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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Content of applications Content of appl		Α	For the 2013	calendar year, or tax year beginning $_{ extsf{Dec}}$ $_{ extsf{Dec}}$ $_{ extsf{Dec}}$, 2013, and ending $_{ extsf{Nov}}$ 30		, 2014
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Application preeding SANTA FE NM 87504				PO BOX 8745	(505)	424-0167
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Form	990-EZ (2013) SANTA FE FIESTA	FOUNDATION		. 85	<u>-034</u>	7288 Page 2
	till Balance Sheets (see the instr	ructions for Part II)				 ਹ
	Check if the organization used Sched	ule O to respond to any questi	on in this Part II			
22	Cash, savings, and investments			(A) Beginning of year		(B) End of year
22 23	Land and buildings			1,542		1,685.
24	Other assets (describe in Schedule O)	See L-24 Stn	nt	0 156.125		0.
25	Total assets			157,667	* 	152,552. 154,237.
26	Total liabilities (describe in Schedule O).			137,667		154,257.
27				157,667	27	154,237.
	Statement of Program Service A				<u>; </u>	Expenses
Six CII	Check if the organization used Sche					uired for section 501
What	is the organization's primary exempt purpose? RF	LICTOUS & CULTURAL	PRESERVATIO	Ni		and 501(c)(4) nizations and section
Desc	ribe the organization's program service acc	omplishments for each of its th	ree largest program	services, as		(a)(1) trusts, optional
bene	ribe the organization's program service accurate by expenses. In a clear and concise naticed, and other relevant information for eac	h program title.	provided, the number	or persons		hers.)
28	SANTA FE FIESTA COUNCIL		·			
	TO PUT ON HISTORICAL ANNU	AL FIESTA DE SANTA	FE. WHICH H	AS		
	(Grants \$ 4,785.) If thi	<u>ATION_FOR_OVER_301</u> s amount includes foreign gran	nts, check here	∷	28 a	4,785.
29						
	(Grants \$) If thi	s amount includes foreign gran	nts, check here	<u>.</u>	29 a	
30						
	(Grants \$) If thi	s amount includes foreign gran	nts, check here	<u> </u>	30 a	
31	Other program services (describe in Sched					
		s amount includes foreign gran			31 a	
32	Total program service expenses (add lin				32	4,785.
<u>'Ra</u>	List of Officers, Directors, Check if the organization used Sche					
	Official in the diganization about conte	(b) Average hours per		(d) 11-15- b64	;,	
	(a) Name and Title	week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-	contributions to emplo benefit plans, and defo compensation	erred	(e) Estimated amount of other compensation
	1 AMMA OURD			Compensation		
	ATTACHED	10.00		0.	0.	0.
SEI	E ATTACHED	10.00		<u> </u>		<u> </u>
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Page 3

33 Did the organization engage in any significant adaptivity not previously reported to the IRS? 34 Were any significant changes made to the organization groupering documents? If Yes, altach a conformed copy of the amended documents if they reflect a change to the organization and organization as the organization groupering documents? If Yes, altach a conformed copy of the amended documents if they reflect a change to the organization or the organization organization and organization as the organization organization organization and organization as the organization organization and organization as the organization and organization as the organization and organization as the organization and or	Pai	11 V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. X
If Yee, provide a relatilised description of each activity in Schedule 0. All Wee an wighlind changes raised to be organized to proving documents? If Yes, attach a continued copy of the amended documents of the yrelled at change to the organizations have uncertainted business agreeming documents? If Yes, attach a continued copy of the amended documents of the yreled at change to the organization have uncertainted business agreeming documents? If Yes, it continued to the organization and the change on Schedule 0 (see Institution). A					
34 Were any significant changes made to the organizing or governing documents? If Yes, altaha conformed copy of the amended documents if they reflect a change to the organizations can be change on Schedule (Oper structions). 35a Dut the organization have unrelated business gross income of \$1.000 or more during the year from business activities (such as those reported on lines 2.6, a, and 7a, a moring others)? 35b If Yes, to line 35a, has the organization filled a Form 990-T for the year? If Yes, provide an explanation in Schedule O. 35b X 35c Was the organization a decide on 50 ((e)4), 501 ((5), 650 ((5))	33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes' provide a detailed description of each activity in Schedule O	33		—
a change to the organizations name Otherwise, explain the change on Schedule O (See Instructions) 3	34		 		
35a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on time 2.5 da, and 7a, among others)? It if Yes, to line 35s, has the organization filed a Form 990-f for the year? If No; provide an explanation in Schedule 0. 35b X It if Yes, to line 35s, has the organization filed a Form 990-f for the year? If No; provide an explanation in Schedule 0. 35b X It was the organization as decone 50 fol(4), 50 fol(5)(6), 50 501(6)(6), or 501(6), or 501(6)(6), or 501(6), or 501(•		34		х
b If Yes, 'to line 35a, has the organization filed a Form 990-T for the year? If No,' provide an explanation in Schedule 0 35b X c Was the organization as ection 501(c)(4). 501(c)(5), or 501(c)(6),	35 8		\vdash		
bit If Yes, for line 33a, has the organization filed a Form 990-T for the year? If No, 'provide an explanation in Schedule 0		(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		_X
c Was the organization a section 501(c)(4), 501(c)(5), organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III			35 b		_
38 Dut the organization undergo a liguidation, dissolution, termination, or significant disposition for hel assets during the year? If Yes, complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 a Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b Did Text (1997) organizations. Enter amount of the start year covered by this return? 38 b Did Text (1997) organizations. Enter amount of tax imposed on the organization during the year under. 39 Section 501(c)(3) reginalizations. Enter amount of tax winposed on the organization during the year or duil it engage in an excess benefit transaction during the year or duil it engage in an excess benefit transaction in a prory year that has not been reported on any of its prior Forms 390 or 590-EZ? If Yes, complete Schedule, L. Part I in the organization or disqualified persons during the year under sections 4912, 4955, and 4958. 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8866-1. 4 Lust the states with which a copy of this return is filled. New Mexico 4 Telephone no * (50.5) 4224 - 0.167 4 Lust the states with which a copy of this return is filled. New Mexico 4 Telephone no * (50.5) 424 - 0.167 4 Telephone no * (50.5) 424 -	•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25		
36 X 37 a Entar amount of political expenditures, direct or indirect, as described in the instructions \$\frac{1}{37a}\$ 0, \$\frac{1}{37}\$ a Entar amount of political expenditures, direct or indirect, as described in the instructions \$\frac{1}{37a}\$ 0, \$\frac{1}{37b}\$ \ \times \text{D}\$ b Did the organization file Form 1120-PQL for this year? \$\frac{1}{38}\$ b Uff the organization file Form 1120-PQL for this year? \$\frac{1}{38}\$ b Uff the organization file Form 1120-PQL for this year? \$\frac{1}{38}\$ b Uff the organization file Form 1120-PQL for this year? \$\frac{1}{38}\$ b Uff the organization file Form 1120-PQL for this year? \$\frac{1}{38}\$ b Uff the organization file Form 1120-PQL for this year? \$\frac{1}{38}\$ b Uff the organization file Form 1120-PQL for this year under \$\frac{1}{38}\$ b Uff the organization file Form 1120-PQL for this year under \$\frac{1}{38}\$ b Uff the organization in the \$\frac{1}{38}\$ b Uff the organization in the \$\frac{1}{38}\$ b Uff the organization file Form 1120-PQL form 1			35 c		<u> </u>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	36		36		v
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38 a Dit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 8 a			37 b		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38.b		·	<u> </u>		
as Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities 39 b d a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 section 4912 section 4915 section 4911 section 4912 section 4915 section 4915 s Section 501(c)(4) organizations. Enter amount of tax imposed on the organization engage in any section 4955 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part 1 40		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	- 1		-		
a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ** section 4912	30				
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section 4911 *					
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it engage in an excess benefit transaction on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part 1 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c relimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8865-1. 41 List the states with which a copy of this relimb is filled PNew Mexico 42 a The organizations books are in care of DNI MARTINEZ SCO SANTA FE NM ZIP+4* 87507 b 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)? See the instructions for exceptions and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and Financial account). C At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 b X 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. 54 b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. 65 b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. 66 b Did the organization accounts of the foreign account within the meaning of section 512(b)(13)? 5	40				ì
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d Section 501(c/3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed New Mexico 12 Telephone no 1505 424-0167 Located at 12869 PUEBLO JACONA SANTA FE NM ZIP+4 87507 b At any time during the catendar 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c		Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization			
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shelter transaction? If 'Yes,' complete Form 8886-T		· · · · · · · · · · · · · · · · · · ·			نـــا
42a The organization's books are in care of DON MARTINEZ & CO SANTA FE NM ZIP+4 87507 b 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)?		shelter transaction? If Yes,' complete Form 8886-T	40 e		Х
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At any time during the calendar year, did the organization have an interest in or a signature or or interactionity over a financial account in a foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If 'Yes,' enter the name of the foreign country 3 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 43 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 43 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a X 5 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c X d If 'Yes,' provide an explanation in Schedule O 44d 45a X 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a X			r	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	1	o 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?	42 h	. 55	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 42c X 42c X			72.0		
the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Did the organization receive any payments for indoor tanning services during the year? 46 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 47 If 'No,' provide an explanation in Schedule O 48 Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?					
the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Did the organization receive any payments for indoor tanning services during the year? 46 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 47 If 'No,' provide an explanation in Schedule O 48 Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?					ŀ
the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 5 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 6 Did the organization receive any payments for indoor tanning services during the year? 6 Unit of the organization in Schedule O 7 Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?					ļ
the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Did the organization receive any payments for indoor tanning services during the year? 46 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 47 If 'No,' provide an explanation in Schedule O 48 Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		See the instructions for exceptions and filing regularments for Form TD F 90.22.1 Depart of Foreign Pank and Financial Accounts			ļ
If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?			420		X
43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1		720		
and enter the amount of tax-exempt interest received or accrued during the tax year		ii 165, Gitter the hame of the foleigh country			
and enter the amount of tax-exempt interest received or accrued during the tax year					
and enter the amount of tax-exempt interest received or accrued during the tax year					
and enter the amount of tax-exempt interest received or accrued during the tax year	42	Section 4947(a)(1) nonexampt charitable trusts filing Form 990-E7 in liqui of Form 4944 — Charle hard		▶ □	
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	43			Ш	
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accorded during the tax year		Yes	No
of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 44b X 44c X 44d X	AA.	a Did the organization maintain any donor advised funds during the year? If 'Ves' Form 990 must be completed instead			
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		of Form 990-EZ	44 a		X
instead of Form 990-EZ		b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		instead of Form 990-EZ			$\overline{}$
If 'No,' provide an explanation in Schedule O		c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	اد مدا]
	4-				1,7
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)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			45 a		X
		וסוס dine organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Form 99	00-EZ (2013) SANTA FE E	FIESTA FO	UNDATION			85-03	347288	Р	Page 4
40 0	d Ab							Yes	No
	d the organization engage, dire indidates for public office? If 'Ye						46		X
Part \								<u> </u>	1 1
	All section 501(c)(3)			estions 47-49	9b and 5	2, and complete th	e tables		
	for lines 50 and 51.								_
	Check if the organization	used Schedule	O to respond to any qu	estion in this Pa	art VI		<u></u>		÷Ш
47 Di	d the organization engage in lo	bbying activitie	s or have a section 501	(h) election in e	ffect during	the tax year? If 'Yes,'		Yes	No
cc	omplete Schedule C, Part II								X
48 Is	the organization a school as de	escribed in sec	tion 170(b)(1)(A)(ii)? If "	Yes,' complete \$	Schedule E	·	48		Х
	d the organization make any tra								X
	'Yes,' was the related organizat omplete this table for the organi							ь	
	omplete this table for the organi nployees) who each received n								
	, , , , , , , , , , , , , , , , , , , ,		T	1	<u> </u>	(d) Health benefits,	1		
	(a) Name and title of each employe	98	(b) Average hours per week devoted to position	(c) Reportable co (Forms W-2/10	empensation 99-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estima other co	ted amoun mpensatio	
NO EN	MPLOYEES						1		
NONE			0.00		0.	0			0.
									
			-						
					_		 		
- -			1						
							1		
			1		_				
	otal number of other employees	•							
51 C	omplete this table for the organi ompensation from the organizat	ization's five hi	ghest compensated inde	ependent contra	ctors who	each received more that	an \$100,000	of	
	(a) Name and business address of ea				(b) Type (of service	(c) Co	mpensation	
NONE		· · · · · · · · · · · · · · · · · · ·			-,,		+		
<u>NONE</u>		- 		-					
							- 		
			-	-					
				_[
			 						
				-					
	otal number of other independe	nt contractors	each receiving over \$10	0 000			<u>_l</u>		
	id the organization complete Sc		•					г	\neg
c	nantable trusts must attach a co	mpleted Sched	dule A	<u> </u>	<u> </u>	· · · · · · · · · · · ·	► XY	es	No
Under per true, corre	nalties of perjury, I decl are that I have examed, and complete Declaration of preparer	mined this return, in other than officer)	cluding accompanying schedule is based on all information of wi	es and statements, a nich preparer has an	nd to the best of y knowledge.	of my knowledge and belief, it i	S		
	1-16 7 (M)	u				02/09/15			
Sign	Signature of officer			-		Date	_		
Here	RICK BERARDIN	ELLI				PRESIDENT			
	Type or print name and title Print/Type preparer's name	·	Preparer's stepature		Date		PTIN		
			Teharer a signature	- 		Check X If			
Paid	Donald J Martine Firm's name ► DON MA		1,00	Light	02/08/1	5 self-employed	P004772	29	
Prepare Use Or	er <u></u>	RTINEZ &	CU .	7		Firm's EIN	27-339	12952	
O3¢ OI	SANTA			NM	87504			-0167	7
May the	e IRS discuss this return with the		wn above? See instruct				► XY		No
						 		90-EZ (

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

SAN	TA	FE FIESTA FOUL	NDATION						85-03	47288	
Раг				(All organizations r	nust co	mplete	this p	art.) S	ee instr	uction	s
The c	organ	nization is not a private	foundation because it	is (For lines 1 through 1	1, check	only on	e box.)				
1		A church, convention of	of churches or associat	ion of churches describe	ed in sec	tion 170)(b)(1)(A	\)(i).			
2		A school described in s	section 170(b)(1)(A)(i). (Attach Schedule E.)							
3				rganization described in							
4	П	A medical research org	ganızation operated ın	conjunction with a hospi	ital descr	nbed in s	ection '	170(b)(1)(A)(iii).	Enter th	e hospital's
		name, city, and state:				. .					
5		170(b)(1)(A)(lv). (Con	nplete Part II.)	college or university owi					al unit de	escribed	ın section
6	Ш			nmental unit described							
7	X	in section 170(b)(1)(A	normally receives a substantial part of its support from a governmental unit or from the general public described (A)(vI). (Complete Part II.)								
8	Ц		•	b)(1)(A)(vi). (Complete							
9		from activities related to investment income and June 30, 1975. See see	to its exempt functions dunrelated business taction 509(a)(2). (Com		eptions, tion 511 t	and (2) tax) from	no more i busines	than 33 sses acc	-1/3% of	its supp	ort from gross
10				usively to test for public							
11		more publicly supporte	d organizations descri	usively for the benefit of bed in section 509(a)(1) and complete lines 11e	or section	on 509(a	unctions)(2). See	of, or conservation	arry out t n 509(a)	he purpo (3). Che	oses of one or ck the box that
		a Type I b	Type II c	Type III — Function	ally integ	rated	C	1 1	Type III -	· Non-fu	nctionally integrated
e	•	By checking this box, I other than foundation is section 509(a)(2).	certify that the organize managers and other th	zation is not controlled d an one or more publicly	lirectly or supporte	indirect ed organ	ly by one izations	e or mor describe	e disqual ed in sec	ified per tion 509	sons (a)(1) or
f		If the organization rece check this box									ation,
g	J	Since August 17, 2006	6, has the organization	accepted any gift or co	ntribution	n from ai	ny of the	followin	g person	s?	
		(i) A person who di	rectly or indirectly cont	rols, either alone or toge orted organization?	ether with	n person	s descrit	oed in (ıi) and (iii)		Yes No 11 g (i)
		-		in (i) above?							. 11g (li)
		• •		scribed in (i) or (ii) above							11 g (iii)
ŀ				upported organization(s			. , . , .				119 (11)
	•	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organiza column (i) your gov docur	ation In) listed in verning	(v) Did yo the organi column (I) supp	zation in of your	(vi) is organiza colum organized U S	ition in n (i) i In the	(vii) Amount of monetary support
					Yes	No	Yes	No	Yes	No	
(A)					ļ						····-
(B)											
,-,											
(C)											
(D)						ļ					
(E)											
Tota	ıt										

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended	0.	(f) Total
rembership fees received (Do not include any 'unusual grants') 0. 4. 170. 10. 2 Tax revenues levied for the organization's benefit and either paid to or expended	0.	184
organization's benefit and either paid to or expended		104.
on its behalf		
The value of services or facilities furnished by a governmental unit to the organization without charge		
4 Total. Add lines 1 through 3 0. 4. 170. 10.	0.	184.
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 · · · · · · · ·		184.
Section B. Total Support		
Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013		(f) Total
7 Amounts from line 4 0. 4. 170. 10.	0.	184.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 6,084. 5,032. 5,222. 3,060. 2,12	25.	21,523.
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		21,707.
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	· • • ·	▶ 🔲
Section C. Computation of Public Support Percentage		
Little of appropriate percentage for the reference of annual to annual to a second to the reference (1)	14	0.85 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	4.17 %
16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, chand stop here. The organization qualifies as a publicly supported organization	heck thi	is box
b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, c and stop here. The organization qualifies as a publicly supported organization	heck th	is box
17 a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	/ how	▶ 📋
b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	/ how th	ne ▶ 🔲
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instr		

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.)

Sect	ion A. Public Support							
	dar year (or fiscal yr beginning in) ► Gifts, grants, contributions	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
	and membership fees received. (Do not include	,						
2	any 'unusual grants.')							
_	sions, merchandise sold or							
	services performed, or facilities furnished in any activity that is							
	related to the organization's							
	tax-exempt purpose						\perp	
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on							
5	its behalf							
3	facilities furnished by a							
	governmental unit to the organization without charge							
6	Total. Add lines 1 through 5		_			 		
	Amounts included on lines 1,		-		 	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	2, and 3 received from disqualified persons							
b	Amounts included on lines 2					<u> </u>		
-	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				 	-		
	Public support (Subtract line			-				
	7c from line 6.)		•	*	:			
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received							
	on secunties loans, rents,					1		
	royalties and income from similar sources					İ		
b	Unrelated business taxable							
	income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
40	regularly carned on				 		-+	
12	Other income. Do not include gain or loss from the sale of							
	čapital assets (Explain in Part IV.)					-		
	Total Support. (Add Ins 9,10c, 11 and 12)							
14	First five years. If the Form 990 is organization, check this box and s	s for the organizat	on's first, second,	third, fourth, or fift	h tax year as a se	ction 501(c)(3)		▶ □
Sec	tion C. Computation of Pu							
15	Public support percentage for 201			3, column (f))			15	8
16	Public support percentage from 20	012 Schedule A, P	art III, line 15	<u></u> .		<u> [</u>	16	ક
Sec	tion D. Computation of Inv							
17	Investment income percentage for					P-	17	용
18	Investment income percentage from						18	용
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check t	f the organization on the first box and stop I	hid not check the benere. The organization	ox on line 14, and ition qualifies as a	line 15 is more the publicly supported	an 33-1/3%, ar I organization	nd line 1	¹⁷ ► ∏
t	33-1/3% support tests — 2012. If	f the organization of	did not check a box	x on line 14 or line	19a, and line 16 is	s more than 33	-1/3%,	and
20	line 18 is not more than 33-1/3%, Private foundation. If the organiz							
20	Private foundation. If the organiz		K a DOX ON line 14,					or 990-EZ) 2013

	(Form 990 or 990-E		SANTA FE	E FIESTA	FOUNDATION		85-0347288	Page 4
Pari IV	Supplemental or 17b; and Pai (See instruction	Informatio rt III, line 12 ns).	n. Provid 2. Also cor	le the expl nplete this	anations require part for any add	d by Part II, line 10 litional information.	; Part II, line 17a	
						-		
		 -						-
								
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SCHEDULE O (Form 990 or 990-EZ)

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 2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer Identification number
SANTA FE FIESTA FOUNDATION	85-0347288
Pt V, Line 35b THE ORGANIZATION DID NOT HAVE NON BUSINESS INCOM	
	·
	·
	·
	·
	·
	·
	-
	·

•	cribe in Schedule O)	•	
INTEREST INCO	ME LANB ME WELLS FARGO	2,125.	
Total		2,125.	
Schedule O (Form	990 or 990-EZ), Supplemental Information to Fo		
	I, Line 16 Other Expenses	5 555 51 555 <u>E</u>	
Other expenses (de	scribe in Schedule O)	10.	·
INVESTMENT FE	ES	698.	
Total	=	708.	
·	990 or 990-EZ), Supplemental Information to Fo	orm 990 or 990-EZ	
Purpose of Paymer	t RELIGIOUS & CULTURAL	PRESERVATION	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
RELIGIOUS	BusinessX Person SANTA FE FIESTA INC PO BOX 4516	NONE	
	SANTA FE NM 87504		4,785.
	n each was given the following additional infor	mation needs to be provide	ded:
Description of Prop	•		
Description of Prop	erty.	Determined	
Description of Prop Date of Gift	erty		
Description of Prop Date of Gift Book Value	erty How Book Value		
Description of Prop Date of Gift Book Value FMV Schedule O (Form	How Book Value How FMV Det 990 or 990-EZ), Supplemental Information to Fo	termined	
Description of Prop Date of Gift	How Book Value How FMV Del 990 or 990-EZ), Supplemental Information to Fo	termined	End of Year
Description of Prop Date of Gift Book Value FMV Schedule O (Form Form 990-EZ, Pag Line 24 - Other A	How Book Value How FMV Del 990 or 990-EZ), Supplemental Information to Fo	orm 990 or 990-EZ	
Description of Prop Date of Gift	How Book Value How FMV Det 990 or 990-EZ), Supplemental Information to Fore 1, Part II, Line 24 Assets: SUPPORT RELIGIOUS ACTIVITIES H STOCK MARKET LOSS	permined orm 990 or 990-EZ Beginning of Year	Year

SANTA FE FIESTA FOUNDATION 85-0347288

OFFICERS AND BOARD MEMBERS Form 990EZ, Page 2, Part IV

Name & Address	Office	Term Expires
Mr. Rick Berardinelli 824 Camino Zozobra Santa Fe NM 87505	President	2016
Dr. Bob Zone 14 General Sage Dr Santa Fe NM 87505	Vice President	2015
Mr. Ernesto Santistevan 551 W Cordova Rd #548 Santa Fe NM 87505	Secretary	2014
Mr. Donald Martinez 2869 Pueblo Jacona Santa Fe NM 87507	Treasurer	2015
Mr. Joseph E. Valdes 2831 Plaza Verde Santa Fe NM 87507	Board Member	2016
Mr. Michael Burkhart 1908 Conejo Dr Santa Fe NM 87505	Board Member	2016
Ms. Carolee J. Friday 551 W Cordova Rd #548 Santa Fe NM 87505	Board Member	2014
Fr. Adam Ortega PO Box 2127 Santa Fe NM 87504	Board Member	2014
Mr. Jay Miller 3 La Tusa Santa Fe NM 87505	Board Member	2014
Ms. Therese Prada PO Box 4072 Santa Fe NM 87502	Board Member	2016
Mr. Randy Randall 20 Camino del Prado Santa Fe NM 87507	Board Member	2016

Hon. Patricio M. Serna PO Box 848 Santa Fe NM 87504	Board Member	2015
Mr. Robert Valencia PO Box 1269 Pena Blanca NM 87041	Board Member	2015
Hon. Jim Wechsler 26 Calle Aguila Santa Fe NM 87508	Board Member	2014
Mr. John Whitcomb 1794 Ft Union Dr Santa Fe NM 87505	Board Member	2015

Note: All of the above Officers and Directors do not devote regular hours per week nor do they receive any kind of compensation or allowances.

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