2018 California Exempt Organization Annual Information Return

FORM

199

	Aimaa imoimaton ketarn	
	ear 2018 or fiscal year beginning (mm/dd/yyyy) 7/01/2018 , and ending (mm/dd/yyyy) 6/30/	2019 ·
Corporation/Or	ganization name	California corporation number
	NIGHT MONTEREY mation. See instructions.	1855888 FEIN
Additional lino	matori. Get instructions.	77-0340982
	(suite or room)	PMB no.
542 ARC	CHER STREET State	Zip code
MONTERE	EY CA	93940
Foreign country	y name Foreign province/state/county	Foreign postal code
B Amended C IRC Section D Final Info Inter date C Check acc 1 0 Ct F Federal re 4 0th G Is this a general results and the section of the sect	Yes X No Return Yes X No Yes X	Yes X No Yes X No
I Did the o	P Is federal Form 1023/1024 pending?	Yes No
not report	ted to the FTB? See instructions	
Part I	Complete Part I unless not required to file this form. See General Information B and C.	
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1 92,844.
Receipts	 2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received SEE. SCHB.	3 153,521.
and Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	155,521.
	This line must be completed. If the result is less than \$50,000, see General Information B ●	4 246,365.
	5 Cost of goods sold	
	6 Cost or other basis, and sales expenses of assets sold 6	
	7 Total costs. Add line 5 and line 6	7
	8 Total gross income. Subtract line 7 from line 4	8 246,365.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 ●	9 254,081.
•	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10 -7,716.
	11 Total payments	11
	12 Use tax. See General Information K.	12
	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13
F <u>il</u> ing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14
Fee	15 Filing fee \$10 or \$25. See General Information F	15 10.
	16 Penalties and Interest. See General Information J.	16
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17 10.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	t of my knowledge and belief, it is true,
Here	Signature Date Date	Telephone
	of officer EXECUTIVE DIREC	831-373-4778 • PTIN
Paid	Preparer's Signature BLAKE PINTAR, CPA	
Preparer's	BIAKE T DINTAD C D A	• Firm's FEIN
Use Only	(or yours, if	77-0437899
	self-employed) and address MONTEREY, CA 93940	Telephone
		(831) 375-5531
	May the FTB discuss this return with the preparer shown above? See instructions	● X Yes No

FIRST NIGHT MONTEREY

Part || Organizations with gross receipts of more than \$50,000 and private foundations

regardless of amount of gross receipts – complete Part || or furnish substitute informations

		rega	rdiess of amount of gross receipts –	- complete Part II or Iul	nish sub	stitute information	l			
		1	Gross sales or receipts from all b	business activities. S	ee instru	ctions		, 1		
		2	Interest					2	2	
		3	Dividends					3	3	_
Receipts from		4	Gross rents					4	l	_
Othe		5	Gross royalties						j	_
Sour	ces	6	Gross amount received from sale						3	_
		7	Other income. Attach schedule.							_
		8	Total gross sales or receipts from other s						32/011	_
		9	Contributions, gifts, grants, and similar ar	-					32,011	÷
		10	Disbursements to or for member							—
			Compensation of officers, director							_
		11							10/100	_
Expe	nses	12	Other salaries and wages						0,200	
and		13	Interest						2,033	_
Disb	urse-	14	Taxes				_		2,200	_
mem	.5	15	Rents						10,025	•
		16	Depreciation and depletion (See							
		17	Other Expenses and Disburseme	ents. Attach schedule		SEE SI	'ATEMENT 3 •	17	208,187	
		18	Total expenses and disbursements. Add I	ine 9 through line 17. Ente	here and	on Side 1, Part I, line	9	18	254,081	•
Sch	edule	. L	Balance Sheet	Beginning	of taxab	le year	En	d of ta	axable year	
Asse	ets			(a)		(b)	(c)		(d)	_
1	Cash					31,639.			21,564	-
2	Net acc	ounts	receivable			•			•	_
3	Net not	es rec	eivable						•	
4	Invento	ries							•	
5	Federal	and s	tate government obligations						•	
6	Investm	ients i	n other bonds						•	
7	Investm	ents i	n stock						•	
8	Mortga	ge Ioar	ns						•	
9	Other in	nvestm	nents. Attach schedule						•	
10 a	Depreci	able a	issets	28,286			28,2	286.		
b	Less ac	cumul	ated depreciation	26,765		1,521.	26,7		1,521	-
11				·		•			•	
12	Other a	ssets.	Attach schedule						•	_
13	Total a	ccatc				33,160.			23,085	_
			et worth			00,2001				İ
14			able						•	_
			, gifts, or grants payable						•	_
			otes payable			20,786.			• 18,427	—
16 17			yable			20,100.			0,427	÷
17			es. Attach schedule						=	_
18						10 274			• 4.658	_
19			or principal fund			12,374.			• 4,658	•
20			pital surplus. Attach reconciliation						•	—
21 22			ies and net worth			33,160.			23,085	_
-				la a alva voitta ima a maa					23,003	÷
SCII	edule	: 141-	Do not complete this schedule if				s less than \$50 000	1		
	Not inc	ama n	· · · · · · · · · · · · · · · · · · ·							_
1 2			er books		⊣ ′		books this year not inc ch schedule		•	
3			ital losses over capital gains		8	Deductions in this				
4			ecorded on books this year.		ĭ	against book incom	-			
7			ule)					•	
5			orded on books this year not deducted		9		nd line 8			_
•	-		. Attach schedule)	10					
6			e 1 through line 5			·	from line 6			
					1				1	_

3652184 **Side 2** Form 199 2018 059 CACA1112L 12/13/18

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

FIRST NIGHT MONTEREY		77-0340982
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Genera	I Rule or a Special Rule.	
	anization can check boxes for both the General Rule and a S	special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-E2	Z, or 990-PF that received, during the year, contributions total te Parts I and II. See instructions for determining a contribution	iling \$5,000 or more (in money or tor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000; or (2 0-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to contributor name and address), II, and III.	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit o children or animals. Complete Parts I (entering 'N/A' in colu	rom any one contributor, terary, or educational umn (b) instead of the
during the year, contributions exclusively to \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete a	of (c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contributione total contributions that were received during the year for any of the parts unless the General Rule applies to this organicale, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, ization because
990-PF), but it must answer 'No' on Part IV. Iir	the General Rule and/or the Special Rules doesn't file Sched ne 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-EZ or on its Form 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)

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Jame of organization	nn .			

FIRST NIGHT MONTEREY

Employer identification number

77-0340982

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		Person X Payroll
	1636 ERCIA STREET	\$10,000.	
	SALINAS, CA 93906		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF GREENFIELD		Person X Payroll
	599 EL CAMINO REAL	\$15,125.	
	GREENFIELD, CA 93927		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MONTEREY COUNTY WEEKLY		Person X Payroll
	688 WILLIAMS AVENUE	\$8,000.	Noncash
	SEASIDE, CA 93955		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITY OF MONTEREY		Person X Payroll
	CITY HALL	\$60,079.	
	MONTEREY, CA 93940		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MONTEREY SALINAS TRANSIT		Person X Payroll
	1 RYAN RANCH ROAD	\$6 <u>,</u> 000.	Noncash
	MONTEREY, CA 93940		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	PEBBLE BEACH COMPANY		Person X Payroll
	D 0 POV 1767	\$ 12,350.	Noncash Noncash
	P.O. BOX 1767	· <u>- 2 / 2 / 2 </u>	Noncasii

FIRST NIGHT MONTEREY

Name of organization

Employer identification number

77-0340982

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	\$7,500.	Person X Payroll Noncash
	KING CITY, CA 93930		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

1

Employer identification number

FIRST NIGHT MONTEREY

Name of organization

77-0340982

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
	<u> </u>	- \$	
(a) No.	(b)	(c)	(d)
from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
		1	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	4	
	<u> </u>	_ \$	
		1'	
BAA	Sch	edule B (Form 990, 990-Ez	Z, or 990-PF) (2018

FIRST N	NIGHT MONTEREY		77-0340982
		contributions to organiz	rations described in section 501(c)(7), (8),
	or (10) that total more than \$1,000 for th		
	the following line entry. For organizations con	mpleting Part III, enter the total of	f exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the year. (Enter this information once. See in	instructions.)
	Use duplicate copies of Part III if additional s		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	Furpose of gift	Ose of gift	Description of now gift is field
	N/A		
	N/A		
	1	(a)	L
		(e) Transfer of gift	
	Transferee's name, address		Relationship of transferor to transferee
	<u> </u>		
(a)	(b)	(c)	(d)
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	L		
	L		
	L		
		(e) Transfer of gift	
	Transferen's name address		Relationship of transferor to transferee
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
	L		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	r urpose or gire	Use of gift	bescription of now gire is field
		(e)	1
		(e) Transfer of gift	
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b)	(c)	(d)
No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	<u> </u>		
	L		
	L		
		(e)	
	Transferee's name, address	Transfer of gift	Relationship of transferor to transferee
	Transferee S maine, address	, and AIF T 4	iverationismic of transferor to transferee
	1		

2018	CALIFORNIA STATEMENTS	PAGE 1
CLIENT FIRSTNGT	FIRST NIGHT MONTEREY	77-0340982
7/31/20		03:24PM
STATEMENT 1 FORM 199, PART II, OTHER INCOME	LINE 7	
PROGRAM SERVICE	REVENUETOTAL	\$ 92,844. \$ 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	ACCOUNT/
SUSAN BRITTON 1/2 PASO HONDO CARMEL VALLEY, CA 93924	PRESIDENT 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	L \$ 18,130.	\$ 0.	\$ 0.

2018	CALIFORNIA STATEMENTS	PAGE 2
CLIENT FIRSTNGT	FIRST NIGHT MONTEREY	77-0340982
7/31/20 STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES		03:24PN
ADVERTISING AND PROMOTION ART CAMP. FIRST NIGHT EXPENSES. INSURANCE. MISCELLANEOUS. OFFICE EXPENSES. OUTREACH. TRAVEL OR ENTERTAINMENT	N FOR PUBLIC OFFICIALS TOTAL	\$ 25,605. 1,836. 102,062. 12,501. 2,351. 15,889. 45,714. 1,689. 540. 208,187.
STATEMENT 4 FORM 199, SCHEDULE L, LINE BONDS AND NOTES PAYABLE	TOTAL NOTES AND BONDS PAYABLE	\$ 18,427.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, CA SOS file number and '2018 FTB 3586' on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations — File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations — File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations — File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE _ _ DETACH HERE _ _ CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR CALIFORNIA FORM **Payment Voucher for Corporations and** 2018 **Exempt Organizations e-filed Returns** 3586 (e-file) 1855888 77-0340982 00000000000 FIRS 18 FORM 3 06 - 30 - 19TYB 07-01-18 TYE FIRST NIGHT MONTEREY ELLEN MARTIN 542 ARCHER STREET MONTEREY 93940 CA 831-373-4778

059 6181186 CACA1201L 12/12/18 FTB 3586 2018

AMOUNT OF PAYMENT

10.