

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 7/01/2018, and ending (mm/dd/yyyy) 6/30/2019. Corporation/Organization name FIRST NIGHT MONTEREY. California corporation number 1855888. FEIN 77-0340982. Street address 542 ARCHER STREET. City MONTEREY. State CA. Zip code 93940.

A First Return [X] Yes [] No. B Amended Return [] Yes [X] No. C IRC Section 4947(a)(1) trust [] Yes [X] No. D Final Information Return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized. E Check accounting method: 1 [] Cash 2 [X] Accrual 3 [] Other. F Federal return filed? 1 [] 990T 2 [] 990-PF 3 [] Sch H (990) 4 [] Other 990 series. G Is this a group filing? [] Yes [X] No. H Is this organization in a group exemption? [] Yes [X] No. I Did the organization have any changes to its guidelines not reported to the FTB? [] Yes [X] No. J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [] Yes [X] No. K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No. L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required [] Yes [X] No. M Is the organization a Limited Liability Company? [] Yes [X] No. N Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No. O Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No. P Is federal Form 1023/1024 pending? [] Yes [] No.

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (Total gross receipts: 246,365), Expenses (Total expenses: 254,081), Filing Fee (Balance due: 10), and Sign Here (Signature: BLAKE PINTAR, CPA, Title: EXECUTIVE DIREC). Includes Preparer's Use Only section with firm name and address.

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	92,844.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	92,844.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members.	●	10	
Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	●	11	18,130.
	12	Other salaries and wages	●	12	6,256.
	13	Interest	●	13	2,599.
	14	Taxes	●	14	2,280.
	15	Rents	●	15	16,629.
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	208,187.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	254,081.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		31,639.		21,564.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule.				
10 a	Depreciable assets	28,286.		28,286.	
b	Less accumulated depreciation	26,765.	1,521.	26,765.	1,521.
11	Land				
12	Other assets. Attach schedule.				
13	Total assets		33,160.		23,085.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. ST. 4		20,786.		18,427.
17	Mortgages payable				
18	Other liabilities. Attach schedule.				
19	Capital stock or principal fund		12,374.		4,658.
20	Paid-in or capital surplus. Attach reconciliation.				
21	Retained earnings or income fund.				
22	Total liabilities and net worth		33,160.		23,085.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax	8	Deductions in this return not charged against book income this year. Attach schedule.
3	Excess of capital losses over capital gains	9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule.	10	Net income per return. Subtract line 9 from line 6.
5	Expenses recorded on books this year not deducted in this return. Attach schedule		
6	Total. Add line 1 through line 5.		

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

Name of the organization

FIRST NIGHT MONTEREY

Employer identification number

77-0340982

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization FIRST NIGHT MONTEREY	Employer identification number 77-0340982
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARDEN FOUNDATION 1636 ERCIA STREET SALINAS, CA 93906	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF GREENFIELD 599 EL CAMINO REAL GREENFIELD, CA 93927	\$ 15,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MONTEREY COUNTY WEEKLY 688 WILLIAMS AVENUE SEASIDE, CA 93955	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF MONTEREY CITY HALL MONTEREY, CA 93940	\$ 60,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MONTEREY SALINAS TRANSIT 1 RYAN RANCH ROAD MONTEREY, CA 93940	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PEBBLE BEACH COMPANY P.O. BOX 1767 PEBBLE BEACH, CA 93953	\$ 12,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FIRST NIGHT MONTEREY	Employer identification number 77-0340982
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RITA & LUIS ECHENIQUE FOUNDATION PO BOX 706 KING CITY, CA 93930	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **FIRST NIGHT MONTEREY** Employer identification number **77-0340982**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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CLIENT FIRSTNGT

FIRST NIGHT MONTEREY

77-0340982

7/31/20

03:24PM

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

PROGRAM SERVICE REVENUE..... \$ 92,844.
TOTAL \$ 92,844.

**STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SUSAN BRITTON 1/2 PASO HONDO CARMEL VALLEY, CA 93924	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
NINA PARRIS 542 ARCHER STREET MONTEREY, CA 93940	DIRECTOR 0	0.	0.	0.
ELLEN MARTIN PO BOX 6237 CARMEL, CA 93921	EXECUTIVE DIREC 40.00	18,130.	0.	0.
DR. MICHAEL CLARK 542 ARCHER STREET MONTEREY, CA 93940	DIRECTOR 0	0.	0.	0.
SHERRY FARSON 25790 TIERRA GRANDE CARMEL, CA 93923	TREASURER 0	0.	0.	0.
MICHAEL HOUSTON 542 ARCHER STREET MONTEREY, CA 93940	SECRETARY 0	0.	0.	0.
ALBERT MAGADENA 542 ARCHER STREET MONTEREY, CA 93940	DIRECTOR 0	0.	0.	0.
MARILYN ZUTTERLAND 542 ARCHER STREET MONTEREY, CA 93940	DIRECTOR 0	0.	0.	0.
TOTAL		\$ <u>18,130.</u>	\$ <u>0.</u>	\$ <u>0.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	25,605.
ART CAMP.....		1,836.
FIRST NIGHT EXPENSES.....		102,062.
INSURANCE.....		12,501.
MISCELLANEOUS.....		2,351.
OFFICE EXPENSES.....		15,889.
OUTREACH.....		45,714.
TRAVEL OR ENTERTAINMENT FOR PUBLIC OFFICIALS.....		1,689.
WORKERS COMP.....		540.
	TOTAL \$	<u>208,187.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

TOTAL NOTES AND BONDS PAYABLE \$ 18,427.

