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DLN: 93493165006397

Department of the Treasury
Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the	<b>2015</b> ca	lendar year, or tax year	beginning 08-01-2015 , and ending	07-31-201	6					
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization FIESTA SAN ANTONIO COM	AMISSION INC			D Emplo	yer ide	entification number		
	ddress o	change					74-13	34034	5		
_	ame ch	-	% MR HANK REYES  Doing business as				_				
	nitial ret inal	urn					E Telepho	one nun	phor		
	/termin	ated	Number and street (or P C 2611 BROADWAY	box if mail is not delivered to street address	s) Room/sui	te					
<u>:</u>	nended						(210)	227-	5191		
Ap	plicatio	n pending	City or town, state or prov SAN ANTONIO, TX 782151	rince, country, and ZIP or foreign postal code 1022			<b>G</b> Gross	receipts	\$ 3,112,898		
			<b>F</b> Name and address o	of principal officer		U(a) 1-	_	•			
			AMY SHAW	or principal officer			this a group pordinates?		n for		
			2611 BROADWAY SAN ANTONIO,TX 7	82151022		N	О		1 103 14		
Ta	ıx-exen	npt status	501(c)(3) <b>√</b> 501(c	<u>_</u>			e all subordi luded?	ınates	\[\text{Yes}  \text{No}		
	ebsite	e: ► WW	VW FIESTA-SA ORG	(IIISelt III)   4347(a)(1) 01	1 327	If"			(see instructions)		
<b>K</b> For	m of or	ganızatıon	<b>✓</b> Corporation  Trust	Association Other ►			formation 19		State of legal domicile TX		
Da	et T	Sum	ımarv								
	<b>1</b> B	rıefly de O PLAN	scribe the organization's , PROMOTE, COORDIN	mission or most significant activities ATE AND PRESERVE FIESTA SAN A IPATING MEMBER ORGANIZATIO	OINOTNA			PORT	OF NON-PROFIT,		
Governance	2 (	Check th	nis box ▶ ☐ if the organiz	zation discontinued its operations or	disposed o	of more tha	n 25% of its	net a	ssets		
	l							1 _	l		
es 🤄			_	governing body (Part VI, line 1a) .				3	23		
Activities &				embers of the governing body (Part V) oyed in calendar year 2015 (Part V, l				5	23		
Act			·	nate if necessary)	•			6	309		
			·	e from Part VIII, column (C), line 12				7a	0		
				come from Form 990-T, line 34 .				7b			
						Р	rior Year		Current Year		
	8	Contr	ibutions and grants (Part	t VIII, line 1h)			643,	535	770,637		
Ę	9 Program serv		am service revenue (Part	t VIII, line 2g)			1,963,	781	770,637 1,660,743 2,247		
Ravenue	10	Inves	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)					169	2,247		
<u> </u>	11			umn (A), lines 5, 6d, 8c, 9c, 10c, and			94,	719	267,685		
	12	Total 12)	revenue—add lines 8 thr	ough 11 (must equal Part VIII, colur	nn (A), line	2	2,704,	204	2,701,312		
	13	Grant	s and sımılar amounts pa	aid (Part IX, column (A), lines 1-3)			720,	150	836,168		
	14		•	s (Part IX, column (A), line 4)				0	0		
8	15	Saları 5–10		employee benefits (Part IX, column (	(A), lines		595,	820	492,855		
Expenses	16a	Profe	ssional fundraising fees (	(Part IX, column (A), line 11e)				0	0		
滋	b	Total fu	undraising expenses (Part IX, o	column (D), line 25) ▶0							
	17		, , , , ,	mn (A), lines 11a-11d, 11f-24e) .			1,284,		1,279,664		
	18		•	-17 (must equal Part IX, column (A),	•		2,599,		2,608,687		
ب ت	19	Rever	iue iess expenses. Subtr	ract line 18 from line 12	· · ·	<u> </u>	104,		92,625		
Net Assets or Fund Balances						Beginning	g of Current	Year	End of Year		
Isse Bala	20	Total	assets (Part X, line 16)				1,323,	046	1,432,411		
₩ ₩ ₩	21	Total	liabilities (Part X, line 26	5)		-	19,	524	36,264		
	22			Subtract line 21 from line 20			1,303,	522	1,396,147		
Unde my k	nowled	alties of dge and as any k	belief, it is true, correct, nowledge	have examined this return, including and complete Declaration of prepare			is based on				
c:~-		**** Sign	ature of officer				2017-06-15 Date				
Sigr Her											
	-		SHAW executive director or print name and title								
			Print/Type preparer's name	Preparer's signature	D	ate	heck I if	PTIN			
Pai	d	<u> </u>	N Arı Berlin	N Arı Berlin		s	elf-employed	P0066	÷5358		
	pare	?r ⊢	Firm's name BDO USA LLP				irm's EIN ►				
	On	11	Firm's address ► 9901 IH-10 S			P	hone no (210	) 342-8	3000		
			C A								

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

. ✓Yes No

Par	t IV Checklist of Required Schedules		•	
_			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕲	2	Yes	
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 $I$ $\square$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
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	5	Yes	
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	6		No
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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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 🐿	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11b		No
	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 2	<b>11</b> c		No
	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 2	<b>11</b> d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No.
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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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	18		No
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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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</b> c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$ . $$ . $$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other I	IRS Filinas	and Tax	Compliance

		Check if Schedule O contains a response or note to any line in this Part V				
					Yes	No
		the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	28			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	U			
С		e organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?		1c	Yes	
2a	Enter Tax St	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	20			
b	, If at le	east one is reported on line 2a, did the organization file all required federal employment tax returns?  If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a		e organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	over, a	y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial nt)?		4a		No
b	If "Yes See in (FBAR	s," enter the name of the foreign country   structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  (3)				
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Dıd an	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
С	If"Yes	s," to line 5a or 5b, did the organization file Form 8886-T?				
				5c		
	organı	the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions?		6a	Yes	
D		of tax deductible?		6b	Yes	
7	Organ	izations that may receive deductible contributions under section 170(c).				
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an es provided to the payor?	d _	7a		No
b	If"Yes	s," did the organization notify the donor of the value of the goods or services provided? $\dots \dots$		7b		
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal property for which it was require rm 8282?	d to	<b>7</b> c		No
d	If"Yes	s," indicate the number of Forms 8282 filed during the year				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. [	7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the organization file Form 8899 ed?	as	<b>7</b> g		
	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		
8	Dida	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any tim the year?	e	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?		9a		
b	Dıd th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0.		on 501(c)(7) organizations. Enter				
		cion fees and capital contributions included on Part VIII, line 12 10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club				
1		on 501(c)(12) organizations. Enter				ı
а	Gross	income from members or shareholders				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )				
.2a	Sectio	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a		
		s," enter the amount of tax-exempt interest received or accrued during the				
.3		on 501(c)(29) qualified nonprofit health insurance issuers.				
а		organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions fond in the organization must report on Schedule O		13a		
b	Enter	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans				
С	Enter	the amount of reserves on hand				
4a	Dıd th	e organization receive any payments for indoor tanning services during the tax year?	]:	14a		No
b	If"Yes	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Γ:	14b		

#### Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management					
_			ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?		• •	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	d by d	or under the direct	3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	·	4		No
5	Did the organization become aware during the year of a significant diversion of the o		ation's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by) i	members, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following					
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not			evenu	ie Cod	e.)
					Yes	No
)a	Did the organization have local chapters, branches, or affiliates?		[	<b>10</b> a		Νo
b	If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organizati			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this f	orm 9	990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		[	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give	<b>12</b> b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	<b>12</b> c	Yes	
3	Did the organization have a written whistleblower policy?			13	Yes	
4	Did the organization have a written document retention and destruction policy? $\ .$		[	14	Yes	
5	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the		' '			
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization $\ldots \ldots \ldots$		[	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?			<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak	e step	s to safeguard the			
	organization's exempt status with respect to such arrangements?	•		16b		
	ction C. Disclosure					
7	List the States with which a copy of this Form 990 is required to be filed▶					
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available.					
.9	Own website Another's website  Upon request Other (explain in S Describe in Schedule O whether (and if so, how) the organization made its governing interest policy, and financial statements available to the public during the tax year		•			
	meerese pone ; and infancial statements available to the public daring the tax ; car					

►MR HANK REYES 2611 BROADWAY SAN ANTONIO, TX 782151022 (210) 227-5191

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, or 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)	(B)			(C	)		(D)	(E)	(F)
Name and Title	A verage hours per week (list any hours for related organizations below dotted line)	A verage hours per week (list any hours for related director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation from the organization (W- 2/1099- (W- 2/1099- W- 2/1099- (W- 2/1099- W- 2/1099-					Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee		cioyee	Highest compensated employee			
(1) VONZETTA HICKMAN	10 0								
PRESIDENT-ELECT	1 0	×		X			U	0	0
(2) ERWIN DE LUNA	15 0								
PRESIDENT	1 0	X		×			0	0	0
(3) BILL MITCHELL	10 0	l x		X			0	0	0
PRESIDENT ELECT	10	^		^				0	0
(4) VIRGINIA VAN CLEAVE	10 0	х		х			0	0	0
VICE PRESIDENT	1 0								
(5) BYRON LE FLORE JR	10 0	l x		×			0	0	0
SENIOR VICE PRESIDENT	1 0								
(6) JOE RAMIREZ	10 0	V						0	
VICE PRESIDENT	1 0	X		×			U	0	0
(7) DARRELL STEWART	10 0								
SECRETARY	1 0	Х		×			0	0	0
(8) BALTAZAR WALTER SERNA JR	10 0	l x		×			0	0	0
TREASURER	1 0	^		^				9	0
(9) JOANN BOONE PRESIDENTIAL APPOINTEE		х		х			0	0	0
	1 0 10 0								
(10) CORY BAKKE		X					О	0	0
MEMBER	0.0								
(11) RHONDA CALVERT	10 0	×					0	0	0
(12) SCOTT CHRISTY	10 0								
MEMBER	0 0	Х					0	0	0
(13) JANET DIETEL	10 0								
MEMBER	0 0	X					0	0	0
(14) ALBETO DURAN	10 0	x					n	0	0
MEMBER	0.0								
									Form <b>990</b> (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			Repo compe fron organ (W- 2,	rtable nsation n the ization /1099-	(E) Reportable compensation from related organizations (W- 2/1099-		Estin amou otl compe from	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MI	SC)	MISC)		_	ization elated zations
(15) TRINA GUEVARA	10 0	x							0		0		
MEMBER	0 0	_^											
(16) LAURA FLORES	10 0	×							0		0		0
MEMBER	0 0 10 0												
(17) CLAUS HEIDE		×							0		0		0
MEMBER (18) BRUCE HICKS	0 0												
MEMBER		×							0		0		0
(19) MICHAEL MARTINEZ	10 0												
MEMBER	0 0	×							0		0		0
(20) PETE ORTIZ	10 0	,,											
MEMBER	0 0	×							0		0		0
(21) RICHARD SPARR	10 0	×							0		0		0
MEMBER	0 0	^											
(22) BRIAN WEINER	10 0	×							0		0		0
MEMBER	0 0												
(23) MARY WIESER	10 0	×							0		0		0
MEMBER (24) AMY SHAW	0 0 40 0												
				×					100,000		0		0
EXECUTIVE DIRECTOR	5 0												
1b Sub-Total			•	<b>&gt;</b>									
d Total (add lines 1b and 1c)	, section A .			<b> </b>			10	00,000		0			0
Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	bove	e) w	ho red	ceiv	ed more	than				
				,						, г		Yes	No
3 Did the organization list any former officer, on line 1a? If "Yes," complete Schedule J for			y em	iploy •	yee.	, or hi	gnes •	st comp	ensated • •	empioyee	_		N -
			onca	tion	- n	d othe	·	mnones	tion from	, the	3		No
For any individual listed on line 1a, is the s organization and related organizations grea										i tile			
ındıvıdual					•	•	•				4		No
<b>5</b> Did any person listed on line 1a receive or services rendered to the organization? <i>If "Y</i>								ganızatı • •	on or ind	ıvıdual for	5		No
Castian B Vada and C													
Section B. Independent Contractors  1 Complete this table for your five highest co	mnoncated indo	nondo	nt co	ntra	.c.t.o	rc tha	, + ro	cowed	mara thai	n #100 000	o.f		
compensation from the organization Report												tax year	
(A)	see addrace								(E			(C	
Name and busine	as auuress							1	zescription_	of services	_	Comper	เอตนปก
								1			$\dashv$		
2 Total number of independent contractors (ind	luding but not li	mited	to th	iose	list	ted ab	ove	) who re	ceived m	ore than			

Form 99									Page <b>9</b>
Part V	/##	Statement of				a an abaa Dawb VIII			<u>_</u>
		Check if Sched	ule O contains a res	s pon:	se or note to any IIr	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns	1a					
ants	ь	Membership du	es	1b	151,611				
Ğ	c	Fundraising ev	ents	<b>1</b> c					
ifts. ar A	d	Related organiz	zations	1d					
m.i.G	e	Government grant	s (contributions)	1e	616,168				
ions r Si	f		ons, gifts, grants, and	1f	2,858				
but	_	Similar amounts no	ot included above ons included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$			616,168				
<u> </u>	h	Total. Add line:	s 1a-1f		•	770,637			
=					Business Code				
Program Service Revenue	2a b	SPONSORSHIPS	ET CONCESSIONS	-	713110	500,000	500,000		
o≛ o±	C	STREET CHAIR LIC	`FNSE	-	900099 713990	577,568 426,506	577,568 426,506		
₹ S	d	MAGAZINE ADS		-	900099	61,808	61,808		
% =	e	LOGISTICS			900099	94,861	94,861		
grar	f	All other progra	am service revenue						
Ě	g	Total. Add line:	s 2a-2f		>	1,660,743			
	3	Investment inc	ome (including divi	dend		2,247			2,247
	4		ar amounts) stment of tax-exempt b		roceeds	0			2,247
	5	Royalties .			▶ ↑	29,238			29,238
	6a	Gross rents	(ı) Real		(II) Personal				
	ь	Less rental		$\dashv$					
	c	expenses Rental income	C	,	0				
	d	or (loss)	me or (loss)			0			
			(ı) Securities		(II) Other				
	7a	Gross amount from sales of assets other than inventory							
	b	Less cost or other basis and							
	c	sales expenses Gain or (loss)		-					
	d	Net gain or (los	ss)			0			
ne	8a	Gross income f							
Other Revenue		\$of contributions See Part IV , lir	s reported on line 10 ne 18	c) a					
)the	1		penses	ь					
O	9a	Gross income f	(loss) from fundrais rom gaming activiti ne 19		vents ▶	0			
				а					
	1		penses (loss) from gaming a	<b>b</b> activ	ITIES	0			
				ас (IV	tiles				
	10a	Gross sales of returns and allo	owances .	a	542,080				
	b	Less cost of g	oods sold	ь	411,586				
	С		(loss) from sales of	inve		130,494	130,494		
	11a	Miscellaneou: REIMBURSEMI			Business Code 900099	54,905	54,905		
	b	OTHER PUBLI		+	900099	53,048	53,048		
		COMMISSION							
	C	All other		-					
	d e	All other reven  Total. Add lines	ue s 11a-11d	. L	🕨				
	12		See Instructions		.  -	107,953			
			556 1/150 (400)0115	• •	•	2,701,312	1,899,190		31,485

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)

СІ	neck if Schedule O contains a response or note to any line in this Part IX								
Г	-								

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	836,168	836,168		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15	0			
4	and 16	0			
4 5	Benefits paid to or for members	100,000	0	100,000	0
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	322,817	158,223	164,594	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	21,801	21,801		
10	Payroll taxes				
		48,237	48,237		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	73,519		73,519	
C	Accounting	27,563		27,563	
d	Lobbying	0			
e f	Professional fundraising services See Part IV, line 17	0			
g	Investment management fees  Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	634,760	317,380	317,380	
13	Office expenses	94,504	,	94,504	_
14	Information technology	0			
15	Royalties	0			
16	Occupancy	31,216		31,216	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	6,912		6,912	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	39,888		39,888	
23	Insurance	63,865		63,865	
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)				
а	FIESTA EVENTS	211,338	211,338		
b	MISCELLANEOUS	47,081		47,081	
c	PRESIDENT EXPENSES	32,181	32,181		
d	MISCELLANEOUS MEMBERSHIP	16,837	16,837		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,608,687	1,642,165	966,522	0
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 ► ☐ if following SOP 98-2 (ASC 958-720)				
				Fo	orm <b>990</b> (2015)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any lir	e in th	s Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			340,117	1	409,832
	2	Savings and temporary cash investments			2,092	2	2,093
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			46,290	4	45,376
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L		0	5	0	
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see install of Schedule L	c)(3)(E ection	3), and 501(c)(9)			<u> </u>
SS (	_				0	6	0
Ä	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			21,308	8	7,912
	9	Prepaid expenses and deferred charges			6,695	9	1,415
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,607,351			
	b	Less accumulated depreciation	10b	832,612	770,612	<b>10</b> c	774,739
	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			135,932	15	191,044
	16	Total assets.Add lines 1 through 15 (must equal line 34)			1,323,046	16	1,432,411
	17	Accounts payable and accrued expenses			19,524	17	36,264
	18	Grants payable	0	18	0		
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV o			0	21	0
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di					
Ē		persons Complete Part II of Schedule L			0	22	0
Lia	23	Secured mortgages and notes payable to unrelated third	parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third pa	rties		0	24	0
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,			
					0	25	0
	26	Total liabilities. Add lines 17 through 25			19,524	26	36,264
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ▶	<b>√</b> and complete			
or Fund Balances	27	Unrestricted net assets			1,303,522	27	1,396,147
<u></u>	28	Temporarily restricted net assets			0	28	
Ĕ	29	Permanently restricted net assets			0	29	0
or Fi		Organizations that do not follow SFAS 117 (ASC 958), ch complete lines 30 through 34.	eck he	re ▶			
sts.	30	Capital stock or trust principal, or current funds				30	
\$ S E	31	Paid-in or capital surplus, or land, building or equipment	fund			31	
Net Assets	32	Retained earnings, endowment, accumulated income, or	other fu	ınds		32	
Net	33	Total net assets or fund balances			1,303,522	33	1,396,147
_	34	Total liabilities and net assets/fund balances			1,323,046	34	1,432,411

јe	1	2

orm	1990 (2015)				<sup>2</sup> age <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A ), line 12)				
		1		2,7	01,312
2	Total expenses (must equal Part IX, column (A), line 25)	2		2.6	08,687
3	Revenue less expenses Subtract line 2 from line 1				
-	Reference less expenses businesses in a reference reference less expenses businesses in a reference less expenses expen	3			92,625
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
		4		1,3	303,522
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
	bonded services and ase or democs	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
	other changes in face assets of faile barances (explain in schedule o)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,3	396,147
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wed on			
	a separate basis, consolidated basis, or both	.wca on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis 🗸 Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ht			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		<b>2</b> c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain	n			
2-	Schedule O  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	10			
Эd	Single Audit Act and OMB Circular A - 133?	IC	3a		No
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		3b		

### **Additional Data**

Software ID: Software Version:

**EIN:** 74-1340345

Name: FIESTA SAN ANTONIO COMMISSION INC

#### Form 990, Part III, Line 4a

(Code ) (Expenses \$ 1,642,165 Including grants of \$ 836,168 ) (Revenue \$ 2,669,827 )

WORKED YEAR-ROUND TO COORDINATE THE EFFORTS OF ALMOST 100 LOCAL NON-PROFIT ORGANIZATIONS AND 75,000 VOLUNTEERS REQUIRED TO PLAN AND EXECUTE THE 10 DAY APRIL FESTIVAL, INCLUDING PROVIDING FUNDING OF FIESTA EVENTS THAT ARE NOT FINANCIALLY SELF-SUPPORTING APPROXIMATELY 3.5 MILLION PEOPLE ATTENDED THE 100 FIESTA EVENTS

DLN: 93493165006397

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

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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

lf the	e organization answered "Ye	hat have NOT filed Form 5768 (elections" on Form 990, Part IV, Line 5 (Pr		` ''	
	<b>35c (Proxy Tax) (see separate</b> Section 501(c)(4), (5), or (6) orga				
Na	me of the organization	The desired complete Fair in		Employer iden	tification number
FIE	STA SAN ANTONIO COMMISSION INC			74-1340345	
Par	t I-A Complete if the or	ganization is exempt under	section 501(d		organization.
1	Provide a description of the ord	ganization's direct and indirect politic	cal campaign acti	ivities in Part IV	
2	Political expenditures	gamzacion s an eet ana man eet poneis	sar campaign acc	<b>&gt;</b>	¢
3	Volunteer hours				*
	<u> </u>	ganization is exempt under			
1	·	e tax incurred by the organization und			\$
2	·	e tax incurred by organization manag		1 4955 ▶	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	· · · · · · · · · · · · · · · · · · ·	ganization is exempt under			1(c)(3).
1	, ,	ended by the filing organization for se	·		\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to ot	her organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	m the filing organization's to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

. 5	in affiliated group (and ring expenditures) in A and "limited contributed expenditures and amounts paid or in prints and following table on the following table in affiliation and 1d)	d list in Part IV ea ol" provisions app courred.)	ich affiliated gr		
expenses, and share of excess lobby heck If the filing organization checked box  Limits on Lobbyi (The term "expenditures" measurement of the term "expenditures" measurement of the term "expenditures" measurement of the term of the te	ring expenditures)  x A and "limited contring Expenditures ans amounts paid or in pinion (grass roots tive body (direct lobb )  and 1d)  om the following table	ol" provisions app ncurred.)	_	(a) Filing organization's	(b) Affiliated
Limits on Lobbying (The term "expenditures" mean substitution of the term "expenditures" mean substitution of the term "expenditures of the term of th	ing Expenditures ans amounts paid or in pinion (grass roots tive body (direct lobb) ) and 1d) om the following table	ncurred.)	bly	organization's	
(The term "expenditures" mea  Total lobbying expenditures to influence public op lobbying)  Total lobbying expenditures to influence a legislat  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c  Lobbying nontaxable amount Enter the amount from	ans amounts paid or in print o	ying)		organization's	
lobbying) Total lobbying expenditures to influence a legislat Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c Lobbying nontaxable amount Enter the amount fro	tive body (direct lobb)  and 1d)  om the following table				
Total lobbying expenditures to influence a legislat Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c Lobbying nontaxable amount Enter the amount fro	and 1d)				
Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c  Lobbying nontaxable amount Enter the amount fro	and 1d)	un both columns	-		
Total exempt purpose expenditures (add lines 1c Lobbying nontaxable amount Enter the amount fro	om the following table	un hoth columns	_		
Lobbying nontaxable amount Enter the amount fro	om the following table	un both columns			
. 5		in both columns			
If the amount on line 1e, column (a) or (b) is:	<u> </u>	III Dotti Coluiliis			
	The lobbying nontaxal	ble amount is:			
Not over \$500,000	20% of the amount on lii	ne 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
Over \$17,000,000	\$1,000,000				
·	,				
Subtract line 1f from line 1c If zero or less, enter	- 0 -				
	e 1h or line 1ı, did the	_		lo	
(Some organizations that made a s	ection 501(h) el	ection do not	have to cor		ne five
Lobbying Expe	nditures During	4-Year Avera	ging Period		
Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	( <b>d)</b> 2015	(e) Total
Lobbying nontaxable amount					
	Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter 25% of line Subtract line 1g from line 1a If zero or less, enter If there is an amount other than zero on either lin reporting section 4911 tax for this year?  4-Year Av  (Some organizations that made as columns below. See the Lobbying Experage Calendar year (or fiscal year beginning in)	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  S225,000 plus 10% of the over \$17,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the reporting section 4911 tax for this year?  4-Year Averaging Period U (Some organizations that made a section 501(h) elecolumns below. See the separate instraction beginning in)  Calendar year (or fiscal year beginning in)	If the amount on line 1e, column (a) or (b) 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  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  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file reporting section 4911 tax for this year?  4-Year Averaging Period Under section  (Some organizations that made a section 501(h) election do not columns below. See the separate instructions for line Lobbying Expenditures During 4-Year Avera beginning in)  (a)2012  (b)2013	Not over \$500,000  Not over \$500,000  Diver \$1,000,000 but not over \$1,000,000  Not stip to the amount on line 1e  Over \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,500,000  Not stip to the excess over \$1,000,000  Not stip to the excess over \$1,500,000  Not stip to the excess over \$1,000,000  Not stip to the excess over \$1,500,000  Not stip to the excess over \$1,000,000  Not stip to the excess over \$1,500,000  Not stip t	If the amount on line 1e, column (a) or (b) is:    The lobbying nontaxable amount is:   Not over \$500,000

	Lobbying Expendi	tures During 4	<u>4-Year Avera</u>	ging Period		
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Return Reference

	edule C (Form 990 or 990-EZ) 2015  It II-B Complete if the organization is exempt under section 501(c)(3) and has I	TON			Po	age <b>3</b>
	filed Form 5768 (election under section 501(h)).					
or e	ach "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying	(	a)	1	(b)	
ctiv	ıty	.,	No	l	A moun	ıt .
1	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	Yes				
a	Volunteers?			4		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
<b>C</b>	Media advertisements?			-		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
'a r	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s		
_			ſ		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	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?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grouse instructions), and Part II-B, line 1. Also, complete this part for any additional information.	ıp lıst),	Part I	I-A,	ınes 1	and

Explanation

DLN: 93493165006397

## Supplemental Financial Statements

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

OMB No 1545-0047

Inspection

Department of the Treasury

Name of the organization

(Form 990)

**SCHEDULE D** 

Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

**Employer identification number** 

FIESTA SAN ANTONIO COMMISSION INC 74-1340345 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or Preservation of an historically important land area education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

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

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	toric	cal Ti	reasu	res, or (	Othe	r Simila	r Ass	ets	
3		g the organization's acquisition, acce ction items (check all that apply)	ession, and other reco	ords,ch	iec <b>k a</b>	ny of t	the follo	owing that	are a	sıgnıfıcanı	t use o	fıts	
а		Public exhibition		d	$\Gamma$	Loan	orexc	hange pro	grams				
b	$\Gamma$	Scholarly research		e		Othe	r						
c		Preservation for future generations											
4	Provi Part	de a description of the organization's XIII	collections and exp	laın hov	w they	furthe	er the o	rganızatıoı	n's ex	empt purp	ose in		
5		g the year, did the organization solic ts to be sold to raise funds rather tha									Yes	∏ No	,
Pa	rt IV	Escrow and Custodial Arrai Complete if the organization a Part X, line 21.	_	Form 9	990, 1	Part 1	.V, lın€	e 9, or re	porte	d an am	ount o	n Forn	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nediary	for co	ntribu	itions o	or other ass	sets n		Yes	┌ No	)
ь	If'	"Yes," explain the arrangement in Pa	irt XIII and complete	the foll	lowing	table	!				A mour	nt	
c	Ве	ginning balance	·		-			10					
d	A d	ditions during the year						1d					
е	Dis	stributions during the year						1e	:				
f	En	dıng balance						1f					
<b>2</b> a	Did tl	ne organization include an amount or	n Form 990, Part X, II	ne 21, i	for es	crowc	rcusto	odial accou	ınt İıal	bility?	Yes	□ No	
										'		,	
b	If"Ye	es," explain the arrangement in Part	XIII Check here if th	ne expla	anatio	n has	been p	rovided in	Part X	aii			
Pa	rt V	Endowment Funds. Complet	e if the organizati	on ans	were	d "Ye	s" to F	orm 990	, Part	IV, line	10.		
			(a)Current year	<b>(b)</b> Pri	or year	· E	<b>(c)</b> Two	years back	<b>(d)</b> Th	ree years ba	ack (e	)Four ye	ars back
<b>1</b> a	Begu	nning of year balance											
b	Cont •	ributions											
c	Net i	nvestment earnings, gains, and es											
d	Gran	ts or scholarships											
е		r expenditures for facilities programs											
f	Δdm	inistrative expenses				_							
g		of year balance											
2	Provi	de the estimated percentage of the c	current vear end bala	nce (lın	e 1a,	colum	n (a)) h	neld as					
а		d designated or quasi-endowment <b>&gt;</b>	•	`	٥,		` '/'						
ь		anent endowment											
с	Temp	oorarily restricted endowment <b>&gt;</b>	- h										
3а	A re t	percentages on lines 2a, 2b, and 2c s here endowment funds not in the pos		ızatıon t	that a	re held	d and a	dmınıstere	d for t	:he		<b>V</b>	N-
	_	nization by nrelated organizations									3a(i)	Yes	No
	` '	elated organizations									3a(ii)		
b	` '	es" on 3a(II), are the related organiza			Schedi	ule R?					3b		
4	Desc	ribe in Part XIII the intended uses o	f the organization's e	ndowm	ent fui	nds							
Pa	rt VI	Land, Buildings, and Equip		C	00 -	T'	. l	11- 0		000 5	- V	20 10	
		Complete if the organization a  Description of property	nswered Yes to F	orm 99		art IV	7, line	11a.See (b)	Form 	Accumula			k value
		bescription of property		C	ost or o		isis Co	st or other ba (other)	asıs	(c)deprecia		,=,500	
12	Land				/ iiives	sinent)	0	218,8	300				218,800
	Buildir			·			0	886,4	-	3.	75,092		511,311
		nold improvements		. "—			+	300,-		J.	. 5,652		511,511
		nent		.			0	384,6	528	34	40,724		43,904
							0	117,5			16,796		724

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

774,739

	See Form 990, Part X, line 12.				
	(a) Description of security or catego	ory	(b)Book value		Method of valuation
(4)[	(including name of security)			Cost or	end-of-year market value
	al derivatives -held equity interests				
(3)Other	mera equity interests				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>			
Part VIII	Investments—Program Related.		I		
	Complete if the organization answer	ed 'Yes' on Form 9	90, Part IV, line 11c.		
	(a) Description of investment		(b) Book value		Method of valuation end-of-year market value
				003101	end of year market value
Part IX	onn (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organization	tion answored 'Ves'	n Form 000 Bart IV Ju	an 11d Son Form	m 000 Part V June 15
Paitix		scription	II FOIIII 990, Pait IV, III	le 11d See Fon	(b) Book value
(1) CASH [	DESIGNATED FOR BLDG FUND				191,044
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) lir	ne 15 )		•	191,044
Part X					
	Other Liabilities. Complete in the o	rganization answer	ed 'Yes' on Form 990	u, raitiv, iiik	
	See Form 990, Part X, line 25.			, Fait IV, iiile	
1.		rganization answer		J, Part IV, IIIIe	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	J, Fait IV, iiiie	
1. Federal inc	See Form 990, Part X, line 25.  (a) Description of liability			5, Fait IV, iiile	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	5, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	5, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	5, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	5, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	5, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	5, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	5, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	5, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	5, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	o, Parc IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	J, Paic IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	J, Fait IV, illie	
	See Form 990, Part X, line 25.  (a) Description of liability		ue	J, Fait IV, illie	
Federal inc	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book valu	0		

	( , =					, age <b>.</b>
Par		enue per Audited Financial Sta ation answered 'Yes' on Form 990,			per Retu	rn
1	·	upport per audited financial statements			1	2,773,107
2	A mounts included on line 1 but no	ot on Form 990, Part VIII, line 12				· · ·
а	Net unrealized gains (losses) on	· · · · · · · · · · · · · · · · · · ·	2a			
b	Donated services and use of facil		2b	71,795	1	
c	Recoveries of prior year grants		2c	,	1	
d	Other (Describe in Part XIII ) .		. 2d		1	
e	Add lines <b>2a</b> through <b>2d</b>		<u>.                                    </u>		2e	71,795
3	Subtract line <b>2e</b> from line <b>1</b>				3	2,701,312
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				· · · · · ·
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII ) .		4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 and 4c	.(This must equal Form 990, Part I, line	12)		5	2,701,312
Part		enses per Audited Financial St			s per Rei	turn.
		ition answered 'Yes' on Form 990,			1	
1	·	idited financial statements			1	2,680,482
2	A mounts included on line 1 but no	•		ı		
а	Donated services and use of facil		2a	71,795	4	
b	Prior year adjustments		2b			
C	Other losses		2c		<b>↓</b>	
d	Other (Describe in Part XIII ) .		<b>2</b> d		<b>↓</b>	
e	Add lines <b>2a</b> through <b>2d</b>				2e	71,795
3	Subtract line <b>2e</b> from line <b>1</b>		•		3	2,608,687
4	A mounts included on Form 990, F	Part IX, line 25, but not on line 1:		1		
а	•	d on Form 990, Part VIII, line 7b .	. 4a		4	
b	Other (Describe in Part XIII ) .		4b		4	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines 3 and 4	<b>Ic.</b> (This must equal Form 990, Part I, li	ne 18	)	5	2,608,687
Par	XIII Supplemental Infor	mation				
	• • • • • • • • • • • • • • • • • • • •	rt II, lines 3, 5, and 9, Part III, lines 1a	and 4	Dart IV Junes 1 h and 3	h	
		es 2d and 4b, and Part XII, lines 2d and				ny additional
ınfor	mation					·
	Return Reference	Explanation				
See A	dditional Data Table					

Page <b>5</b>	chedule D (Form 990) 2015		
	ormation <i>(continued)</i>	Supplemental Info	Part XIII
	Explanation	Return Reference	Ret
	1	L	

#### **Additional Data**

Software ID: Software Version:

**EIN:** 74-1340345

Name: FIESTA SAN ANTONIO COMMISSION INC

**Supplemental Information** 

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FSAC is a nonprofit organization under Section 501(c)(4) of the Internal Revenue Code (IRC ) and is not subject to federal income tax. The Commission follows the provisions of Accounting for Uncertainty in Income Taxes (FASB codification ASC Section 740-10). At July 31, 2016, the Commission is no longer subject to U.S. federal, state and local income tax examinations by tax authorities for fiscal years ending prior to July 31, 2013. The Commission is estimate of the potential outcome of any uncertain tax issues is subject to managements assessment of relevant risks, facts, and circumstances existing at that time. The Commission is uses a more likely than not threshold for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. To the extent the Commissions assessment of such tax position changes, the change in estimate is recorded in the period in which the determination is made. The Commission reports tax-related interest and penalties, if applicable, as a component of income tax expense. As of July 31, 2016 and 2015, no uncertain tax positions have been identified and, therefore, no amounts have been recognized in the accompanying consolidated financial statements. DETERMINATION IS MADE THE COMMISSION REPORTS TAX-RELATED INTEREST AND PENALTIES, IF APPLICABLE, AS A COMPONENT O  FINCOME TAX EXPENSE AS OF JULY 31, 2014 AND 2013, NO UNCERTAIN TAX POSITIONS HAVE BEEN I DENTIFIED AND, THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL ST ATEMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize
Department of the
Treasury
Internal Revenue Service

Treasury
Internal Revenue Service

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

### Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

anization answered "Yes," on Form 990, Part IV, line 21 or 22
Attach to Form 990.

► Attach to Form 990.

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

2015

**DLN: 93493165006397**OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2015

						Employer identificati	on number
FIESTA SAN ANTONIO COMMISSIO	ONINC					74-1340345	
Part I General Information	n on Grants an	ıd Assistance					
<ol> <li>Does the organization maintain r the selection criteria used to awa</li> <li>Describe in Part IV the organiza</li> </ol>	ard the grants or a tion's procedures	ssistance? for monitoring the use	of grant funds in the Un	ited States			√ Yes No
Part III Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
		_					
	<del> </del>						

Cat No 50055P

Part IV	Supplemental 1	Informa	<b>tion.</b> Provide the info	rmation required in P	art I, line 2, Part III, (	column (b), and any other	additional information.		
Return Refer	eturn Reference Explanation								

SCHEDULE I, PART I, LINE 2 THE FIESTA COMMISSION RECEIVES APPLICATIONS FOR GRANTS AND ASSISTANCE BY THE GRYNTEES THE BOARD VOTES ON THE AMOUNT THAT SHOULD BE ALLOCATED FOR EACH GRANTEE, SUBJECT TO MEETING CERTAIN REQUIREMENTS DOCUMENTATION IS

PREPARED AND KEPT OF ALL GRANTS

SCHEDULE I, PART II, COLUMN GRANTS GIVEN TO PARTICIPATING MEMBER ORGANIZATIONS TO USE FOR PLANNING AND EXECUTING FIESTA ACTIVITIES Schedule I (Form 990) 2015

#### **Additional Data**

Software ID: Software Version:

**EIN:** 74-1340345

Name: FIESTA SAN ANTONIO COMMISSION INC

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIESTA FLAMBEAU PARADE ASSOCIATION P O BOX 15277 SAN ANTONIO,TX 782128477	74-2553381	501(C)(4)	60,000				SEE PART IV
ORDER OF THE ALAMO 17595 W BLANCO RD SAN ANTONIO,TX 782321096	23-7123832	501(C)(4)	13,200				SEE PART IV
LULAC COUNCIL NO 2 11514 JONES MALTSBERGER RD SAN ANTONIO,TX 782162831	74-2643053	501(C)(4)	11,000				SEE PART IV

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BATTLE OF FLOWERS 74-6047951 501(C)(3) 60,000 SEE PART IV ASSOCIATION P O BOX 6432 SAN ANTONIO,TX 782090432 ART IV RT IV

SAN ANTONIO QUEEN OF SOUL INC 8402 GLEN BREEZE SAN ANTONIO,TX 782393014	74-2675930	501(C)(3)	15,000		SEE PAR
LULAC REY FEO SCHOLARSHIP COMMITTEE	74-1878074	501(C)(3)	13,200		SEE PAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

782162831

11514 JONES MALTSBERGER RD SAN ANTONIO,TX

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) AUFDA 27-0385897 501(C)(3) 7.000 SEE PART IV 113 PARAMOUNT AVE

SAN ANTONIO,TX 782286179 ASOCION DE CHARROS DE 74-6025902 501(c)(4) 15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANTONIO, TX 78214

SEE PART IV SAN ANTONIO 6126 PADRE DRIVE

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SCHEDULE M

Department of the

Internal Revenue Service

Treasury

(Form 990)

DLN: 93493165006397

# **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

	ne of the organization TA SAN ANTONIO COMMISSION INC				Emplo	yer identificat	ion nu	mber	
IES	TA SAN ANTONIO COMMISSION INC				74-13	40345			
Ρā	art I Types of Property			l	, , 15	103 13			
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	1	<b>(d</b> Method of do oncash contrib	- etermı		ts
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	Taxıdermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
	Other ► (	X	1	616,168	FMV				
PAR	RADE TICKETS )				<u> </u>				
	Other ▶ ()								
	Other ► ()				-				
	Other ► ()				1				
29	Number of Forms 8283 received for which the organization comple				29				
20-	During the year did the array	tion receive	a by contribution and service	urty reported in Deat T. I	. 4 +4	ab 30 +b-+		Yes	No
30a	During the year, did the organiza			, ,					ĺ
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to	be used			Ĺ
	for exempt purposes for the enti	re holding p	period?				30a		Νo
ь	If "Yes," describe the arrangeme	ent in Part I	II						
31	Does the organization have a gif		. , ,	,			31	 	No
32a	Does the organization hire or us contributions?	•	-	to solicit, process, or sell	noncas	; h • •	32a		No
ь	If "Yes," describe in Part II								
	If the organization did not report	an amount	: in column (c) for a type of	property for which column i	(a) is c	hecked,			

describe in Part II

efile GRAPHIC	ile GRAPHIC print - DO NOT PROCESS   As Filed Data -										
SCHEDULE (Form 990 of 990-EZ)  Department of the Treasury Internal Revenue Service	Complete to prov Form 990 or	ide information for res 990-EZ or to provide a ▶ Attach to Form 99	or 990-EZ) and its instructions is at	2015 Open to Public Inspection							
Name of the organ FIESTA SAN ANTONIO 990 Schedule		on	<b>Employer</b> 74-1340	identification number							
Return Reference		Ex	planation								
FORM 990, PRESENTING A SAFE, EDUCATIONAL, ANNUAL CELEBRATION OF THE DIVERSE HERITAGE, CULTURE AND SPIRIT OF SA ANTONIO FOR RESIDENTS AND VISITORS											

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. SAN ANTONIO FOR RESIDENTS AND VISITORS

PART III. LINE 1

990 Schedule O. Supplemental Information Return Explanation Reference FORM 990. MEMBERSHIP CATEGORIES IN THE COMMISSION CONSIST OF INDIVIDUALS. BUSINESSES. AND PARTICIPAT PART VI. ING MEMBER ORGANIZATIONS (PMOS). MEMBERS PAY AN ANNUAL MEMBERSHIP FEE. EACH INDIVIDUAL MEM SECTION A. BER. BUSINESS MEMBER. AND PMO IS ENTITLED TO ONE VOTE ON COMMISSION MATTERS. PER THE BYLAW

, S, ONLY VOTING (ACTIVE) MEMBERS ARE PERMITTED TO VOTE AND HOLD OFFICE.

LINE 6

Return Explanation
Reference

AT THE ANNUAL MEETING OF THE MEMBERSHIP. AN ELECTION IS HELD TO ELECT 10 MEMBERS TO THE BO

PART VI,
SECTION A,
ARD OF THE COMMISSIONERS THE BOARD CONSISTS OF 30 COMMISSIONERS EACH COMMISSIONER SERVES
A TERM OF 3 YEARS ON THE BOARD THE BOARD OF COMMISSIONERS THEN ELECTS THE 7 OFFICERS OF
LINE 7A

THE COMMISSION VACANCIES AMONG ELECTED COMMISSIONERS MAY BE FILLED BY A PPOINTMENT BY THE

PRESIDENT AND CONFIRMED BY THE BOARD OF COMMISSIONERS AT ITS NEXT MEETING.

990 Schedule O. Supplemental Information

FORM 990.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. ANY DECISIONS THAT COULD POTENTIONALLY AFFECT THE PURPOSE OF THE ORGANIZATION MUST BE FORM. PART VI. ALLY APPROVED BY THE MEMBERS OF THE GOVERNING BODY AND THE MEMBERSHIP BODY SECTION A. LINE 7B

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE 990 IS PRESENTED TO THE EXECUTIVE DIRECTOR FOR REVIEW ONCE REVIEWED. IT IS REVIEWED BY THE BOARD FOR FINAL APPROVAL

PART VI, SECTION B, LINE 11

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. COMPENSATION IS REVIEWED BY THE PERSONNEL COMMITTEE WHICH EVALUATES THE EMPLOYEES PERFORMA PART VI. NCE AND THEN VOTES ON THEIR COMPENSATION WHICH IS WITHIN BUDGET SECTION B. LINE 15

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE GOVERNING DOCUMENTS. FINANCIAL STATEMENTS. AND FORM 990 ARE AVAILABLE UPON REQUEST PART VI. SECTION C. LINE 19

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SCHEDULE R | Related Or

**DLN: 93493165006397**OMB No 1545-0047

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at  $\underline{www.irs.qov/form990}$ .

FIESTA SAN ANTONIO COMMISSION INC				Employer Ide	entification number		
				74-134034	· 5		
Part I Identification of Disregarded Entities Comp	lete if the organization	າ answered "Yes" o	n Form 990, Par	t IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) ind-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	<b>izations</b> Complete if the tax year.	the organization an	iswered "Yes" or	Form 990, Part	t IV, line 34 because it	had one	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity sta (if section 501(c)		Section (13) co	( <b>g)</b> n 512(b) ontrolled itity?
						Yes	No
(1)FIESTA COMMISSION CHARITABLE CORPORATION 2611 BROADWAY	SEE PART VII	TX	501(C)(3)	LINE 7	NA		No
SAN ANTONIO, TX 78215 52-2365285							
							_
							_
							-

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	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 Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No	
Part TV Identification of Polated Organizations Tayable a	<u> </u>			<u> </u>								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on 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>(b)</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	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or mor	e related organizations	isted in Parts II IV	1			
	•			1a		No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1b		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1c		No
c Gift, grant, or capital contribution from related organization(s)				1d		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1e		No
e Loans or loan guarantees by related organization(s)				16		140
f Dividends from related organization(s)				1f		
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		Ne
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	ı	Ne
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
Kellibursellient para by related organization(s) for expenses						
r Other transfer of cash or property to related organization(s)				1r		N
s Other transfer of cash or property from related organization(s)				<b>1</b> s		No
If the answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including c	overed relationships	and transaction thresholds	5		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount II	nvolved	
				•		
						_

#### 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

Name, actives, and FIN of entity   Capt   Capt	revenue) that was not a related organization. See instructions i													
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-	org	01(c)(3) anizations?	total	end-of-year			Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?		(k) Percentage ownership
	9			314)	Yes	No			Yes	No		Yes	No	
													1 ı	
														_
														_
														_

Schedule R (Form 990) 2015	
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
Return Reference	Explanation
SCHEDULE R, PART II, COLUMN (B) A NON-PROFIT, VOLUNTEER, SELF SUPPORTING ORGANIZATION, PRESERVES FIESTA	

Schedule R (Form 990) 2015