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Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name and address of principal officer FUTURE CITIZEN'S FOUNDATION DBA THE FIRST TEE OF MONTEREY 1551 BEACON HILL SALINAS, CA 93905		D Employer Identification Number 26-0015069
	F Name and address of principal officer Same As C Above		E Telephone number (831) 444-7200
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 8,662,996.	
J Website: thefirstteemc.org		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 2001 M State of legal domicile CA	
H(c) Group exemption number			

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION IS TO OFFER YOUNG PEOPLE OF MONTEREY COUNTY OPPORTUNITIES FOR A BETTER FUTURE BY OPERATING 3 DISTINCT PROGRAMS: THE FIRST TEE OF MONTEREY COUNTY; THE PAY IT FORWARD SCHOLARSHIP/MENTORING PROGRAM; THE NATURE VALLEY FIRST TEE OPEN AT PB.			
	2 Check this box <input type="checkbox"/> 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)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	72	
	6	Total number of volunteers (estimate if necessary)	600	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	10,925.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	-70,324.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 2,604,674. Current Year: 2,128,122.
		9	Program service revenue (Part VIII, line 2g)	4,676,660. 6,137,552.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,372. 241,375.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,079. 22,771.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,354,785. 8,529,820.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,000. 213,665.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	973,414. 1,058,772.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	
		16b	Total fundraising expenses (Part IX, column (D), line 25)	38,715.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,354,029. 6,589,223.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,417,443. 7,861,660.	
	19	Revenue less expenses. Subtract line 18 from line 12	937,342. 668,160.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 3,952,438. End of Year: 5,504,255.
		21	Total liabilities (Part X, line 26)	300,224. 1,054,974.
22		Net assets or fund balances Subtract line 21 from line 20	3,652,214. 4,449,281.	

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
	BARRY PHILLIPS	11/13/2014
	Type or print name and title	Executive Director

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if PTIN self-employed	PTIN
	Bette Grace, CPA, CFE, CFF	Bette Grace, CPA, CFE, CFF			P00292831
	Firm's name	Grace & Associates, CPAs			
	Firm's address	341 First St. Hollister, CA 95023-3712			
	Firm's EIN	77-0219278			
	Phone no	(831) 637-7408			

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

15 G17

Part III Statement of Program Service Accomplishments

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

☒

- 1 Briefly describe the organization's mission:

See Schedule O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- See Schedule O

☒ Yes ☐ No

If 'Yes,' describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 5,817,257. including grants of \$ 193,665.) (Revenue \$ 5,912,162.)NATURE VALLEY FIRST TEE OPEN-PGA SENIOR TOUR EVENT THAT PAIRS FIRST TEE PROGRAM PARTICIPANTS FROM ACROSS AMERICA WITH PGA PROFESSIONALS IN A SANCTIONED GOLF TOURNAMENT. PROCEEDS FROM THE EVENT ARE USED TO FUND THE FIRST TEE OF MONTEREY COUNTY PROGRAM.4b (Code:) (Expenses \$ 1,441,847. including grants of \$) (Revenue \$ 74,918.)See Schedule O4c (Code:) (Expenses \$ 344,203. including grants of \$) (Revenue \$ 150,472.)GOLF COURSE OPERATION-THE ORGANIZATION OPERATES THE TWIN CREEKS GOLF COURSE WHICH ALLOWS FIRST TEE CLASSES AND CLINICS TO BE HELD ON SITE

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 7,603,307.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		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	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		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	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		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		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
25b 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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	5
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	72
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions)	2 b	X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	X
4 a 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)? b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	4 a	X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a 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?	6 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
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?	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9 a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	
10 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11 Section 501(c)(12) organizations Enter		
a Gross income from members or shareholders	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
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.	13 a	
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	13 b	
c Enter the amount of reserves on hand	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 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 in Schedule O.	15	
1 b Enter the number of voting members included in line 1a, above, who are independent.	15	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a 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?		X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

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

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 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

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

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

BARRY PHILLIPS 1551 BEACON HILL SALINAS CA 93905 (831) 444-7200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ 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 dotted 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)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(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) GEOFF COUCH Director	2 0	X						0.	0.	0.
(2) ROBIN BAGGETT Director	1 0	X						0.	0.	0.
(3) LORRI KOSTER Director	1 0	X						0.	0.	0.
(4) STEVE JOHN Director	10 0	X						0.	0.	0.
(5) PETER BUTLER II Director	1 0	X						0.	0.	0.
(6) ROBERT SKINNER Director	1 0	X						0.	0.	0.
(7) OLLIE NUTT Director	1 0	X						0.	0.	0.
(8) SCOTT MCWHORTER Director	1 0	X						0.	0.	0.
(9) ED NIGRO Director	10 0	X						0.	0.	0.
(10) BOB SIMPSON Vice Chairman	3 0	X		X				0.	0.	0.
(11) DAVID GILL Chairman	3 0	X		X				0.	0.	0.
(12) ANNA CABALLERO Director	1 0	X						0.	0.	0.
(13) CARMEN PONCE Director	1 0	X						0.	0.	0.
(14) REUBEN RICHARDS Director	1 0	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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(15) TERRY SLAUGHTER Director	1 0	X						0.	0.	0.
(16) BARRY PHILLIPS Secretary/ExDir	55 0			X				100,000.	0.	0.
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								100,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								100,000.	0.	0.

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 **0**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		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

4		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

5		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

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 RevenueCheck 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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	301,538.			
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	1,826,584.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2,128,122.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a NATURE VLY FIRST TEE OPEN	711210	5,912,162.	5,912,162.		
	b GOLF COURSE OPERATIONS	713910	150,472.	150,472.		
	c FIRST TEE OF MONTEREY CO	611710	74,918.	74,918.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		6,137,552.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		241,375.	66,965.		174,410.
	4 Income from investment of tax-exempt bond proceeds.					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory.	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 301,538. of contributions reported on line 1c) See Part IV, line 18	a	125,184.			
	b Less direct expenses	b	125,184.			
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a	18,917.			
b Less cost of goods sold	b	7,992.				
c Net income or (loss) from sales of inventory		10,925.		10,925.		
Miscellaneous Revenue Business Code						
11 a MISCELLANEOUS	713910	11,846.	11,846.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		11,846.				
12 Total revenue. See instructions		8,529,820.	6,216,363.	10,925.	174,410.	

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 ☐

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 governments and organizations in the United States. See Part IV, line 21.	193,665.	193,665.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	20,000.	20,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,000.	60,000.	25,000.	15,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	775,559.	738,484.	23,172.	13,903.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	95,196.	84,966.	6,394.	3,836.
10 Payroll taxes	88,017.	81,319.	4,186.	2,512.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	14,078.		14,078.	
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	84,045.	63,033.	21,012.	
12 Advertising and promotion	6,763.	5,015.	1,484.	264.
13 Office expenses	16,008.	14,614.	1,394.	
14 Information technology				
15 Royalties				
16 Occupancy	175,515.	154,327.	21,188.	
17 Travel	10,489.	9,427.	1,062.	
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	24,120.	20,769.	226.	3,125.
23 Insurance	41,146.	33,831.	7,315.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NATURE VALLEY FIRST TEE OPEN	5,623,592.	5,623,592.		
b REPAIRS & MAINTENANCE	315,115.	311,844.	3,271.	
c PRO SHOP EXPENSES	81,249.		81,249.	
d STUDENT EXPENSES	76,744.	76,744.		
e All other expenses	120,359.	111,677.	8,607.	75.
25 Total functional expenses. Add lines 1 through 24e	7,861,660.	7,603,307.	219,638.	38,715.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	375,398.	1	1,264,892.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	684,532.	3	726,652.
	4 Accounts receivable, net	51,440.	4	534,541.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	22,233.	8	16,941.
	9 Prepaid expenses and deferred charges	120,230.	9	23,063.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 490,295.		
	b Less: accumulated depreciation	10b 317,953.	10c 152,948.	172,342.
	11 Investments — publicly traded securities	2,544,657.	11	2,764,819.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,000.	15	1,005.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,952,438.	16	5,504,255.	
LIABILITIES	17 Accounts payable and accrued expenses	300,224.	17	1,054,974.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	300,224.	26	1,054,974.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		3,161,232.	27	3,582,594.
28 Temporarily restricted net assets		490,982.	28	866,687.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		3,652,214.	33	4,449,281.
34 Total liabilities and net assets/fund balances		3,952,438.	34	5,504,255.

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Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck 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	8,529,820.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,861,660.
3	Revenue less expenses. Subtract line 2 from line 1	3	668,160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,652,214.
5	Net unrealized gains (losses) on investments	5	128,907.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,449,281.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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 in 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
- 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
- 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 in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2 a		X
2 b	X	
2 c	X	
3 a		X
3 b		

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Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization **FUTURE CITIZEN'S FOUNDATION
DBA THE FIRST TEE OF MONTEREY**

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 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

Part III 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test— 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test— 2012. 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. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test— 2013. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test— 2012. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)	2,056,414.	1,451,931.	1,277,165.	2,604,674.	2,203,040.	9,593,224.
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	405,776.	2,438,704.	4,496,290.	4,676,660.	6,062,634.	18,080,064.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	2,462,190.	3,890,635.	5,773,455.	7,281,334.	8,265,674.	27,673,288.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6)						27,673,288.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	2,462,190.	3,890,635.	5,773,455.	7,281,334.	8,265,674.	27,673,288.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,240.	160,063.	61,739.	63,372.	241,375.	581,789.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-106,837.	-100,026.	-103,328.	-90,621.	-70,324.	-471,136.
c Add lines 10a and 10b	-51,597.	60,037.	-41,589.	-27,249.	171,051.	110,653.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) See Part IV		546.	4,848.	10,079.	11,846.	27,319.
13 Total Support. (Add lines 9, 10c, 11 and 12)	2,410,593.	3,951,218.	5,736,714.	7,264,164.	8,448,571.	27,811,260.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.50 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.40 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.00 %

- 19a **33-1/3% support tests— 2013.** 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— 2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

Additional Explanation of Other Income

REFUNDS AND REIMBURSEMENTS

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No 1545 0047

2013Open to Public
Inspection

Name of the organization

FUTURE CITIZEN'S FOUNDATION
DBA THE FIRST TEE OF MONTEREY

Employer identification number

26-0015069

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

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, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ 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' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in 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 are a 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 programs
☐ 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' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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
1 c	
1 d	
1 e	
1 f	

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

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐ Yes ☐ No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a 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 Temporarily restricted endowment ▶ _____ %

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

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' to 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
1 a Land				
b Buildings				
c Leasehold improvements		143,285.	43,183.	100,102.
d Equipment		304,758.	266,275.	38,483.
e Other		42,252.	8,495.	33,757.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				172,342.

BAA

Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to 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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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

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

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,658,727.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2 a	128,907.	
b	Donated services and use of facilities	2 b		
c	Recoveries of prior year grants	2 c		
d	Other (Describe in Part XIII)	2 d		
e	Add lines 2a through 2d	2 e	128,907.	
3	Subtract line 2e from line 1	3	8,529,820.	
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	4 a		
b	Other (Describe in Part XIII.)	4 b		
c	Add lines 4a and 4b	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,529,820.	

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,861,660.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2 a		
b	Prior year adjustments	2 b		
c	Other losses	2 c		
d	Other (Describe in Part XIII)	2 d		
e	Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1	3	7,861,660.	
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	4 a		
b	Other (Describe in Part XIII)	4 b		
c	Add lines 4a and 4b	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,861,660.	

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 II Fundraising Events. Complete if the organization answered 'Yes' to 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.

REVENUE		(a) Event #1 Z'S GOLF TOURN (event type)	(b) Event #2 BBBB (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	265,163.	150,859.	10,700.	426,722.
	2 Less. Charitable contributions	182,706.	116,885.	1,947.	301,538.
	3 Gross income (line 1 minus line 2)	82,457.	33,974.	8,753.	125,184.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	82,457.	33,974.	8,753.	125,184.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				125,184.
	11 Net income summary Subtract line 10 from line 3, column (d)				

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	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 operates gaming activities _____

a Is the organization licensed to operate 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 operate 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 operated 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 contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

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

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

Part IV Supplemental Information. Provide the 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).

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FUTURE CITIZEN'S FOUNDATION

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?

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

See Part IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) THE FIRST TEE GREATER CHICAGO 2901 W LAKE AVE STE A GLENVIEW, IL 60025			12,000.	0.			
(2) THE FIRST TEE NATIONAL OFFICE 425 S. LEGACY TRAIL ST AUGUSTINE, FL 32092			150,000.	0.			
(3) THE FIRST TEE OF FORT SMITH 5800 GREEN RD FORT SMITH, AR 72916			12,000.	0			
(4) THE FIRST TEE OF PHOENIX 9510 SOUTH 7TH STREET PHOENIX, AZ 85042			8,000.	0.			
(5) THE FIRST TEE OF WESTERN NY 3052 TRANSIT RD ORCHARD PARK, NY 14127			8,000.	0.			
(6) -----							
(7) -----							
(8) -----							

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

11 0

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

TEEA3901L 07/12/13

Schedule I (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public
Inspection

FUTURE CITIZEN'S FOUNDATION
DBA THE FIRST TEE OF MONTEREY

Employer identification number

26-0015069

Form 990, Part III, Line 1 - Organization Mission

THE MISSION OF THE ORGANIZATION IS TO OFFER YOUNG PEOPLE OF MONTEREY COUNTY
OPPORTUNITIES FOR A BETTER FUTURE BY OPERATING 3 DISTINCT PROGRAMS: THE FIRST TEE OF
MONTEREY COUNTY; THE PAY IT FORWARD SCHOLARSHIP/MENTORING PROGRAM; THE NATURE VALLEY
FIRST TEE OPEN AT PB.

Form 990, Part III, Line 2 - New Services

PAY IT FORWARD SCHOLARSHIP AND MENTORING PROGRAM-ON FEBRUARY 2, 2013, THE CALIFORNIA
STATE UNIVERSITY MONTEREY BAY THROUGH ITS UNIVERSITY CORPORATION (UCMB) TRANSFERRED
TO THE ORGANIZATION 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 YEAR'S PRIOR WRITTEN NOTICE, UCMB 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 PROGRAM TO BE GRANTED 100% TO STUDENT SCHOLARSHIPS. EACH
STUDENT RECEIVES A \$20,000 PAY IT FORWARD SCHOLARSHIP AT \$5,000 PER YEAR FOR FOUR
YEARS AND IS REQUIRED TO: 1) STAY ON A FOUR YEAR GRADUATION TRACK; 2) MAINTAIN AT
LEAST A 2.5 GRADE POINT AVERAGE; 3) MEET PERSONALLY WITH HIS/HER COMMUNITY MENTOR AT
LEAST ONCE A MONTH; 4) PARTICIPATE IN EACH OF TEN MONTHLY PROGRAM MEETINGS; 5) SPEND
AT LEAST 5 HOURS EACH MONTH TUTORING AND MENTORING YOUNGER STUDENTS, PRIMARILY
THROUGH THE FIRST TEE OF MONTEREY COUNTY; 6) BE THE FIRST GENERATION OF THEIR FAMILY
TO ATTEND COLLEGE.

THERE ARE CURRENTLY 47 ACTIVE STUDENTS RECEIVING SCHOLARSHIPS, ALL ON TRACK TO
GRADUATE IN 4 YEARS. TO DATE, 20 STUDENTS HAVE GRADUATED UNDER THE PIF PROGRAM.

Name of the organization	FUTURE CITIZEN'S FOUNDATION DBA THE FIRST TEE OF MONTEREY	Employer identification number	26-0015069
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Form 990, Part III, Line 4b - Program Service Accomplishments

THE FIRST TEE PROGRAM - A YOUTH DEVELOPMENT PROGRAM DEDICATED TO IMPACTING LIVES OF YOUNG PEOPLE IN MONTEREY COUNTY AND THE SURROUNDING AREA BY PROVIDING LEARNING FACILITIES AND EDUCATIONAL PROGRAMS THAT PROMOTE CHARACTER DEVELOPMENT AND LIFE-ENHANCING VALUES THROUGH THE GAME OF GOLF. LESSONS ARE TAUGHT IN TRADITIONAL SETTINGS SUCH AS A GOLF COURSE AS WELL AS IN SCHOOLS AND THE ON SITE COMPUTER CENTER. THE CURRICULUM WAS DEVELOPED BY EXPERTS IN THE FIELD OF POSITIVE YOUTH DEVELOPMENT AND IS DELIVERED BY TRAINED COACHES, EDUCATORS AND VOLUNTEERS. THROUGH THE FIRST TEE LIFE SKILLS EXPERIENCE, THE FIRST TEE OF MONTEREY COUNTY TEACHES PARTICIPANTS AGED 6 THROUGH 18 THE IMPORTANCE OF MAINTAINING A POSITIVE ATTITUDE, MAKING DECISIONS, SETTING GOALS AND TRANSFERRING VALUES SUCH AS RESPONSIBILITY, HONESTY, AND RESPECT FROM THE GOLF COURSE TO EVERYDAY LIFE. ADDITIONALLY, THE FIRST TEE NATIONAL SCHOOL PROGRAM TRAINS CERTIFIED EDUCATORS TO INTRODUCE STUDENTS IN GRADES K-5 THE FIRST TEE NINE CORE VALUES (HONESTY, INTEGRITY, SPORTSMANSHIP, CONFIDENCE, JUDGEMENT, PERSEVERENCE, RESPECT, COURTESY & RESPONSIBILITY) DURING REGULAR PHYSICAL EDUCATION CLASSES. IN 2013, THE FIRST TEE OF MONTEREY COUNTY REACHED MORE THAN 4,400 CHILDREN THROUGH ITS PROGRAMS.

Form 990, Part VI, Line 11b - Form 990 Review Process

THE 990 WAS DISTRIBUTED TO ALL BOARD MEMBERS, AS WELL AS HAVING A DETAILED REVIEW CONDUCTED BY KEY BOARD MEMBERS PRIOR TO FILING.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

THE BOARD AND MANAGEMENT SIGN AND REVIEW SIGNED CONFLICT OF INTEREST STATEMENTS

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management

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 MEETING

Name of the organization

FUTURE CITIZEN'S FOUNDATION
DBA THE FIRST TEE OF MONTEREY

Employer identification number

26-0015069

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

MANAGMENT 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 MEETING

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

2013

Schedule A, Part IV - Supplemental Information

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Client 4

FUTURE CITIZEN'S FOUNDATION
DBA THE FIRST TEE OF MONTEREY

26-0015069

11/12/14

01 36PM

Part III, Line 12 - Other Income

<u>Nature and Source</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
	\$ 11,846.	\$ 10,079.	\$ 4,848.	\$ 546.	
Total	<u>\$ 11,846.</u>	<u>\$ 10,079.</u>	<u>\$ 4,848.</u>	<u>\$ 546.</u>	<u>\$ 0.</u>

12/31/13

2013 Federal Book Depreciation Schedule

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FUTURE CITIZEN'S FOUNDATION
DBA THE FIRST TEE OF MONTEREY

26-0015069

11/12/14

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Form 990/990-PF

Furniture and Fixtures

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
34	F-OFFICE FURNITURE	10/03/06		1,467							1,467	1,337	200DB	HY	7	130
69	FF-IT SOLUTN-VIDEO CAMERA	2/06/12		5,921							5,921	423	S/L	HY	7	846
70	FF-IT SOLUTN-VIDEO CAMERA	3/08/12		4,519							4,519	323	S/L	HY	7	646
71	FF-IT SOLUTN-VIDEO CAMERA	3/30/12		5,622							5,622	401	S/L	HY	7	803
76	F-CHAIRS-ON COURSE	12/31/12		4,631							4,631		S/L	3		1,544

Total Furniture and Fixtures

22,160	0	0	0	0	0	0	0	0	0	0	22,160	2,484				3,969
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Improvements

20	LEASEHOLD IMPROVMENTS	6/30/05		16,250							16,250	6,196	S/L	MQ	20	8081	812
29	LEASEHOLD IMPROVEMENTS	8/18/05		8,245							8,245	2,884	S/L	HY	20	07692	412
39	L-LEASEHOLD IMPR- PAVING	6/03/08		11,970							11,970	2,695	S/L	HY	20	05000	599
40	L-LEASEHOLD IMPR-FENCING	5/27/08		625							625	396	200DB	HY	10	07370	46
50	L-LEASEHOLD IMPR-FOWLER	8/30/07		34,919							34,919	9,166	S/L	HY	20	06780	1,746
51	L-LEASEHOLD IMPR-FOWLER	10/03/07		5,329							5,329	1,398	S/L	HY	20	06780	267
52	L-LEASEHOLD IMPR-FENCING	10/04/07		3,438							3,438	997	S/L	HY	20	06780	165
53	L-LEASEHOLD IMPR-CLUBHOU	8/30/07		18,202							18,202	4,778	S/L	HY	20	06780	910
54	L-LEASEHOLD IMPR-CLUBHOU	8/30/07		15,860							15,860	4,163	S/L	HY	20	06780	793
62	L LEASEHOLD IMPR-BUILDING	7/24/08		2,321							2,321	522	S/L	HY	20	05000	116
63	L-LEASEHOLD IMPR-PLUMBING	11/08/08		7,698							7,698	1,732	S/L	HY	20	05000	385
72	L-LEASEHOLD IMP- FENCING	5/18/12		3,775							3,775	189	S/L	HY	10	10000	378
73	L-LEASEHOLD IMP-PARKG LOT	9/26/12		1,433							1,433	36	S/L	HY	20	05000	72
74	L-LEASEHOLD IMP- CABLING	12/06/12		3,155							3,155	225	S/L	HY	7	14290	451
75	L-LEASEHOLD IMP-CLASSROOM	12/11/12		8,723							8,723	218	S/L	HY	20	05000	436

12/31/13

2013 Federal Book Depreciation Schedule

Page 2

Client 4

FUTURE CITIZEN'S FOUNDATION
DBA THE FIRST TEE OF MONTEREY

26-0015069

11/12/14

01 36PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr	Prior Dec Bal Depr	Salvage /Basis Reductn	Depr Basis	Prior Depr	Method	Life	Rate	Current Depr
82	HYDRO TURF	1/12/13		1,342							1,342		S/L	5		0
Total Improvements																
				143,285		0		0	0	0	143,285	35,595				7,588
Machinery and Equipment																
1	M-TURF STAR CUTTING UNIT	12/01/04		297							297	297	200DB	MQ	7	0
2	M-TURF STAR CUTTING UNIT	12/01/04		1,265							1,265	1,265	200DB	MQ	7	0
3	M-TURF STAR CUTTING UNIT	12/01/04		1,265							1,265	1,265	200DB	MQ	7	0
4	M-TURF STAR WIEHLE ROLLER	12/01/04		586							586	586	200DB	MQ	7	0
5	M-TURF STAR CUTTING UNIT	12/01/04		1,332							1,332	1,332	200DB	MQ	7	0
6	M-TURF STAR CUTTING UNIT	12/01/04		1,332							1,332	1,332	200DB	MQ	7	0
7	M-TURF STAR CUTTING UNIT	12/01/04		1,332							1,332	1,332	200DB	MQ	7	0
8	M-TURF STAR WIEHLE ROLLER	12/01/04		588							588	588	200DB	MQ	7	0
9	M-TURF STAR THATCH AWAY	12/01/04		7,994							7,994	7,994	200DB	MQ	7	0
10	M-CARTER CORE HARVESTER	12/01/04		3,911							3,911	3,911	200DB	MQ	7	0
11	M-CARTER TRUCKSTER	12/01/04		16,317							16,317	16,317	200DB	MQ	7	0
12	M-CARTER TOP DRESSER	12/01/04		8,779							8,779	8,779	200DB	MQ	7	0
13	M-TURF STAR SPREADER	2/01/05		4,725							4,725	4,672	200DB	MQ	7	0
14	MTURF STAR GREENS AERATOR	2/01/05		11,066							11,066	10,943	200DB	MQ	7	0
15	M-TURF STAR ROUGH MOWER	3/01/05		38,610							38,610	38,179	200DB	MQ	7	0
16	M-JC VIDEO SYSTEM	3/01/05		3,870							3,870	3,827	200DB	MQ	7	0
17	M-TURF STAR SPRAY RIG	5/01/05		20,038							20,038	19,367	200DB	MQ	7	0
18	O-COMPUTER	12/30/04		1,142							1,142	1,112	200DB	MQ	3	0
19	O-COMPUTER TFT	1/19/05		1,278							1,278	1,225	200DB	MQ	3	0
21	PUMP STATION IMPROVMT	6/30/05		9,821							9,821	8,297	200DB	MQ	10	42105
22	O-FLORES OFFICE EQUIPMENT	8/12/05		1,173							1,173	1,173	200DB	HY	5	0
23	O-OFFICE EQUIPMENT	1/09/06		2,077							2,077	2,077	200DB	HY	5	0

12/31/13

2013 Federal Book Depreciation Schedule

FUTURE CITIZEN'S FOUNDATION DBA THE FIRST TEE OF MONTEREY

Page 3

Client 4

26-0015069

11/12/14

01 36PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
24	O-OFFICE EQUIPMENT	6/23/06		5,138							5,138	5,138	200DB	HY	5	0
25	M-BALL LOADER	8/26/05		3,849							3,849	3,849	200DB	HY	7	0
26	M-SMALL TOOLS	9/21/05		409							409	409	200DB	HY	5	0
27	M-EZ GO CART	4/01/06		8,358							8,358	8,358	200DB	HY	7	0
28	M-C & N TRACTOR	5/25/06		17,175							17,175	17,175	200DB	HY	7	0
30	PUMPS	2/08/06		15,502							15,502	15,502	200DB	HY	10	33333
31	M-EQUIPMENT	12/31/05		941							941	941	200DB	HY	3	0
32	F-BADGE MACHINE	8/02/06		6,476							6,476	6,476	200DB	HY	5	0
33	F-SIGNAGE	3/31/07		17,926							17,926	17,926	200DB	HY	10	25000
35	O-OFFICE EQUIP-B LASCHK	10/09/06		8,807							8,807	8,807	200DB	HY	5	0
36	O-OFFICE-WORKST /SHELF	6/26/07		2,591							2,591	2,591	200DB	HY	5	0
37	M-HIGHLANDS PROD EQU	11/01/06		2,289							2,289	2,289	200DB	HY	7	204
38	M-TURF EQ SERVICE	5/02/07		8,553							8,553	8,553	200DB	HY	7	763
41	O-OFFICE EQ-TEE ON GOLF	1/22/08		3,900							3,900	3,900	200DB	HY	5	225
42	O-OFFICE EQ -QUILL	5/21/08		717							717	717	200DB	HY	5	41
43	O-OFFICE EQ -JOURNEY EDU	5/31/08		1,446							1,446	1,446	200DB	HY	5	82
44	O-OFFICE EQ-AMAZON-GE	6/15/08		709							709	709	200DB	HY	5	40
45	O-OFFICE EQU DELL/NETWORK	6/30/08		3,050							3,050	3,050	200DB	HY	5	176
46	M-MAINT EQ -BARCO	3/21/08		5,473							5,473	5,473	200DB	HY	7	488
47	M-MAINT EQ -BARCO	5/22/08		5,187							5,187	5,187	200DB	HY	7	463
48	L-LEASEHOLD IMPR-TELE	2/15/08		233							233	233	200DB	HY	7	21
49	L-LEASEHOLD IMPR-TELE	4/18/08		288							288	288	200DB	HY	7	26
55	O-OFFICE EQ-QUILL	8/20/07		417							417	417	200DB	HY	5	0
56	O-NETWORK	8/30/07		2,300							2,300	2,300	200DB	HY	7	202
57	O-TELEPHONE SYSTEM	8/29/07		1,164							1,164	1,164	200DB	HY	7	102
58	O-TELEPHONE SYSTEM	9/27/07		381							381	381	200DB	HY	7	34
59	O-TELEPHONE SYSTEM	10/01/07		416							416	416	200DB	HY	7	37

Client 4

**FUTURE CITIZEN'S FOUNDATION
DBA THE FIRST TEE OF MONTEREY**

26-0015069

11/12/14

01 36PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.		
60	O- TELEPHONE SYSTEM	11/20/07		625							625		529	200DB HY	7	57143	55	
61	O-DELL COMPUTER	7/09/08		1,495							1,495		1,408	200DB HY	5	05760	87	
64	M-RANGE PICKER	4/30/10		3,855							3,855		2,239	200DB MQ	7	11970	461	
65	O-COMPUTERS-L/S	12/29/10		2,638							2,638		1,735	200DB MQ	5	13680	361	
66	F-STORAGE UNIT	6/30/11		1,305							1,305		392	S/L	5		261	
67	O-DELL COMPUTER	9/28/11		5,713							5,713		1,714	S/L HY	5	20000	1,143	
68	O-DELL COMPUTER	5/09/12		4,284							4,284		428	S/L HY	5	20000	857	
77	OE-HP COMPUTERS CLUBHOUSE	6/20/13		4,728							4,728			S/L	5		473	
78	OE-CARD PRINTER-KC	6/26/13		3,574							3,574			S/L	5		357	
81	SALINAS PUMP CO	6/15/13		16,640							16,640			S/L	10		971	
Total Machinery and Equipment				307,350		0	0	0	0	0	307,350	255,484						10,791
Miscellaneous																		
80	SOFTWARE	5/22/13		17,500							17,500			S/L	5		2,042	
Total Miscellaneous				17,500		0	0	0	0	0	17,500	0						2,042
Total Depreciation				490,295		0	0	0	0	0	490,295	293,563						24,390
Grand Total Depreciation				490,295		0	0	0	0	0	490,295	293,563						24,390

12/31/13

2013 California Book Depreciation Schedule

Page 1

Client 4

FUTURE CITIZEN'S FOUNDATION
DBA THE FIRST TEE OF MONTEREY

26-0015069

11/12/14

01.36PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
Form 199																	
Furniture and Fixtures																	
34	F-OFFICE FURNITURE	10/03/06		1,467							1,467	1,337	200DB	HY	7	130	
69	FF-IT SOLUTN-VIDEO CAMERA	2/06/12		5,921							5,921	423	S/L	HY	7	846	
70	FF-IT SOLUTN-VIDEO CAMERA	3/08/12		4,519							4,519	323	S/L	HY	7	646	
71	FF-IT SOLUTN-VIDEO CAMERA	3/30/12		5,622							5,622	401	S/L	HY	7	803	
76	F-CHAIRS-ON COURSE	12/31/12		4,631							4,631		S/L	3		1,544	
Total Furniture and Fixtures				22,160	0	0	0	0	0	0	22,160	2,484					3,969
Improvements																	
20	LEASEHOLD IMPROVEMENTS	6/30/05		16,250							16,250	6,196	S/L	MQ	20	812	
29	LEASEHOLD IMPROVEMENTS	8/18/05		8,245							8,245	2,884	S/L	HY	20	412	
39	L-LEASEHOLD IMPR- PAVING	6/03/08		11,970							11,970	2,695	S/L	HY	20	599	
40	L-LEASEHOLD IMPR-FENCING	5/27/08		625							625	396	200DB	HY	10	46	
50	L-LEASEHOLD IMPR-FOWLER	8/30/07		34,919							34,919	9,166	S/L	HY	20	1,746	
51	L-LEASEHOLD IMPR-FOWLER	10/03/07		5,329							5,329	1,398	S/L	HY	20	267	
52	L-LEASEHOLD IMPR-FENCING	10/04/07		3,438							3,438	997	S/L	HY	20	165	
53	L-LEASEHOLD IMPR-CLUBHOU	8/30/07		18,202							18,202	4,778	S/L	HY	20	910	
54	L-LEASEHOLD IMPR-CLUBHOU	8/30/07		15,860							15,860	4,163	S/L	HY	20	793	
62	L-LEASEHOLD IMPR-BUILDING	7/24/08		2,321							2,321	522	S/L	HY	20	116	
63	L-LEASEHOLD IMPR-PLUMBING	11/08/08		7,698							7,698	1,732	S/L	HY	20	385	
72	L-LEASEHOLD IMP-FENCING	5/18/12		3,775							3,775	189	S/L	HY	10	378	
73	L-LEASEHOLD IMP-PARKG LOT	9/26/12		1,433							1,433	36	S/L	HY	20	72	
74	L-LEASEHOLD IMP-CABLING	12/06/12		3,155							3,155	225	S/L	HY	7	451	
75	L LEASEHOLD IMP-CLASSROOM	12/11/12		8,723							8,723	218	S/L	HY	20	436	

**Application for Extension of Time To File an
Exempt Organization Return**► **File a separate application for each return.**

OMB No. 1545-1709

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension- check this box and complete Part I only ☐

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or
	FUTURE CITIZEN'S FOUNDATION DBA THE FIRST TEE OF MONTEREY		26-0015069
	Number, street, and room or suite number. If a P.O. box, see instructions		Social security number (SSN)
	1551 BEACON HILL		
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	SALINAS, CA 93905		

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

01

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

- The books are in the care of ► BARRY PHILLIPS

Telephone No. ► (831) 444-7200 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 EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☒ calendar year 20 13 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-BL, 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.

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

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	FUTURE CITIZEN'S FOUNDATION DBA THE FIRST TEE OF MONTEREY	26-0015069
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	Grace & Associates, CPAs 341 First St.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Hollister, CA 95023-3712	

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

01

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

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

- The books are in care of BARRY PHILLIPS
Telephone No. (831) 444-7200 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 EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15, 2014
- 5 For calendar year 2013, or other tax year beginning _____, 20____, and ending _____, 20____
- 6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY IN ORDER TO GATHER INFORMATION SO THAT A COMPLETE RETURN CAN BE PREPARED AND FILED.

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

Signature and Verification must be completed for Part II only.

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

Signature BAA

Title Executive Director

Date _____