450.
JODY GIANOLINI	45151 PALOMINO RD KING CITY, CA 93930	12/31/24	5,450.
ANNE OLSON	44664 EARL BERNICE CT KING CITY, CA 93930	12/31/24	5,150.
RUTH FLOWERS	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	5,100.
ERIC THOMAS	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	5,000.
FARMERS INSURANCE	121 N VANDERHURST AVE KING CITY, CA 93930	12/31/24	5,000.
FRESH FOODS, INC.	PO BOX 1600 KING CITY, CA 93930	12/31/24	5,000.
L.A. HEARNE COMPANY	512 METZ ROAD KING CITY, CA 93930	12/31/24	5,000.

SHELLY LYNCH	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	5,000.
STEVEN METZGER	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	5,000.
THE JAMES ORRADRE	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	5,000.
CAROLYN JOYE	C/O ORGANIZATION SALINAS, CA 93901	12/31/24	3,850.
TOTAL INCLUDED ON LINE 3			3,882,779.

FORM 199	COST OF GOODS SOLD INCLUDED ON PART I, LINE 5	STATEMENT 2
COST OF GOODS SOLD		
1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED	100,252	
3. COST OF LABOR		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS		
6. ADD LINES 1 THROUGH 5		100,252
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7)		100,252

CA 199 NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
DAVID AND SUSAN GILL	P.O. BOX 605 KING CITY, CA 93930		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
DIAMOND NECKLACE, WINE, TAILGATE, AND GIANTS SUITE	12/31/24	11,568.	122,668.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
ROBERT AND STEPHANIE SKINNER	PO BOX 386 PEBBLE BEACH, CA 93953		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
GOLF CLUBS, GOLF BAGS, AND GOLF BALLS	12/31/24	2,000.	59,650.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
TAYLOR FARMS	150 MAIN ST. SUITE 400 SALINAS, CA 93901		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
ULTIMATE TAIL GATE AND GIANTS SUITE	12/31/24	3,000.	100,000.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
MICHAEL AND BOBBI WINER	8235 MANJARES MONTEREY, CA 93940		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
WINE	12/31/24	9,142.	26,142.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
JERRY AND NATALIE RAVA	743794 VIA CANADA KING CITY, CA 93930		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
SUPPLIES	12/31/24	150.	46,850.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS
BEN ZOLLER	24501 VIA MAR MONTE APT #53 CARMEL, CA 93923

PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
GOLF BAG, GOLF CLUBS, AND COMPUTER	12/31/24	7,000.	27,900.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS
ALAN AND PENNY DUNCKEL	7578 PASEO VISTA MONTEREY, CA 93940

PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
7 NIGHTS AND 2 ROUNDS OF GOLF AT HALE PAKIKA AT KUKUI'ULA	12/31/24	27,000.	34,000.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS
MIKE AND CHRISSI MORGAN	1667 CRESPI LANE PEBBLE BEACH, CA 93953

PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
SUPPLIES	12/31/24	500.	15,750.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS
LAWRENCE SAMUELS	C/O ORGANIZATION SALINAS, CA 93901

PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
WINE	12/31/24	10,100.	11,300.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS
MONTEREY FOOTBALL CLUB, LLC	C/O ORGANIZATION SALINAS, CA 93901

PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
LONDON LUXURY EVENT DONATION	12/31/24	10,000.	10,000.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS
STEVE AND LISA JOHN	7557 CANADA VISTA CT MONTEREY, CA 93940

PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
CONCERT, GIFT CARD, WINE, AND GENERAL ADMISSION	12/31/24	13,221.	15,071.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
JIM REID	3000 CLUB RD PEBBLE BEACH, CA 93953		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
GOLF BAG AND GOLF CLUBS	12/31/24	6,450.	6,450.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
JONATHAN WILHELM	C/O ORGANIZATION SALINAS, CA 93901		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
MAYACAMA GOLF AND WINE SPECTACULAR - GOLF AND DINNER FOR FOUR	12/31/24	6,500.	6,500.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
KIMBERLY BURGESS	C/O ORGANIZATION SALINAS, CA 93901		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
CLOTHING	12/31/24	5,000.	5,000.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
CAROLYN JOYE	C/O ORGANIZATION SALINAS, CA 93901		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
GOLF BAGS	12/31/24	2,500.	6,350.

TOTAL INCLUDED ON LINE 3	114,131.	493,631.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
INVESTMENT SECURITIES	12/31/23	12/31/24	PURCHASED	927,358.	0.	15,699.	944,750.
US TREASURY BILLS	12/31/23	12/31/24	PURCHASED	2,162,620.	0.	992.	2,199,979.
TOTAL TO FORM 199, PAGE 2, LN 6				3,089,978.	0.	16,691.	3,144,729.

CA 199 OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
OTHER INCOME	34,648.
GOLF COURSE OPERATIONS	433,665.
FIRST TEE OF MONTEREY COUNTY	85,293.
MEMBERSHIP DUES AND FEES	6,162.
TOTAL TO FORM 199, PART II, LINE 7	559,768.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 6

ACTIVITY CLASSIFICATION: COLLEGE SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS INDIVIDUALS	VARIOUS - SALINAS, CA 93905	NONE	296,250.
	TOTAL FOR THIS ACTIVITY		296,250.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			296,250.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
NICHOLAS NELSON 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	CEO/SECRETARY 40.00	207,227.
DANIEL LYNCH 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	CHAIRMAN 4.00	0.
DAVID GILL 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	VICE CHAIRMAN 4.00	0.
MICHAEL WINER 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	VICE CHAIRMAN 4.00	0.
BRIAN ANTLE 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
SYDNEY BURLISON 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.

PETER BUTLER 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
LISA DAVIS 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
ANKER FANOE 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
ANTHONY GALLINO 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
ERIK HALLGRIMSON 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
AARON JOHNSON 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
JOHN LOUIE 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
GEOFF COUCH 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
HANK PLAIN 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
VANYA QUINONES 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
REUBEN RICHARDS 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
ANDREW ROSENBERG 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.

ROBERT SKINNER 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
PAM FADEL 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
BEN ZOLLER 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
DEREK LARSON 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
MAC TODD 945 SOUTH MAIN STREET, 210 SALINAS, CA 93901	DIRECTOR 4.00	0.
TOTAL TO FORM 199, PART II, LINE 11		207,227.

CA 199 OTHER EXPENSES STATEMENT 8

DESCRIPTION	AMOUNT
SUPPLIES	313,847.
MAINTENANCE FEE	196,560.
REPAIRS & MAINTENANCE	171,569.
DUES & SUBSCRIPTIONS	69,677.
EVENTS	51,779.
BANK AND MERCHANT CHARGES	38,229.
MISCELLANEOUS	27,725.
BAD DEBT EXPENSE (RECOVERY)	3,060.
DIRECT EXPENSES OF FUNDRAISING EVENTS	606,033.
PENSION PLAN CONTRIBUTIONS	38,343.
OTHER EMPLOYEE BENEFITS	211,902.
OTHER PROFESSIONAL FEES	184,188.
ADVERTISING AND PROMOTION	21,983.
TRAVEL	52,331.
INSURANCE	121,678.
TOTAL TO FORM 199, PART II, LINE 17	2,108,904.

CA 199 OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
VARIOUS INVESTMENTS	4,217,814.	4,566,666.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	4,217,814.	4,566,666.

CA 199 OTHER ASSETS STATEMENT 10

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	907,464.	544,110.
PREPAID EXPENSES AND DEFERRED CHARGES	44,868.	79,264.
INTANGIBLE ASSETS	465.	1,764.
OTHER ASSETS	2,903.	2,903.
OPERATING RIGHT-OF-USE ASSETS	688,531.	615,932.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,644,231.	1,243,973.

CA 199 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OPERATING LEASE LIABILITIES	689,688.	617,017.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	689,688.	617,017.

TAXABLE YEAR **2024**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199 FEIN 26-0015069

Corporation name
FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

California corporation number
2361970

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7 Listed property (elected IRC Section 179 cost)	7		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8		
9 Tentative deduction. Enter the **smaller** of line 5 or line 8	9		
10 Carryover of disallowed deduction from prior taxable years	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11		
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13		

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14								
	SEE STATEMENT 12		2,564,094.	1,009,653.				

15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	132,354

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g) ◉	16	132,354
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 ◉	17	132,354
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) ◉	18	0

Part IV Amortization

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19	1 LIQUOR LICENSE						
		12/31/23	2,381	534		15M	83
	8 SOFTWARE						
		12/31/23	17,500	17,500		5M	0
	TOTALS		19,881	18,034			

20 Total. Add the amounts in column (g)	20	83
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	83
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 ◉	22	0

CA 3885 DEPRECIATION STATEMENT 12

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE-CIATION	BONUS
2 BUILDING							
	12/31/23	1,427,749.	497,649.	SL	20.00	70,126.	
3 LEASEHOLD IMPROVEMENTS							
	12/31/23	538,956.	177,687.	SL	20.00	28,509.	
4 PUMPS & IRRIGATION							
	12/31/23	58,841.	41,963.	SL	10.00	1,266.	
5 FURNITURE & FIXTURES							
	12/31/23	28,026.	22,898.	SL	7.00	820.	
6 GOLF COURSE EQUIPMENT							
	12/31/23	96,462.	38,310.	SL	7.00	9,198.	
7 VEHICLES							
	12/31/23	152,738.	37,500.	SL	5.00	9,391.	
9 OFFICE EQUIPMENT							
	12/31/23	261,322.	193,646.	SL	7.00	13,044.	
TOTAL TO FORM 3885		2,564,094.	1,009,653.			132,354.	

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
FUTURE CITIZENS FOUNDATION DBA THE FIRST TEE OF MONTEREY COUNTY	26-0015069

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	8,341,681
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	5,134,760
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ _____ Signature of officer | _____ Date | ▶ CEO Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ | Date | Check if also paid preparer ☒ | Check if self-employed ☒ | ERO's PTIN P01327223

Firm's name (or yours if self-employed) and address ▶ ATHERTON & ASSOCIATES, LLP
P.O. BOX 4339
MODESTO, CA

Firm's FEIN 94-1239084

ZIP code 95352-4339

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶

Firm's FEIN

ZIP code

TAXABLE YEAR **2024**

California Exempt Organization Business Income Tax Return

428961 01-21-25

FORM **109**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization name FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY

California corporation number 2361970

Additional information. See instructions.

FEIN 26-0015069

Street address (suite/room no.) 945 SOUTH MAIN STREET, NO. 210

PMB no.

City (If the corporation has a foreign address, see instructions.) SALINAS

State CA

ZIP code 93901

Foreign country name | Foreign province/state/county | Foreign postal code

A First return filed? ☐ Yes ☒ No

B Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

D Final return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date (mm/dd/yyyy) ● _____

E Amended return? ● ☐ Yes ☒ No

F Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business GOLF PRO-SHOP

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ● ☐ Yes ☒ No

I Is this organization claiming any former Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ● ☐ Yes ☒ No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ● ☐ Yes ☒ No

K Unrelated Business Activity (UBA) code ● 452000

L Is this a hospital? ● ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	●	1	-9,410	00
	2	Mult. In 1 by the avg. apport. pctg _____% from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	●	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	●	3	-9,410	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	●	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	●	5	-9,410	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	●	6		00
	7	Net Operating Loss deduction. See General Information N	●	7		00
	8	Add line 6 and line 7	●	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	●	9	-9,410	00
	10	Tax 8.84 % x line 9. See General Information J	●	10		00
	11	Tax credits from Schedule B. See instructions	●	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	●	12		00
	13	Alternative minimum tax. See General Information O	●	13		00
	14	Total tax. Add line 12 and line 13	●	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	●	15	00	
	16	2024 estimated tax payments. See instructions	●	16	00	
	17	Withholding (Form 592-B and/or 593). See instructions	●	17	00	
	18	Amount paid with extension (form FTB 3539)	●	18	00	
	19	Total payments and credits. Add line 15 through line 18	●	19		00
Use Tax/ Tax Due/ Overpayment	20	**Use tax.** See instructions	●	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	●	21		00
	22	**Use tax balance.** If line 20 is more than line 19, subtract line 19 from line 20	●	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	●	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	●	24		00
	25	Enter amount of line 24 to be applied to 2025 estimated tax	●	25		00

Refund or Amount Due

26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24		26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a		
	b Type: Checking ☐ Savings ☐ c Account Number	26c		
27	Penalties and interest. See General Information M		27	00
28	☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
29	Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24		29	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales 90,842 b Less returns and allowances c Balance		1c	90,842 00
2	Cost of goods sold and/or operations (Schedule A, line 7)		2	100,252 00
3	Gross profit. Subtract line 2 from line 1c		3	-9,410 00
4	a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)		4a	00
	b Net gain (loss) from Schedule D-1, Part II		4b	00
	c Capital loss deduction for trusts		4c	00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule		5	00
6	Rental income (Schedule C)		6	00
7	Unrelated debt-financed income (Schedule D)		7	00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)		8	00
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)		9	00
10	Exploited exempt activity income (Schedule G)		10	00
11	Advertising income (Schedule H, Part III, Column A)		11	00
12	Other income. Attach schedule		12	00
13	Total unrelated trade or business income. Add line 3 through line 12		13	-9,410 00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I			14	00
15	Salaries and wages			15	00
16	Repairs			16	00
17	Bad debts			17	00
18	Interest. Attach schedule			18	00
19	Taxes. Attach schedule			19	00
20	Contributions. See instructions and attach schedule			20	00
21	a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00		
	b Less: depreciation claimed on Schedule A. See instructions	21b	00	21	00
22	Depletion. Attach schedule			22	00
23	a Contributions to deferred compensation plans			23a	00
	b Employee benefit programs. See instructions			23b	00
24	Other deductions. Attach schedule			24	00
25	Total deductions. Add line 14 through line 24			25	00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26	-9,410 00
27	Excess advertising costs (Schedule H, Part III, Column B)			27	00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			28	-9,410 00
29	Specific deduction. See instructions			29	00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			30	-9,410 00

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶	Title	Date	Telephone
	CEO		

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶	PTIN
		X	P01327223

Firm's name (or yours, if self-employed) and address		Firm's FEIN / Telephone
▶	ATHERTON & ASSOCIATES, LLP P.O. BOX 4339 MODESTO, CA 95352-4339	94-1239084 209-577-4800

May the FTB discuss this return with the preparer shown above? See instructions ● X Yes ☐ No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) COST

1	Inventory at beginning of year	1		00
2	Purchases	2	100,252	00
3	Cost of labor	3		00
4a	Additional IRC Section 263A costs. Attach schedule	4a		00
4b	Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5	100,252	00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	100,252	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

1	Enter credit name _____ code _____	1		00
2	Enter credit name _____ code _____	2		00
3	Enter credit name _____ code _____	3		00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11	4		00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1		00
2a	Interest on tax attributable to installment: Sales of certain timeshares or residential lots	2a		00
2b	Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3		00
4	Credit recapture. Credit name _____	4		00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5		00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 **Total sales**			
2 **Apportionment percentage.** Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 **Property factor:** See instructions			
2 **Payroll factor:** Wages and other compensation of employees			
3 **Sales factor:** Gross sales and/or receipts less returns and allowances			
4 **Total percentage:** Add the percentages in column (c)			
5 **Average apportionment percentage:** Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

(a) Description of property	(b) Rent received or accrued	(c) Percentage of rent attributable to personal property
		%
		%
		%

(d) Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income		(e) Complete if any item in column (c) is more than 10%, but not more than 50%		
(I) Deductions directly connected	(II) Income includible, column (b) less column (d)(i)	(I) Gross income reportable, column (b) x column (c)	(II) Deductions directly connected with personal property (attach schedule)	(III) Net income includible, column (e)(i) less column (e)(ii)

Add the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I, line 6 4

Schedule D Unrelated Debt-Financed Income

	(a) Description of debt-financed property	(b) Gross income from or allocable to debt-financed property	(c) Deductions directly connected with or allocable to debt-financed property (I) Straight-line depreciation (attach schedule)	(c) (II) Other deductions (attach schedule)
1	●	●	●	●
2	●	●	●	●
3	●	●	●	●

	(d) Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	(e) Average adjusted basis of or allocable to debt-financed property (attach schedule)	(f) Debt basis percentage, column (d) ÷ column (e)	(g) Gross income reportable, column (b) x column (f)	(h) Allocable deductions, total of columns (c)(i) and (c)(ii) x column (f)	(i) Net income (or loss) includible, column (g) less column (h)
1	●	●	● %	●	●	●
2	●	●	● %	●	●	●
3	●	●	● %	●	●	●
4	Total. Enter here and on Side 2, Part I, line 7				4	●

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

	(a) Description	(b) Amount	(c) Deductions directly connected (attach schedule)	(d) Net investment income, column (b) less column (c)	(e) Set-asides (attach schedule)	(f) Balance of investment income, column (d) less column (e)
1						
2						
3	Total. Enter here and on Side 2, Part I, line 8				3	
4	Enter gross income from members (dues, fees, charges, or similar amounts)				4	

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations

	(a) Name of controlled organizations	(b) Employer identification number	(c) Net unrelated income (loss)	(d) Total of specified payments made	(e) Part of column (d) that is included in the controlling organization's gross income	(f) Deductions directly connected with income in column (e)
1						
2						
3						

Nonexempt Controlled Organizations

	(g) Taxable income	(h) Net unrelated income (loss)	(i) Total of specified payments made	(j) Part of column (i) that is included in the controlling organization's gross income	(k) Deductions directly connected with income in column (j)
1					
2					
3					
4	Add the amounts in columns (e) and (j)			4	
5	Add the amounts in columns (f) and (k)				5
6	Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9				6

Schedule G Exploited Exempt Activity Income, other than Advertising Income

	(a) Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	(b) Gross unrelated business income from trade or business	(c) Expenses directly connected with production of unrelated business income	(d) Net income from unrelated trade or business, col. (b) less col. (c)	(e) Gross income from activity that is not unrelated business income	(f) Expenses attributable to column (e)	(g) Excess exempt expense, column (f) less column (e) but not more than column (d)	(h) Net income includible, column (d) less column (g) but not less than zero
1								
2								
3								
4								
5	Total. Enter here and on Side 2, line 10						5	

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

	(a) Name of periodical	(b) Gross advertising income	(c) Direct advertising costs	(d) Advertising income or excess advertising costs. If column (b) is greater than column (c), complete columns (e), (f), and (g). If column (c) is greater than column (b), enter the excess in Part III, column B(b). Do not complete columns (e), (f), and (g).	(e) Circulation income	(f) Readership costs	(g) If column (e) is greater than column (f), enter the income shown in column (d), in Part III, column A(b). If column (f) is greater than column (e), subtract the sum of column (f) and column (c) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
1							
2							
3							
4	Totals 4						

Part II Income from Periodicals Reported on a Separate Basis

1							
2							
3							

Part III Column A - Net Advertising Income

	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns (d) or (g), and amount listed in Part II, columns (d) or (g)
1		
2		
3		
4	Enter total here and on Side 2, Part I, line 11	

Part III Column B - Excess Advertising Costs

	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)
1		
2		
3		
5	Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

	(a) Name	(b) Title	(c) Percent of time devoted to business	(d) Compensation attributable to unrelated business
1			%	
2			%	
3			%	
4			%	
5			%	
6	Total. Enter here on Side 2, Part II, line 14		6	

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

	(a) Group and guideline class or description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1	Total additional first-year depreciation (do not include in items below)						
2	Depreciation:						
2a	Buildings 2a						
2b	Furniture and fixtures 2b						
2c	Transportation equipment 2c						
2d	Machinery and other equipment 2d						
2e	Other (specify) _____ 2e						
	_____						
3	Other depreciation 3						
4	Total 4						
5	Amount of depreciation claimed elsewhere on return 5						
6	Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a 6						

TAXABLE YEAR **2024**

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

CALIFORNIA FORM **3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

DBA THE FIRST TEE OF MONTEREY COUNTY
FUTURE CITIZENS FOUNDATION

California corporation number: 2361970

FEIN: 26-0015069

During the taxable year the corporation incurred the NOL, the corporation was a(n): ◉ ☐ C corporation ◉ ☐ S corporation ◉ ☒ Exempt organization ◉ ☐ Limited liability company (electing to be taxed as a corporation)

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	9,410 00
2	2024 disaster loss included in line 1. Enter as a positive number	2	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	9,410 00
4 a	Enter the amount of the loss incurred by a new business included in line 3	4a	00
b	Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
c	Add line 4a and line 4b	4c	00
5	General NOL. Subtract line 4c from line 3	5	9,410 00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	9,410 00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

		(g) Available balance
1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). **If the corporation taxable income is $1,000,000 or more, see instructions**	0

Prior Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2023	(f) Amount used in 2024	(g)	(h) Carryover to 2025 col. (e) minus col. (f)
2	2016		GEN	85,507	79,668	0	0	79,668
	2023		GEN	7,224	7,224	0	0	7,224

Current Year NOLs

							col. (d) minus col. (f) See instructions.
3 2024		DIS					
4 2024		GEN	9,410				9,410
2024							
2024							
2024							

*** Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2024 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1	00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	00

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
FUTURE CITIZENS FOUNDATION DBA THE FIRST TEE OF MONTEREY COUNTY	26-0015069

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	-9,410
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ _____ Signature of officer | _____ Date | ▶ CEO Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ | Date | Check if also paid preparer ☒ | Check if self-employed ☒ | ERO's PTIN P01327223

Firm's name (or yours if self-employed) and address ▶ ATHERTON & ASSOCIATES, LLP
P.O. BOX 4339
MODESTO, CA

Firm's FEIN 94-1239084

ZIP code 95352-4339

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶

Firm's FEIN

ZIP code

STATE OF CALIFORNIA
RRF-1
(Rev. 01/2024)

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
(For Registry Use Only)

FUTURE CITIZENS FOUNDATION
DBA THE FIRST TEE OF MONTEREY COUNTY
Name of Organization

List all DBAs and names the organization uses or has used

945 SOUTH MAIN STREET, NO. 210
Address (Number and Street)

SALINAS, CA 93901
City or Town, State, and ZIP Code

831-800-3458
Telephone Number

E-mail Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 120163

Corporation or Organization No. 2361970

Federal Employer ID No. 26-0015069

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2024 **ending** 12/31/2024 **) list:**

Total Revenue (including noncash contributions) $ 4,528,727 **Noncash Contributions $** 276,213 **Total Assets $** 8,893,118

Program Expenses $ 4,401,875 **Total Expenses $** 5,375,330

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 13	X	
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding?		X
6.	During this reporting period, did the organization hold a raffle for charitable purposes? SEE STATEMENT 14	X	
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
	NICHOLAS NELSON	CEO	

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05-01-24

CA RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1 STATEMENT 13

THE FOUNDATION CONDUCTS TRANSACTIONS WITH VARIOUS RELATED PARTIES INCLUDING KEY EMPLOYEES, BOARD MEMBERS, AND RELATED FOUNDATIONS THAT HELP SUPPORT THE ORANIZATION.

CA RRF-1 EXPLANATION OF CHARITABLE RAFFLES PART B, LINE 6 STATEMENT 14

A RAFFLE WAS HELD ON SEPTEMBER 7, 2024.