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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2011**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2011 calendar year, or tax year beginning****04/01, 2011, and ending****03/31, 2012****B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C Name of organization**

FIESTA EVENTS, INC.

**Doing Business As**

Number and street (or P O box if mail is not delivered to street address)

7135 E. CAMELBACK ROAD

Room/suite

190

City or town, state or country, and ZIP + 4

SCOTTSDALE, AZ 85251

**F Name and address of principal officer**

ROBERT N. SHELTON

7135 E CAMELBACK RD STE 190 SCOTTSDALE, AZ 85251

**D Employer identification number**

86-0666998

**E Telephone number**

(480) 350-0900

**G Gross receipts \$** 4,688,051.**H(a) Is this a group return for affiliates?** Yes ☐ No ☒**H(b) Are all affiliates included?** Yes ☐ No ☐

If "No," attach a list (see instructions)

**H(c) Group exemption number** ►**I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.FIESTABOWL.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ►**L Year of formation** 1991**M State of legal domicile** AZ**Part I Summary****1 Briefly describe the organization's mission or most significant activities:**

FIESTA EVENTS, INC. IS COMMITTED TO HOSTING A COMPREHENSIVE PAGEANT OF  
COMMUNITY EVENTS AND ACTIVITIES WHICH PROVIDE A YEAR-ROUND OUTLET FOR  
VOLUNTEER PARTICIPATION, ECONOMIC DEVELOPMENT, AND TOURISM PROMOTION.

**2 Check this box** ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3 Number of voting members of the governing body (Part VII, line 1a)** **3** 26.**4 Number of independent voting members of the governing body (Part VII, line 1b)** **4** 23.**5 Total number of individuals employed in calendar year 2011 (Part VII, line 2a)** **5** 0**6 Total number of volunteers (estimate if necessary)** **6** 300.**7a Total unrelated business revenue from Part VIII, column (C), line 4b** **7a** 11,810.**b Net unrelated business taxable income from Form 990-T, line 34** **7b** 8,128.

	Prior Year	Current Year
<b>8 Contributions and grants (Part VIII, line 1h)</b>	252,313.	180,960.
<b>9 Program service revenue (Part VIII, line 2g)</b>	3,907,921.	3,715,872.
<b>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</b>	2,302.	-56,557.
<b>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</b>	-143,066.	508,207.
<b>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</b>	4,019,470.	4,348,482.
<b>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</b>	349,728.	793,294.
<b>14 Benefits paid to or for members (Part IX, column (A), line 4)</b>	0	0
<b>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</b>	1,448,551.	948,836.
<b>16a Professional fundraising fees (Part IX, column (A), line 11e)</b>	0	0
<b>b Total fundraising expenses (Part IX, column (D), line 25)</b>	0	0
<b>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</b>	6,415,151.	5,048,926.
<b>18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)</b>	8,213,430.	6,791,056.
<b>19 Revenue less expenses Subtract line 18 from line 12</b>	-4,193,960.	-2,442,574.
<b>20 Total assets (Part X, line 16)</b>	749,679.	1,808,742.
<b>21 Total liabilities (Part X, line 26)</b>	11,840,908.	14,089,751.
<b>22 Net assets or fund balances Subtract line 21 from line 20</b>	-11,091,229.	-12,281,009.

**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

Robert Shelton Executive Director

Type or print name and title

**Paid**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

BRENDA GRIESEMER

Brenda Griesemer

01/25/2013

P00264669

**Preparer Use Only**

Firm's name ► ERNST &amp; YOUNG US LLP

Firm's EIN ► 34-6565596

Firm's address ► 2 NORTH CENTRAL, SUITE 2300 PHOENIX, AZ 85004

Phone no 602-322-3000

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☐ No ☒

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

JSA  
1E1010 1 000

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

FIESTA EVENTS, INC. IS COMMITTED TO HOSTING A COMPREHENSIVE PAGEANT  
OF COMMUNITY EVENTS AND ACTIVITIES WHICH PROVIDE A YEAR-ROUND OUTLET  
FOR VOLUNTEER PARTICIPATION, ECONOMIC DEVELOPMENT, AND TOURISM  
PROMOTION.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 644,156. including grants of \$ 0 ) (Revenue \$ 1,197,067 )

COLLEGE FOOTBALL'S BIGGEST PARTY AND THE STADIUM CLUB ARE PRE-GAME  
FESTIVITIES THAT INCLUDE FOOD AND ENTERTAINMENT AND ENHANCE FAN  
EXPERIENCE.

**4b** (Code: ) (Expenses \$ 647,404. including grants of \$ 0 ) (Revenue \$ 737,129. )

ATTACHMENT 1

**4c** (Code: ) (Expenses \$ 970,529. including grants of \$ 0 ) (Revenue \$ 1,031,004. )

THE 2011 FIESTA BOWL BLOCK PARTY TOOK PLACE ON TEMPE'S MILL  
AVENUE. TEMPE'S GIN BLOSSOMS WERE THE HEADLINE ATTRACTION.

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

(Expenses \$ 2,427,577. including grants of \$ 793,294. ) (Revenue \$ 750,672 )

**4e** Total program service expenses 4,689,666.

**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 <b>Section 501(c)(3) organizations.</b> 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; 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, XII, and XIII . . . . .		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, XII, and XIII 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>25 b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28 b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28 c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35 b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

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**Part V****Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☒ X

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . 1a 154		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . 1b 21		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . . 2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . 4a		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. . . . . 5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . 7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . . 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . 9b		
10	<b>Section 501(c)(7) organizations.</b> Enter: . . . . . 10a		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b		
11	<b>Section 501(c)(12) organizations.</b> Enter: . . . . . 11a		
a	Gross income from members or shareholders . . . . . 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . 11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . 13a		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . 13b		
c	Enter the amount of reserves on hand . . . . . 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . 14b		

**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 to any question in this Part VI. ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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	26	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	23	
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> 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	
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)		
<b>16a</b> 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>16b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CURT KRIZAN 7135 E. CAMELBACK RD STE 190 SCOTTSDALE, AZ 85251 480-350-0900

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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  (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 2										
(1) BOB AYLESWORTH DIRECTOR	1.00	X						0	800.	0
(2) JIM BRUNER TREASURER (BEG 3/24/12)	1.00	X		X				0	605.	0
(3) ANN DAMIANO DIRECTOR	1.00	X						0	640.	0
(4) KEMP ELLIS TREASURER (3/25/11-4/21/11)	1.00	X		X				0	2,040.	0
(5) LARRY JOHNSON DIRECTOR	1.00	X						0	800.	0
(6) DANIEL LEWIS CHAIRMAN-ELECT (THRU 1/26/12	1.00	X		X				0	1,516.	0
(7) MANNY MOLINA DIRECTOR (THRU 3/23/12)	1.00	X						0	0	0
(8) ANDY MCCAIN DIRECTOR	1.00	X						0	0	0
(9) MARK VINCIGUERRA DIRECTOR	1.00	X						0	0	0
(10) STEVE WHITEMAN CHAIRMAN (BEG 3/24/12)	1.00	X		X				0	0	0
(11) MATT WINTER SECRETARY (BEG 3/24/12)	1.00	X		X				0	0	0
(12) DUANE WOODS CHAIRMAN (3/25/11-3/23/12)	1.00	X		X				0	0	0
(13) JOHN ZIDICH SECRETARY (THRU 4/10/11)	1.00	X		X				0	0	0
(14) CHUCK O'CONNOR DIRECTOR	1.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) DON ROBINSON DIRECTOR	1.00	X						0	0	0
(16) MIKE HECOMOVICH DIRECTOR	1.00	X						0	0	0
(17) CLINTON PATTEA DIRECTOR	1.00	X						0	0	0
(18) NIKKI BALICH DIRECTOR	1.00	X						0	0	0
(19) PATRICK BARKLEY DIRECTOR	1.00	X						0	0	0
(20) ANDREW STEGEN DIRECTOR	1.00	X						0	640.	0
(21) SHERYL DEHNING LONG DIRECTOR	1.00	X						0	0	0
(22) BRIAN J. HALL TREASURER (4/21/11-3/23/12)	1.00	X		X				0	800.	0
(23) STEVEN LEACH DIRECTOR	1.00	X						0	0	0
(24) MARCUS SIPOLT DIRECTOR	1.00	X						0	1,000.	0
(25) JOHN CURRIE DIRECTOR (BEG 3/24/12)	1.00	X						0	0	0
<b>1b Sub-total</b>								0	6,401.	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	1,297,906.	0
<b>d Total (add lines 1b and 1c)</b>								0	1,304,307.	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
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		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

**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

**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 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
( 26 ) JORY HANCOCK DIRECTOR (BEG 3/24/12)	1.00	X						0	0	0
( 27 ) TYLER HANSON DIRECTOR (BEG 3/24/12)	1.00	X						0	0	0
( 28 ) RICHARD A. HORN DIRECTOR (BEG 3/24/12)	1.00	X						0	0	0
( 29 ) DEREK J. KERR DIRECTOR (BEG 3/24/12)	1.00	X						0	0	0
( 30 ) RAMIRO G. PERU DIRECTOR (BEG 3/24/12)	1.00	X						0	0	0
( 31 ) KEMP ELLIS (CONT'D) SECRETARY (4/21/11-1/2/12)	1.00	X		X				0	0	0
( 32 ) BRIAN J. HALL (CONT'D) CHAIRMAN ELECT (BEG 3/24/12)	1.00	X		X				0	0	0
( 33 ) ALAN YOUNG CHIEF OF STAFF	14.00			X				0	102,787.	0
( 34 ) ROBERT SHELTON EXECUTIVE DIRECTOR	14.00			X				0	218,211.	0
( 35 ) CURT KRIZAN CHIEF FINANCIAL OFFICER	14.00			X				0	70,645.	0
( 36 ) STEPHANIE JARVIS LEGAL COUNSEL AND CCO	14.00			X				0	0	0
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 .....

**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 .....

**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 .....

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		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 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
( 37 ) JAY FIELDS VP-MARKETING (THRU 4/30/11)	0					X		0	138,134.	0
( 38 ) TRACY GUERRA SENIOR DIR. OF GAME OPERATIONS	14.00					X		0	130,512.	0
( 39 ) CHRISTINE MARTIN DIR OF TEAM SVCS (THRU 8/17/11)	14.00					X		0	132,871.	0
( 40 ) ANDREW BAGNATO CHIEF OF COMMUNICATIONS	14.00					X		0	120,882.	0
( 41 ) PEGGY EYANSON SR DIRECTOR OF BUSINESS OPS	14.00					X		0	107,313.	0
( 42 ) JOHN JUNKER PRESIDENT/CEO (THRU 3/31/11)	0						X	0	120,471.	0
( 43 ) NATALIE WISNESKI COO (THRU 3/31/11)	0						X	0	153,640.	0

**1b Sub-total****c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

**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

**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

**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

	Yes	No
3	X	
4	X	
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 in compensation from the organization

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	97,172.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	83,788.			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .		177,060.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		180,960			
<b>Program Service Revenue</b>	<b>2a</b>	PAGEENTRY	Business Code 711300	488,171.	488,171.		
	<b>b</b>	GAME PROMOTIONAL ACTIVITIES	711300	1,171,437	1,171,437		
	<b>c</b>	FIESTA BOWL BLOCK PARTY EVENT	711300	774,729.	774,729		
	<b>d</b>	QUALIFIED SPONSORSHIP PAYMENTS	711300	1,147,489		1,147,489	
	<b>e</b>	SPORTING EVENTS	711300	48,449	48,449		
	<b>f</b>	All other program service revenue . . . . .	711300	85,597	85,597		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		3,715,872.			
	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		0			
<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0				
<b>5</b>	Royalties . . . . .		0				
<b>Other Revenue</b>			(i) Real (ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0			
			(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		56,557			
	<b>c</b>	Gain or (loss) . . . . .		-56,557			
	<b>d</b>	Net gain or (loss) . . . . .		-56,557.		-56,557.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 97,172 of contributions reported on line 1c) See Part IV, line 18 . . . . .	ATCH 3 a	40,480			
	<b>b</b>	Less: direct expenses . . . . .	b	139,108.			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .	ATCH 4 .	-98,628		-98,628	
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	a	94,356			
	<b>b</b>	Less: direct expenses . . . . .	b	143,904			
	<b>c</b>	Net income or (loss) from gaming activities . . . . .	ATCH 5 .	-49,548		-49,548.	
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a				
	<b>b</b>	Less: cost of goods sold . . . . .	b				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	MISCELLANEOUS INCOME	711300	19,560.	19,560			
<b>b</b>	NET ASSETS RELEASED	711300	625,013.	625,013.			
<b>c</b>	MERCHANDISE SALES	711300	11,810		11,810.		
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		656,383.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		4,348,482.	3,212,956.	11,810.	942,756.	

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**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 . . . . .	763,494.	763,494.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	29,800.	29,800.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	155,195.	77,030.	78,165.	
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			
7 Other salaries and wages . . . . .	597,743.	296,684.	301,059.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	135,789.	67,397.	68,392.	
10 Payroll taxes . . . . .	60,109.	29,835.	30,274.	
11 Fees for services (non-employees).				
a Management . . . . .	38,333.	38,333.		
b Legal . . . . .	368,416.		368,416.	
c Accounting . . . . .	93,017.		93,017.	
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other . . . . .	10,303.	5,114.	5,189.	
12 Advertising and promotion . . . . .	191,178.	191,178.		
13 Office expenses . . . . .	13,090.		13,090.	
14 Information technology . . . . .	56,445.		56,445.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	753,416.		753,416.	
17 Travel . . . . .	20,291.		20,291.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	162,410.		162,410.	
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	57,529.	24,432.	33,097.	
23 Insurance . . . . .	0			
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 GAME PROMOTIONAL ACTIVITIES . . . . .	1,292,360.	1,292,360.		
b FIESTA BLOCK PARTY EXPENSES . . . . .	970,529.	970,529.		
c PAGEENTRY . . . . .	672,286.	672,286.		
d SPORTING EVENTS . . . . .	107,897.	107,897.		
e All other expenses . . . . .	241,426.	123,297.	118,129.	
25 Total functional expenses. Add lines 1 through 24e . . . . .	6,791,056.	4,689,666.	2,101,390.	
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) . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	100,336.	1	204,813.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	196,792.	4	66,434.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	16,745.	8	15,589.
	9 Prepaid expenses and deferred charges	67,682.	9	136,759.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 170,291.		
	b Less: accumulated depreciation	10b 112,020.		
		135,905.	10c	58,271.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	232,220.	15	1,326,876.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	749,679.	16	1,808,742.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	108,167.	17	119,517.
	18 Grants payable	0	18	0
	19 Deferred revenue	375.	19	72,175.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	11,732,366.	25	13,898,059.
	26 <b>Total liabilities.</b> Add lines 17 through 25	11,840,908.	26	14,089,751.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	-11,091,229.	27	-13,533,806.
	28 Temporarily restricted net assets	0	28	1,252,797.
	29 Permanently restricted net assets	0	29	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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	-11,091,229.	33	-12,281,009.
34 <b>Total liabilities and net assets/fund balances.</b>	749,679.	34	1,808,742.	

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	4,348,482.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	6,791,056.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-2,442,574.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	-11,091,229.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	1,252,794.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	-12,281,009.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> 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.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .		X
<b>b</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		

Form **990** (2011)

**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. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

**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 to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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 - Other
- 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 it 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? ☐
- 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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. 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"/>	

Schedule A (Form 990 or 990-EZ) 2011

**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 year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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	3,522,079.	3,944,431.	3,449,392.	2,767,591.	2,675,220.	16,358,713.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	1,318,102.	1,271,408.	1,341,959.	1,309,070.	1,142,489.	6,383,028.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5.	4,840,181.	5,215,839.	4,791,351.	4,076,661.	3,817,709.	22,741,741.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	793,183.	955,673.	840,396.	720,320.	904,285.	4,213,857.
<b>b</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	98,642.	200,247.	221,069.	392,125.	369,910.	1,281,993.
<b>c</b> Add lines 7a and 7b.	891,825.	1,155,920.	1,061,465.	1,112,445.	1,274,195.	5,495,850.
<b>8</b> Public support (Subtract line 7c from line 6)						17,245,891.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6.	4,840,181.	5,215,839.	4,791,351.	4,076,661.	3,817,709.	22,741,741.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,140.	880.	3,876.	2,302.		12,198.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b.	5,140.	880.	3,876.	2,302.		12,198.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	17,870.	0.	0.	0.	9,854.	27,724.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12)	4,863,191.	5,216,719.	4,795,227.	4,078,963.	3,827,563.	22,781,663.
<b>14</b> 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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	75.70 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15.	<b>16</b>	79.79 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	.05 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17.	<b>18</b>	.07 %

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** 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.** Complete this part to 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).ATTACHMENT 1

## SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
OTHER REVENUE/SETTLEMENT						
TOTALS						

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

**If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization	Employer identification number
FIESTA EVENTS, INC.	86-0666998

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2011

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .		6,910,277.	32,139,706.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		6,910,277.	32,139,706.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		495,514.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		123,879.	250,000.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0	0												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0	0												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No															

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000.
<b>c</b> Total lobbying expenditures		1,998.			1,998.
<b>d</b> Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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

**Part IV Supplemental Information (continued)**ATTACHMENT 1SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: ARIZ COLLEGE FOOTBALL CHAMPIONSHIP FOUND  
 ADDRESS: 7135 E CAMELBACK ROAD, SUITE 190  
 SCOTTSDALE, AZ 85251  
 EIN: 20-3705626

ORGANIZATION IS AN ELECTING ORGANIZATION.

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES: 857,306.

TOTAL EXEMPT PURPOSE EXPENDITURES: 857,306.

LOBBYING NONTAXABLE AMOUNT: 153,596.

GRASSROOTS NONTAXABLE AMOUNT: 38,399.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: FIESTA EVENTS, INC.  
 ADDRESS: 7135 E CAMELBACK ROAD  
 SCOTTSDALE, AZ 85251  
 EIN: 86-0666998

ORGANIZATION IS AN ELECTING ORGANIZATION.

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES: 6,910,277.

TOTAL EXEMPT PURPOSE EXPENDITURES: 6,910,277.

LOBBYING NONTAXABLE AMOUNT: 495,514.

GRASSROOTS NONTAXABLE AMOUNT: 123,879.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:



**Part IV Supplemental Information (continued)**ATTACHMENT 1 (CONT'D)SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: VALLEY OF THE SUN BOWL FOUNDATION  
 ADDRESS: 7135 E CAMELBACK ROAD, SUITE 190  
 SCOTTSDALE, AZ 85251  
 EIN: 86-0902767

ORGANIZATION IS AN ELECTING ORGANIZATION.

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES: 10,215,979.

TOTAL EXEMPT PURPOSE EXPENDITURES: 10,215,979.

LOBBYING NONTAXABLE AMOUNT: 660,799.

GRASSROOTS NONTAXABLE AMOUNT: 165,200.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: THE ARIZONA SPORTS FOUNDATION  
 ADDRESS: 7135 E CAMELBACK ROAD  
 SCOTTSDALE, AZ 85251  
 EIN: 86-0253821

ORGANIZATION IS AN ELECTING ORGANIZATION.

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES: 14,156,144.

TOTAL EXEMPT PURPOSE EXPENDITURES: 14,156,144.

LOBBYING NONTAXABLE AMOUNT: 857,807.

GRASSROOTS NONTAXABLE AMOUNT: 214,452.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

**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 . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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 XIV, 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, 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 . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2011

**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 ☐

b ☐

c ☐

Public exhibition

Scholarly research

Preservation for future generations

d ☐

e ☐

Loan or exchange programs

Other

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

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.

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

**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
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

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

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

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

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		165,291.	111,048.	54,243.
e Other . . . . .		5,000.	972.	4,028.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c). . . . . ▶				58,271.

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** 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) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

**Part VIII Investments - Program Related.** 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LONG TERM: LAND USE	150,000.
(2) LONG TERM: PREPAID	3,678.
(3) LONG TERM: MUSEUM RENT	1,173,198.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	1,326,876.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY PAYABLE TO ACFCF	1,155,920.
(3) INTERCOMPANY PAYABLE TO ASF	12,755,254.
(4) INTERCOMPANY PAYABLE TO VSB	-13,115.
(5) ACCRUED EXCISE, WITHHOLDING AND EMP	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	13,898,059.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

UNCERTAIN TAX POSITIONS - FIN 48 (ASC 740)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION HAD A FOOTNOTE TO ITS AUDITED FINANCIAL STATEMENT ADDRESSING AN UNCERTAIN TAX POSITION UNDER FIN 48 (ASC 740). PER THE REQUIREMENTS OF SCHEDULE D, PART X, LINE 2, THE ENTIRETY OF THE FOOTNOTE IS QUOTED HERE.

THE FOOTNOTE WAS ISSUED AS PART OF OUR AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2012 IN AN AUDIT REPORT DATED JULY 12, 2012 ISSUED BY ERNST & YOUNG LLP.

"DURING FISCAL 2011, A SPECIAL COMMITTEE OF THE FOUNDATION'S BOARD OF DIRECTORS DIRECTED AN INVESTIGATION INTO MATTERS RELATED TO, AMONG OTHER THINGS, THE REIMBURSEMENT OF POLITICAL CONTRIBUTIONS MADE BY EMPLOYEES, POTENTIAL EXCESSIVE EXECUTIVE COMPENSATION, AND INAPPROPRIATE EXPENDITURES AND GIFTS. THE SPECIAL COMMITTEE FOUND EVIDENCE OF REIMBURSED POLITICAL CONTRIBUTIONS AND INAPPROPRIATE GIFTS AND EXPENSES. MATTERS RELATING TO EXPENDITURES AND EXCESS COMPENSATION CONTINUE TO BE ADDRESSED BY THE BOARD OF DIRECTORS AND MANAGEMENT.

THE FOUNDATION HAS TAKEN STEPS TO ADDRESS THE CONCERNS RAISED IN THE SPECIAL COMMITTEE REPORT INCLUDING, BUT NOT LIMITED TO, THE TERMINATION OF EMPLOYEES; THE HIRING OF A NEW EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, CHIEF COMPLIANCE OFFICER/GENERAL COUNSEL, AND CONTROLLER; THE IMPLEMENTATION OF CHANGES TO THE GOVERNANCE STRUCTURE, INCLUDING RESTRUCTURING COMMITTEES OF THE BOARD OF DIRECTORS; AND THE ESTABLISHMENT OF MORE DETAILED POLICIES AND PROCEDURES.

**Part XIV Supplemental Information (continued)**

UPON EXAMINATION OF THE RESULTS OF THE SPECIAL COMMITTEE INVESTIGATION AND REVIEW DONE SUBSEQUENT TO THE SPECIAL INVESTIGATION, MANAGEMENT BELIEVES THAT THE EXPENSES PAID BY THE FOUNDATION HAVE BEEN APPROPRIATELY RECORDED IN THE HISTORICAL FINANCIAL STATEMENTS. ANY RECOVERIES OF EXPENSES PAID WILL BE RECORDED, IF ANY WHEN THEY ARE RECEIVED.

SOME OF THE FOUNDATION'S PRIOR ACTIVITIES COULD RISK THE FOUNDATION'S SECTION 501 (C) (3) EXEMPTION FROM FEDERAL INCOME TAXES. THESE ACTIVITIES FALL INTO FOUR CATEGORIES: (I) POLITICAL EXPENDITURES, (II) LOBBYING EXPENDITURES, (III) BENEFITS PROVIDED TO DISQUALIFIED PERSONS, AND (IV) BENEFITS PROVIDED TO THIRD PARTIES.

IN ALL THESE AREAS, THE FOUNDATION HAS TAKEN AND WILL CONTINUE TO TAKE CORRECTIVE ACTION AS FOLLOWS:

POLITICAL CAMPAIGN CONTRIBUTIONS - THE FOUNDATION HAS SOUGHT TO RECOVER SUCH AMOUNTS FROM CANDIDATES AND CHANGED ITS INTERNAL BONUS AND EXPENSE REIMBURSEMENT POLICIES AND PRACTICES.

LOBBYING ACTIVITIES - THE FOUNDATION HAS INVESTIGATED THESE EXPENDITURES AND BELIEVES THAT ALL OF THE EXPENSES PAID BY THE FOUNDATION TO PROFESSIONAL SERVICES FIRMS WERE PROPER AND THE FOUNDATION IS NOT AWARE OF LOBBYING ACTIVITIES CONDUCTED BY THE FOUNDATION OTHER THAN A SMALL AMOUNT OF INDIRECT SUPPORT PROVIDED FOR FUNDRAISING EVENTS.

BENEFITS PROVIDED TO DISQUALIFIED PERSONS - THE FOUNDATION HAS AMENDED INCOME TAX REPORTING FOR CERTAIN DIRECTORS, FORMER DIRECTORS, EMPLOYEES, AND CONSULTANTS FOR RECENT YEARS. THE FOUNDATION HAS ALSO QUANTIFIED ALL INUREMENT AND POSSIBLE EXCESS BENEFIT TRANSACTIONS AND REPORTED SUCH AMOUNTS FOR INCOME TAX PURPOSES.

BENEFITS PROVIDED TO THIRD PARTIES - THE FOUNDATION HAS INVESTIGATED AND

**Part XIV Supplemental Information (continued)**

HAS NOT IDENTIFIED ANY SIGNIFICANT AMOUNTS THAT RAISE INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT ISSUES WITH THIRD PARTIES.

THE IRS HAS BROAD DISCRETION WHEN DETERMINING WHETHER OR NOT TO REVOKE THE TAX-EXEMPT STATUS OF AN OFFENDING CHARITABLE ORGANIZATION OR TO IMPOSE ALTERNATIVE CORRECTIVE ACTIONS. ALTHOUGH THE FOUNDATION CANNOT PREDICT THE OUTCOME WITH CERTAINTY, BASED ON THE CORRECTIVE ACTIONS THE FOUNDATION HAS TAKEN AND EXPECTS TO CONTINUE TO TAKE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE FOUNDATION WILL RETAIN ITS TAX-EXEMPT STATUS UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, MANAGEMENT BELIEVES IT CONTINUES TO BE APPROPRIATE TO RECORD NO PROVISION FOR INCOME TAXES IN THESE COMBINED FINANCIAL STATEMENTS.

THE FOUNDATION HAS ACCRUED A LIABILITY AT MARCH 31, 2012, FOR EXCISE TAXES RELATED TO REIMBURSED POLITICAL CAMPAIGN CONTRIBUTIONS SINCE 2000 AND FOR WITHHOLDING AND EMPLOYMENT TAXES WITH RESPECT TO AMOUNTS THAT REPRESENT COMPENSATION BUT WHICH WERE NOT INITIALLY TREATED AS SUCH BY THE FOUNDATION. THESE AMOUNTS TOTAL APPROXIMATELY \$122,000 AND REPRESENT THE ESTIMATED LIABILITIES IDENTIFIED TO DATE. IT IS REASONABLY POSSIBLE ADDITIONAL AMOUNTS MAY BE IDENTIFIED AND THE IRS COULD ASSESS A PENALTY OR OTHER AMOUNT TO THE FOUNDATION. ANY SUCH ADDITIONAL LIABILITIES CANNOT BE ESTIMATED AT THIS TIME AND A LIABILITY HAS NOT BEEN RECORDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS.

THE IRS HAS PROVIDED STATUTORY GUIDANCE STATING THAT QUALIFIED SPONSORSHIP CONTRIBUTIONS (PAYMENTS WHERE THERE IS NO EXPECTATION OF ANY SUBSTANTIAL RETURN BENEFITS OTHER THAN THE USE OR ACKNOWLEDGMENT OF THE CORPORATE NAME OR LOGO) RECEIVED BY NOT-FOR-PROFIT ORGANIZATIONS ARE NOT TAXABLE UNRELATED BUSINESS INCOME. MANAGEMENT BELIEVES THAT THE



**Part XIV Supplemental Information (continued)**

CONTRIBUTIONS RECEIVED BY THE FOUNDATION QUALIFY UNDER THE STATUTORY PROVISIONS AND THEREFORE ARE NOT TAXABLE. IN ADDITION, SHOULD THE CONTRIBUTIONS BE DEEMED TAXABLE, MANAGEMENT BELIEVES THAT THE REVENUES SHOULD BE REDUCED BY RELATED EXPENSES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES FOR UNRELATED BUSINESS INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS."

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

**Part I**

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

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

**a** ☐ Mail solicitations

**b** ☐ Internet and email solicitations

**c** ☐ Phone solicitations

**d** ☐ In-person solicitations

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☐ Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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.

		(a) Event #1 SILENT AUCTION (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	137,652.			137,652.
	2 Less: Charitable contributions . . . . .	97,172.			97,172.
	3 Gross income (line 1 minus line 2). . . . .	40,480.			40,480.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .	97,172.			97,172.
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	41,936.			41,936.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 139,108.)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				-98,628.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .			94,356.	94,356.
	2 Cash prizes . . . . .				
Direct Expenses	3 Noncash prizes . . . . .			79,888.	79,888.
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .			64,016.	64,016.
	6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	X Yes 93.0000% No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 143,904.)
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				-49,548.

9 Enter the state(s) in which the organization operates gaming activities: AZ,

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

b If "No," explain:

IT IS NOT REQUIRED TO HAVE A LICENSE TO OPERATE GAMING ACTIVITIES IN ARIZONA.

10 a 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:
- |                                      |            |            |
|--------------------------------------|------------|------------|
| <b>a</b> The organization's facility | <b>13a</b> | %          |
| <b>b</b> An outside facility         | <b>13b</b> | 100.0000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ CURT KRIZANAddress ▶ 7135 E CAMELBACK RD STE 190 SCOTTSDALE, AZ 85251

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:Name ▶ PATRICK CANNONGaming manager compensation ▶ \$ 2,006.Description of services provided ▶ SUPERVISION & MANAGEMENT OF GAMING OPERATION
☐ 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.** Complete this part to provide the explanation 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 complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Employer identification number

86-0666998

**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? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐

**Part II Grants and Other Assistance to 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. Check this box if no one recipient received more than \$5,000.**

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)	BOYS & GIRLS CLUB OF THE EAST VALLEY 1405 E GUADALUPE #4 TEMPE, AZ 85283	86-0550646	501 (C) (3)	16,500				SPONSORSHIP STATE Y
(2)	FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 34466 PHOENIX, AZ 85067	44-0610626	501 (C) (3)	6,000				ANNUAL COMMITMENT
(3)	MARICOPA COUNTY NAACP 1818 S 16TH ST PHOENIX, AZ 85034	86-0507446	501 (C) (4)	9,000				ANNUAL SCHOLARSHIP
(4)	PHOENIX CHILDREN'S HOSPITAL FOUNDATION 2929 E CAMELBACK RD PHOENIX, AZ 85016	74-2421549	501 (C) (3)	150,000				GENERAL SUPPORT
(5)	DIOCESAN COUNCIL FOR ST VINCENT DEPAUL PO BOX 13600 PHOENIX, AZ 85002	86-0096789	501 (C) (3)	20,000				ANNUAL COMMITMENT TURKEY DRIVE
(6)	ARIZONA GOVERNOR'S CONFERENCE ON TOURISM 1240 E MISSOURI AVE #204 PHOENIX, AZ 85014	86-0892428	501 (C) (6)	10,000				SPONSORSHIP
(7)	ARIZONA STATE CONFERENCE NAACP PO BOX 20605 PHOENIX, AZ 85036	86-0980336	501 (C) (4)	6,000				ANNUAL COMMITMENT
(8)	VARIOUS			48,267				GENERAL SUPPORT
(9)	CHICANOS FOR LA CAUSA, INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	86-0227210	501 (C) (3)	35,000				ANNUAL SCHOLARSHIP D
(10)	ARIZONA CENTENNIAL 2012 FOUNDATION 1110 W WASHINGTON PHOENIX, AZ 85007	27-0746191	501 (C) (3)	110,000				GENERAL SUPPORT
(11)	BIG BROTHERS BIG SISTERS OF CENTRAL AZ 1010 E MCDOWELL ROAD PHOENIX, AZ 85006	86-0205254	501 (C) (3)	50,000				GENERAL SUPPORT
(12)	BANNER HEALTH FOUNDATION 2025 N 3RD STREET PHOENIX, AZ 85004	94-2545356	501 (C) (3)	35,000				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Employer identification number  
86-0666998

FIESTA EVENTS, INC.

**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? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☐ No

**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. Check this box if no one recipient 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)	CONQUISTADORES YOUTH GOLF FOUNDATION 6450 E BROADWAY TUCSON, AZ 85710	45-0511766	501(C)(3)	30,000.				GENERAL SCHOLARSHIP
(2)	DONOR NETWORK OF ARIZONA 201 W COOLIDGE PHOENIX, AZ 85013	86-0707697	501(C)(3)	25,000.				GENERAL SUPPORT
(3)	HELPING HANDS FOR FREEDOM 1702 E HIGHLAND PHOENIX, AZ 85016	26-3084550	501(C)(3)	25,000.				GENERAL SUPPORT
(4)	BOARD OF TRUSTEES UNIVERSITY OF ALABAMA PO BOX 870136 TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	25,000				ACTS OF KINDNESS FUN
(5)	WASTE NOT, INC. 1700 N GRANITE REEF RD SCOTTSDALE, AZ 8	86-0650514	501(C)(3)	27,100.				GENERAL SUPPORT
(6)	RYAN HOUSE 110 W. MERRELL ST PHOENIX, AZ 85013	20-1852393	501(C)(3)	25,377.				YOUTH TENNIS CLINIC
(7)	HOSPICE OF THE VALLEY 1510 E FLOWER PHOENIX, AZ 85014	86-0338886	501(C)(3)	10,250.				GENERAL SUPPORT
(8)	ARIZONA LODGING & TOURISM ASSOCIATION 1240 E. MISSOURI PHOENIX, AZ 85014	86-0892428	501(C)(6)	20,000.				SPONSORSHIP, UNITY DI
(9)	BEST BUDDIES ARIZONA 1940 E CAMELBACK RD. PHOENIX, AZ 85016	52-1614576	501(C)(3)	10,000.				GENERAL SUPPORT
(10)	HISPANIC WOMEN'S CORPORATION PO BOX 20725 PHOENIX, AZ 85036	86-0539353	501(C)(3)	10,000.				SPONSORSHIP YOUTH LE
(11)	MARICOPA COUNTY SHERIFF'S OFFICE 100 W WASHINGTON, PHOENIX, AZ 85003	74-2462242	501(C)(3)	10,000.				SPONSORSHIP HAPPY CA
(12)	MENTORKIDS USA 15300 N 90TH ST SCOTTSDALE, AZ 85382	86-0865368	501(C)(3)	10,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

FIESTA EVENTS, INC.

**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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Employer identification number

86-0666998

**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? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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. Check this box if no one recipient 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)	PHOENIX REGIONAL SPORTS COMMISSION 400 E VAN BUREN, PHOENIX, AZ 85004	86-0607401	501(C)(3)	10,000				GENERAL SUPPORT
(2)	TEAM OF PHYSICIANS 5830 N 19TH AVE, PHOENIX, AZ 85015	26-3597181	501(C)(3)	10,000				GENERAL SUPPORT
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21
- 3 Enter total number of other organizations listed in the line 1 table 4

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

Schedule I (Form 990) (2011)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS	11	29,800.			
2						
3						
4						
5						
6						
7						
<b>Part IV Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.						

## GRANTS

## FORM 990 SCHEDULE I PART IV SUPPLEMENTAL INFORMATION

THE ORGANIZATION HAS ESTABLISHED A FORMAL GRANT PROCESS FOR ITS SEMI-ANNUAL CONTRIBUTIONS. A CHARITABLE GIVING COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS REVIEWS GRANT APPLICATIONS AND SUBMITS A LIST OF POTENTIAL CONTRIBUTIONS TO THE BOARD OF DIRECTORS FOR APPROVAL.

CHARITABLE NON-GRANT ACTIVITY, INCLUDING PARTICIPATION IN COMMUNITY

EVENTS, IS APPROVED THROUGH THE NORMAL BUDGET PROCESS. ALL 501(C) (3)

ORGANIZATIONS ARE CHECKED AGAINST PUBLIC RECORDS TO ENSURE THEIR 501 (C)

(3) EXEMPTION IS CURRENT. GRANTEES ARE ASKED TO SUBMIT WRITTEN STATEMENTS



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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

REGARDING THEIR USE OF THE FUNDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		
8		
9		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
<b>1</b> JOHN JUNKER	(i) 0 (ii) 120,471.	0	0	0			120,471.	0
<b>2</b> NATALIE WISNESKI	(i) 0 (ii) 78,640. (iii) 75,000.	0	0	0			153,640.	0
<b>3</b> ROBERT SHELTON	(i) 0 (ii) 189,583.	0	0	28,628.			218,211.	0
<b>4</b>	(i) 0 (ii) 0	0	0	0				
<b>5</b>	(i) 0 (ii) 0	0	0	0				
<b>6</b>	(i) 0 (ii) 0	0	0	0				
<b>7</b>	(i) 0 (ii) 0	0	0	0				
<b>8</b>	(i) 0 (ii) 0	0	0	0				
<b>9</b>	(i) 0 (ii) 0	0	0	0				
<b>10</b>	(i) 0 (ii) 0	0	0	0				
<b>11</b>	(i) 0 (ii) 0	0	0	0				
<b>12</b>	(i) 0 (ii) 0	0	0	0				
<b>13</b>	(i) 0 (ii) 0	0	0	0				
<b>14</b>	(i) 0 (ii) 0	0	0	0				
<b>15</b>	(i) 0 (ii) 0	0	0	0				
<b>16</b>	(i) 0 (ii) 0	0	0	0				

Schedule J (Form 990) 2011

**Part III Supplemental Information**

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

## COMPENSATION PAYMENT

## SCHEDULE J - PART II

FOR PAYROLL TAX PURPOSES, THE ARIZONA SPORTS FOUNDATION PAYS ALL

EMPLOYEES OF THE ARIZONA SPORTS FOUNDATION AND ITS RELATED ORGANIZATIONS:

VALLEY OF THE SUN BOWL FOUNDATION, FIESTA EVENTS, INC. AND ARIZONA

COLLEGE FOOTBALL CHAMPIONSHIP FOUNDATION. ALLOCATIONS OF OFFICERS, KEY

EMPLOYEES AND STAFF COMPENSATION ARE MADE IN ACCORDANCE WITH THE

EMPLOYEES' AVERAGE TIME DEVOTED TO EACH OF THE ORGANIZATIONS.

**Part III Supplemental Information**

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

**SEVERANCE PAYMENTS**

SCHEDULE J, PART I, QUESTION 4A

CHRISTINE MARTIN, DIRECTOR OF TEAM SERVICES, RECEIVED \$0 IN SEVERANCE FROM THIS ORGANIZATION AND \$47,200 FROM A RELATED ORGANIZATION THE ARIZONA SPORTS FOUNDATION.

**REPORTABLE COMPENSATION**

PART VII AND SCHEDULE J, PART II

JOHN JUNKER'S EMPLOYMENT ENDED ON MARCH 31, 2011. HE RECEIVED NO BONUS NOR SEVERANCE PAYMENT.

NATALIE WISNESKI'S EMPLOYMENT ENDED ON MARCH 31, 2011. SHE RECEIVED A BONUS FOR WORK DURING THE 2010-2011 BOWL SEASON. SHE RECEIVED NO SEVERANCE PAYMENT.

THE BONUS FOR WISNESKI IS REPORTED IN PART II, COL BII.

JAY FIELDS' EMPLOYMENT ENDED ON APRIL 30, 2011. HE RECEIVED A BONUS FOR WORK DURING THE 2010-2011 BOWL SEASON. HE RECEIVED NO SEVERANCE PAYMENT.

**Part III Supplemental Information**

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

ROBERT N. SHELTON WAS HIRED ON AUGUST 1, 2011 AS EXECUTIVE DIRECTOR. AS  
HE WAS ONLY EMPLOYED FOR FIVE MONTHS OF THE 2011 CALENDAR PAYROLL YEAR,  
THE AMOUNT DOES NOT REPRESENT A FULL YEAR OF COMPENSATION NOR ANY BONUS  
PAYMENTS.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

► **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b> . . . . .				► \$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2011

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THE PHOENICIAN	SEE PART V	223,319.	HOTEL AND CATERING		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON - THE PHOENICIAN (B) RELATIONSHIP BETWEEN

INTERESTED PERSON AND ORGANIZATION: MARK VINCIGUERRA, AREA GENERAL

MANAGER AND ORGANIZATION BOARD MEMBER (C) AMOUNT OF TRANSACTION: \$223,319

(D) DESCRIPTION OF TRANSACTION: HOTEL AND CATERING (E) SHARING OF

ORGANIZATION REVENUES?: NO



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► (ATCH 1) . . . . .		529.	134,836.	
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2011)

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PAGE 54

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
VARIOUS ITEMS FOR SILENT	X	158.	40,480.	FAIR MARKET VALUE
AUCTION AND GAMING EVENT	X	371.	94,356.	FAIR MARKET VALUE
TOTALS		<u>529.</u>	<u>134,836.</u>	

**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.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

FIESTA EVENTS, INC.

86-0666998

PROCESS USED BY ORGANIZATION TO REVIEW THIS FORM 990

PART VI SECTION B QUESTION 11B

THE RETURN IS PREPARED INTERNALLY AND REVIEWED BY MANAGEMENT AND AN  
EXTERNAL ACCOUNTING FIRM. ONCE THE RETURN IS COMPLETED AND REVIEWED, THE  
FORM 990 IS PROVIDED TO THE BUDGET AND FINANCE COMMITTEE AND AUDIT AND  
COMPLIANCE COMMITTEE. AFTER THE COMMITTEES' REVIEW, THE RETURN IS  
RECOMMENDED TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL. UPON APPROVAL  
BY THE BOARD OF DIRECTORS, THE RETURN IS FILED.

COMPENSATION PROCESS

PART VI, SECTION B, QUESTIONS 15A & 15B

THIS ORGANIZATION DOES NOT PAY COMPENSATION. ALL COMPENSATION IS  
DETERMINED AND PAID BY THE RELATED ORGANIZATION, THE ARIZONA SPORTS  
FOUNDATION.

DISCLOSURE

PART VI, SECTION C, QUESTION 19

THE ORGANIZATION MAKES PUBLIC ITS GOVERNING DOCUMENTS, INCLUDING ITS BY-  
LAWS AND 501 (C) (3) DETERMINATION LETTER, AS WELL AS KEY POLICIES SUCH  
AS THE CODE OF CONDUCT, CODE OF ETHICS, CONFLICT OF INTEREST, EXPENSE  
REIMBURSEMENT, POLITICAL ACTIVITY, RECORD RETENTION AND DESTRUCTION,  
TICKET POLICY AND WHISTLEBLOWER PROTECTION. ALL DOCUMENTS ARE AVAILABLE  
FOR PUBLIC VIEWING AT [HTTP://WWW.FIESTABOWL.ORG/ABOUT](http://WWW.FIESTABOWL.ORG/ABOUT-US/GOVERNANCE/PHP)  
-US/GOVERNANCE/PHP.

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

IN THE FALL OF 2012, A COPY OF THE 1023 WAS REQUESTED FROM THE IRS AND  
WILL BE MADE AVAILABLE AS SOON AS RECEIVED.

## GOVERNING BODY AND MANAGEMENT

## PART VI, SECTION A, QUESTION 9

THE FOLLOWING OFFICERS CANNOT BE REACHED AT THE ORGANIZATION'S MAILING  
ADDRESS, BUT CAN BE REACHED AT THE ADDRESSES LISTED BELOW:

JOHN JUNKER

C/O MARISCAL, WEEKS, MCINTYRE &amp; FRIEDLANDER, P.A. - ATTN GARY L.

BIRNBAUM

2901 NORTH CENTRAL AVENUE, SUITE 200

PHOENIX, ARIZONA 85012

NATALIE WISNESKI

C/O JAMES BURKE

QUARLES &amp; BRADY LLP

ONE RENAISSANCE SQUARE

TWO NORTH CENTRAL AVENUE

PHOENIX, ARIZONA 85004-2391

## POLITICAL CAMPAIGN ACTIVITIES

## PART IV, LINE 3

DURING THE PRIOR FISCAL YEAR (2010-2011), THE ORGANIZATION BECAME AWARE

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

OF DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES RELATING TO PRIOR YEARS. THE ORGANIZATION CONTINUES TO WORK WITH REGULATORY AUTHORITIES TO RESOLVE ISSUES RELATED TO ACTIVITIES INCLUDING REQUESTING REPAYMENT AND PAYING ANY APPROPRIATE PENALTIES OR FINES. APPROPRIATE INTERNAL CONTROLS AND GOVERNANCE HAVE BEEN ADOPTED TO ENSURE THAT THIS WILL NOT OCCUR AGAIN.

## CHANGES TO GOVERNING DOCUMENTS

## PART VI, SECTION A, QUESTION 4

BEGINNING IN THE SPRING OF 2011 AND CONTINUING THROUGH FY2012, THE ORGANIZATION MADE SWEEPING CHANGES TO ITS BY-LAWS, POLICIES AND PROCEDURES. THESE POLICIES AND PROCEDURES ARE FOCUSED ON COMPLIANCE WITH ALL RULES AND REGULATIONS OF ITS VARIOUS GOVERNING BODIES, INCLUDING THE IRS, THE NCAA AND THE BCS. THESE CHANGES INCLUDED THE ESTABLISHMENT OF KEY GOVERNANCE COMMITTEES, INCLUDING BUDGET AND FINANCE, NOMINATING AND GOVERNANCE, VOLUNTEER OVERSIGHT AND CHARITABLE GIVING COMMITTEES. EACH HAS A CHARTER AND MEETS REGULARLY TO DISCUSS KEY MATTERS TO THE ORGANIZATION IN DEPTH. THESE COMMITTEES REPORT AT THE BOARD OF DIRECTORS MEETINGS. COPIES OF OUR UPDATED POLICIES AND BY-LAWS ARE AVAILABLE AT [WWW.FIESTABOWL.ORG](http://WWW.FIESTABOWL.ORG)

## OTHER PROGRAM SERVICES

## FORM 990, PART III, QUESTION 4D

FIESTA EVENTS, INC. HOSTS MULTIPLE EVENTS AND VOLUNTEER MEETINGS

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

THROUGHOUT THE YEAR. ADDITIONAL PROGRAM SERVICES SUCH AS THE FIESTA BOWL BAND CHAMPIONSHIP, YOUTH FOOTBALL CLINIC, PREGAME PARTIES, PHOENIX AND TUCSON VOLUNTEER COMMITTEES AND EVENTS AND COMMUNITY OUTREACH ARE INCLUDED IN "OTHER PROGRAM SERVICES".

## CONFLICT OF INTEREST

PART VI GOVERNANCE, MANAGEMENT, SECTION B, LINE 12C

THE ORGANIZATION ANNUALLY REQUIRES ALL EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE AND SIGN THE CONFLICT OF INTEREST POLICY. COPIES OF ALL CONFLICT OF INTEREST STATEMENTS ARE PROVIDED TO THE AUDIT COMMITTEE AND CHIEF COMPLIANCE OFFICER. PROCEDURES ALSO INCLUDE REVIEWING TRANSACTIONS AGAINST BOTH THE FORMS SUBMITTED AND ALL KNOWN BUSINESS ASSOCIATIONS OF OUR BOARD MEMBERS.

## OUTSIDE APPOINTMENT OF GOVERNING BODY MEMBER

PART VI, SECTION A, QUESTION 7A

WITHIN THEIR SPONSORSHIP AGREEMENT OF THE FIESTA BOWL AND RELATED ACTIVITIES, THE FT. MCDOWELL YAVAPAI NATION RETAINS THE RIGHT TO APPOINT ONE MEMBER OF THE BOARD OF DIRECTORS. CURRENTLY, THAT SEAT IS FILLED BY THEIR PRESIDENT, DR CLINTON PATTEA.

## CONTRIBUTION OF SPACE

FORM 990, PAGE 12, PART XI, LINE 5

THE DIFFERENCE REPRESENTS SPACE CONTRIBUTED TO HOUSE THE OPERATION OF THE

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

FIESTA BOWL MUSEUM

INDEPENDENCE OF BOARD MEMBERS

FORM 990, PAGE 1, PART I, QUESTIONS 2 AND 3 AND SCHEDULE L

THE ARIZONA SPORTS FOUNDATION, VALLEY OF THE SUN BOWL FOUNDATION, FIESTA  
EVENTS, INC. AND THE ARIZONA COLLEGE FOOTBALL CHAMPIONSHIP FOUNDATION  
HAVE A COMMON BOARD OF DIRECTORS.

A BOARD MEMBER IS CONSIDERED INDEPENDENT IF THEY RECEIVE NO REPORTABLE  
TRANSACTIONS ON SCHEDULE L. IF A BOARD MEMBER IS CONSIDERED NOT  
INDEPENDENT FOR ONE ORGANIZATION, THEY ARE CONSIDERED NOT INDEPENDENT FOR  
ALL RELATED ORGANIZATIONS. THERE WERE TWO TRANSACTIONS REPORTED ON  
SCHEDULE L FOR ARIZONA SPORTS FOUNDATION AND ONE FOR FIESTA EVENTS, INC.  
THEREFORE, 23 OF 26 VOTING MEMBERS WERE CONSIDERED INDEPENDENT AT YEAR  
END.

UNDER THE POLICIES AND PROCEDURES OF THE ORGANIZATION, BOARD MEMBERS MUST  
RECUSE THEMSELVES FROM THE DISCUSSION AND VOTE OF ANY RELATED  
TRANSACTION.

PAYROLL TAX FILING

PART V, LINE 2B

THE EMPLOYEES DEVOTING TIME TO ARIZONA SPORTS FOUNDATION AND ITS RELATED  
AFFILIATES (FEI, ACFCF, AND VSB) ARE ALL EMPLOYEES OF ASF FOR PAYROLL TAX  
PURPOSES. THE NUMBER BEING REPORTED HERE REFLECTS THE NUMBER OF  
EMPLOYEES REPORTED ON ASF'S FORM W-3 ON BEHALF OF ASF AND ITS RELATED

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

AFFILIATES. THIS ENTITY DOES NOT FILE A FORM W-3.

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4B

FORT MCDOWELL FIESTA BOWL PARADE PRESENTED BY FORT MCDOWELL YAVAPAI NATION IS AN ANNUAL HIGHLIGHT OF THE FESTIVAL OF COLLEGE FOOTBALL AND ONE OF ARIZONA'S LARGEST SPECTATOR EVENTS. IT IS FREE TO THE GENERAL PUBLIC AND FOLLOWS A COURSE THROUGH CENTRAL PHOENIX. THE PARADE IS TELEVISED LOCALLY AND, WITH THE INVOLVEMENT OF ORGANIZATIONS FROM ACROSS THE STATE, HELPS TO PROMOTE A POSITIVE IMAGE FOR ARIZONA. IT IS ALSO POPULAR WITH FANS OF THE INSTITUTIONS PARTICIPATING IN THE FIESTA BOWL. THE BAND CHAMPIONSHIP PROVIDES OPPORTUNITIES FOR HIGH SCHOOL STUDENTS FROM ACROSS THE COUNTRY TO SHOWCASE THEIR TALENTS IN A NATIONALLY RECOGNIZED COMPETITION STAGED IN UNIVERSITY OF PHOENIX STADIUM, HOME OF THE TOSTITOS FIESTA BOWL. BECAUSE IT ATTRACTS BAND MEMBERS, STAFF AND FAMILIES FROM OUT OF STATE, IT HAS PRODUCED MILLIONS OF DOLLARS IN ECONOMIC IMPACT FOR ARIZONA OVER THE YEARS. BAND CHAMPIONSHIP PARTICIPANTS ALSO TYPICALLY PERFORM IN THE FORT MCDOWELL FIESTA BOWL PARADE PRESENTED BY FORT MCDOWELL YAVAPAI NATION.

ATTACHMENT 2FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

ALAN YOUNG



Name of the organization	Employer identification number
FIESTA EVENTS, INC.	86-0666998
ATTACHMENT 2 (CONT'D)	

CHIEF OF STAFF	26.00
ROBERT SHELTON	
EXECUTIVE DIRECTOR	26.00
CURT KRIZAN	
CHIEF FINANCIAL OFFICER	26.00
STEPHANIE JARVIS	
LEGAL COUNSEL AND CCO	26.00
TRACY GUERRA	
SENIOR DIR. OF GAME OPERATIONS	26.00
CHRISTINE MARTIN	
DIR OF TEAM SVCS (THRU 8/17/11)	26.00
ANDREW BAGNATO	
CHIEF OF COMMUNICATIONS	26.00
PEGGY EYANSON	
SR DIRECTOR OF BUSINESS OPS	26.00

## ATTACHMENT 3

## FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
SILENT AUCTION	97,172.
TOTAL	97,172.

## ATTACHMENT 4

## FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SILENT AUCTION	40,480.	139,108.	-98,628.
TOTALS	40,480.	139,108.	-98,628.

Name of the organization

FIESTA EVENTS, INC.

Employer identification number

86-0666998

ATTACHMENT 5FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
HOLE IN ONE - NONCASH CONTRIBUTIONS		79,888.	-79,888.
HOLE IN ONE - BALL SALES	94,356.	64,016.	30,340.
TOTALS	<u>94,356.</u>	<u>143,904.</u>	<u>-49,548.</u>

ATTACHMENT 6FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
SPONSORSHIP REVENUE	375.	72,175.
TOTALS	<u>375.</u>	<u>72,175.</u>

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

FIESTA EVENTS, INC.

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Employer identification number

86-0666998

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----					
(2)	-----					
(3)	-----					
(4)	-----					
(5)	-----					
(6)	-----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	ARIZONA SPORTS FOUNDATION 7135 E CAMELBACK RD STE 190 SCOTTSDALE, AZ 85251 86-0253821	COLLEGE BOWL	AZ	501 (C) (3)	9	N/A	X
(2)	ARIZONA COLLEGE FOOTBALL CHAMP'SHIP FOUN 7135 E CAMELBACK RD STE 190 SCOTTSDALE, AZ 85251 20-3705626	COLLEGE BOWL	AZ	501 (C) (3)	9	N/A	X
(3)	VALLEY OF THE SUN BOWL FOUNDATION 7135 E CAMELBACK RD STE 190 SCOTTSDALE, AZ 85251 86-0902767	COLLEGE BOWL	AZ	501 (C) (3)	9	N/A	X
(4)	-----						
(5)	-----						
(6)	-----						
(7)	-----						

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

Schedule R (Form 990) 2011

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**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets with related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees with related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	THE ARIZONA SPORTS FOUNDATION	M	203,474.	COST
<b>(2)</b>	THE ARIZONA SPORTS FOUNDATION	N	956,894.	COST
<b>(3)</b>	THE ARIZONA SPORTS FOUNDATION	O	239,017.	COST
<b>(4)</b>	THE ARIZONA SPORTS FOUNDATION	Q	75,480.	COST
<b>(5)</b>	THE ARIZONA SPORTS FOUNDATION	R	267,073.	COST
<b>(6)</b>	ARIZONA COLLEGE FOOTBALL CHAMPIONSHIP FOUNDN	R	638.	COST

JSA

Schedule R (Form 990) 2011

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Sale of assets to related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b> Purchase of assets from related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b> Exchange of assets with related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>n</b> Sharing of paid employees with related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>q</b> Other transfer of cash or property to related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>r</b> Other transfer of cash or property from related organization(s) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	VALLEY OF THE SUN BOWL FOUNDATION	P	3,380.	COST
<b>(2)</b>	VALLEY OF THE SUN BOWL FOUNDATION	R	20,372.	COST
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Schedule R (Form 990) 2011

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).