



CITY OF NEW PORT RICHEY SPECIAL EVENT IN-KIND SPONSORSHIP APPLICATION

I. EVENT INFORMATION:

- a. Organization: Chasco Fiesta Inc
- b. Name of Event: Chasco Fiesta 2023
- c. Event Dates (beginning, ending): March 24-April 1, 2023
- d. Event Coordinator (name, address, phone, email) Anissa Reveron
5443 Main St New Port Richey FL 34652
Phone: Office; 727-777-5446 Cell: 727-267-0691 edirector@chascofiesta.com
- e. Total amount of in-kind services requested All city personnel services are requested in-kind for the event minus event fees. (police, fire, and parks and rec-typically \$60,000-72,000)
- f. Please describe the proposed event to include type of event and scope of activities: 9 day festival with music, boat parade, street parade, 5 k run/walk, dragon boat races, car show and carnival/kid activity zone
- g. Please indicate other events provided by your agency and the amount (if any) currently funded by the City: Coronation Ball, Golf Tournament, Bowling Tournament. Zero funding by City.
- h. How are the events specified assessed for effectiveness? The Chasco Fiesta is a 101 year event that has 220-250k attendees. Events are marketed through newsprint, radio and digital media ads on social networks and streaming content providers.
- i. Please provide a statement setting forth the specific use of net proceeds derived from the special event and how the proposed use benefits the city: The in-kind services provided by the City has a significant positive effect in lowering the cost of the event, allowing for increased security, event quality and operating efficiencies. Chasco Fiesta attracts 220-250K people to the downtown area, showcasing the City of New Port Richey and having a positive economic impact on business and tourism.



CITY OF NEW PORT RICHEY SPECIAL EVENT SPONSORSHIP APPLICATION

II. MARKETING AND ADVERTISING

- a. Which specific advertising mediums will be used? Newspaper (Tampa Bay Times), web site, radio and social media
- b. Identify advertising campaign duration and amount for each medium: News paper \$10k + \$5k in-kind -2 week, radio 2 weeks \$12k + \$9k in-kind, social media \$1000-1 month, web site \$1500 annual.
- c. Will the City of New Port Richey be identified as a sponsor on all promotional/advertising materials? Yes, as a Gold Sponsor

III. ECONOMIC IMPACT

- a. Describe the overall economic benefit to NPR: An economic study in 2012 estimated the economic impact at \$2.9M between wages, services, events and hotel stays
- b. Will the event compliment or compete with existing downtown businesses? It will complement.
- c. Please describe in what way(s) and to what degree? 220K - 250K additional people in the downtown area, spending money in the bars, restaurants, and boutiques helps bring visibility and returning customers to the Downtown area. A positive experience can result in a family looking to relocate to the City of New Port Richey adding to the tax base revenue for the City through Sales tax, business tax and real-estate taxes.

IV. EVENT IMPACT

- a. How many consecutive years has this event been held in NPR? 76
consecutive years with the first event being held in 1922
- b. What is the target audience for this event? Primary target are families. Certain concerts nights will target a older, hispanic and younger audience.



CITY OF NEW PORT RICHEY SPECIAL EVENT SPONSORSHIP APPLICATION

- c. Are you proposing any notable changes in the event from previous years? If yes, then please explain: In 2022 Chasco Fiesta closed-in the park and charged a \$5.00 entry fee. We plan on the same for 2023.

V. REQUIRED DOCUMENTS

- Adopted agency budget for current fiscal year.
- Audited Financial Statement (for 2019 or a IRS Form 990)
- Certificate of Incorporation
- Federal Tax ID Number

Chasco Fiesta Inc

Balance Sheet

As of June 30, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cash on hand	0.00
Checking	106,873.45
Entertainment Deposits (BlackHonkeys;Chgo Rewired)	0.00
EventBright Checking	0.00
Money Market	0.00
Operating Account	0.00
Undeposited	0.00
Total Bank Accounts	\$106,873.45
Accounts Receivable	
Accounts Receivable (A/R)	10,908.44
Total Accounts Receivable	\$10,908.44
Other Current Assets	
Due from G Kranich	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$117,781.89
Other Assets	
Prepaid Rentals (Coastal)	0.00
Print Deposits (72Hr Printing)	0.00
Supplies on Hand (Gulfside T-shirts)	0.00
Supplies on Hand(Cups,Coolers with Logo)	1,668.42
Total Other Assets	\$1,668.42
TOTAL ASSETS	\$119,450.31
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	0.00
Total Accounts Payable	\$0.00
Other Current Liabilities	
Loan Payable Pete Altman	0.00
Pre-Paid Sponsorship	0.00
Sales TAX	0.00
Total Other Current Liabilities	\$0.00
Total Current Liabilities	\$0.00
Total Liabilities	\$0.00

Chasco Fiesta Inc

Balance Sheet

As of June 30, 2022

	TOTAL
Equity	
Opening Balance Equity	500.00
Retained Earnings	-34,958.05
Net Income	153,908.36
Total Equity	\$119,450.31
TOTAL LIABILITIES AND EQUITY	\$119,450.31

Chasco Fiesta Inc

Profit and Loss
July 2021 - June 2022

	TOTAL
Income	
Events	
Carnival Revenue	
Event Entry Fee	25,413.48
Native American Vendors	61,422.69
Other Events - Participation Fee	3,450.00
Parade - Boat Entry Fees	5,476.40
Parade - Street Entry Fees	300.00
Total Events	6,987.67
	103,050.24
Prize Chances	
Guitar raffle	
Total Prize Chances	2,324.70
	2,324.70
Sales and Rentals -	
Ice Sales	
Service - Product Space	4,579.00
T-Shirt Sales	793.00
Tents and other rented equipment	5,000.00
Total Sales and Rentals -	3,651.00
	14,023.00
Services	
Share of Sales Revenue	17,416.00
Beer Sales Net Revenue	
For Profit Food Vendor	24,909.14
Non-Food Sales	7,619.25
Not-For Profit Food Vendors	5,118.99
Total Share of Sales Revenue	9,175.25
	46,822.63
Sponsorship Revenue	
Bronze Medal Sponsorship	0.00
Entertainment Sponsor	20,375.00
Event Sponsorships	15,250.00
Friends of Chasco	60,000.00
Gold Medal Sponsor	8,750.00
Presenting Sponsor	55,000.00
Silver Medal Sponsorships	20,000.00
Total Sponsorship Revenue	22,500.00
	201,875.00
Total Income	\$385,511.57
Cost of Goods Sold	
Cost of Goods Sold	3,084.75

Chasco Fiesta Inc

Profit and Loss

July 2021 - June 2022

	TOTAL
Entertainment Costs	
Bands and Musicians	3,750.00
Country Concert Bands	21,500.00
MC	1,000.00
Nightly Free Concert Bands	29,208.97
Rock Concert Bands	3,079.00
Total Bands and Musicians	58,537.97
Native American Entertainment	
Native American Dancers	7,000.00
Native American Director Fee	5,700.00
Native American Hotel Rooms	8,127.31
Native American Programs	7,500.00
Total Native American Entertainment	28,327.31
Parade Costs	
Boat Parade Costs	300.00
Street Parade Costs	1,400.00
Total Parade Costs	1,700.00
Sound and Lighting	31,000.00
Talent Procurement	1,598.53
Video Board	4,250.00
Total Entertainment Costs	125,413.81
Supplies & Materials - COGS	4,411.59
Total Cost of Goods Sold	\$132,910.15
GROSS PROFIT	\$252,601.42
Expenses	
Administration and Management	
Bank Charges & Fees	265.29
Chasco Computer	1,715.29
Insurance	9,566.26
Legal & Professional Services	4,500.00
Licenses and permits	75.36
Office Supplies & Software	1,818.85
Other Business Expenses	264.12
Sponsor recruitment	135.72
Total Administration and Management	18,340.89
Advertising & Marketing	
Advertising/Promotional News/TV	8,085.20
Advertising/Promotional Radio	4,000.00
Billboards	500.00
Printing	10,221.43

Chasco Fiesta Inc

Profit and Loss

July 2021 - June 2022

	TOTAL
Website	
Total Advertising & Marketing	3,556.72
Hospitality	26,363.35
Awards	
Entertainer Refreshments	2,084.20
Native American Performer Refreshments	1,088.31
Volunteer Refreshments	940.33
Total Hospitality	2,350.34
Logistics	6,463.18
Fence Rental	
Garbage Fees	6,319.05
Job Supplies	398.40
Portable Toilets	1,330.58
Purchases	10,776.70
Rent & Lease	2,338.94
Repairs & Maintenance	16,583.68
Security Services	1,500.00
City Charges	1,710.00
Total Security Services	420.00
Storage	2,130.00
Transportation Park & Ride	929.25
Total Logistics	2,420.08
QBOOKS payment processing fees	44,726.68
Uncategorized Expense	29.25
Utilities	1,355.70
Total Expenses	522.14
NET OPERATING INCOME	\$97,801.19
Other Expenses	\$154,800.23
Reconciliation Discrepancies	
Wrap up Party - Sponsor / Volunteer	750.00
Total Other Expenses	141.87
NET OTHER INCOME	\$891.87
NET INCOME	\$ -891.87
	\$153,908.36

Detail by Entity Name

Florida Not For Profit Corporation

CHASCO FIESTA, INC.

Filing Information

Document Number N11000009980 FEI/EIN Number 45-5589889 Date

Filed 10/20/2011 State FL Status ACTIVE

Principal Address

5636 Grand Blvd

Suite A

New Port Richey, FL 34652

Changed: 06/15/2021

Mailing Address

5636 Grand Blvd

Suite A

New Port Richey, FL 34652

Changed: 04/29/2022

Registered Agent Name & Address Austin, Cami

5636 Grand Blvd

Suite A

New Port Richey, FL 34652

Name Changed: 04/28/2015

Address Changed: 06/15/2021

Officer/Director Detail Name & Address

Title Chairman, Director

Austin, Cami

5636 Grand Blvd

Suite A

New Port Richey, FL 34652

Title Director, VC

Grey, Chuck
5636 Grand Blvd
Suite A
New Port Richey, FL 34652

Title Director

Gann, Gary
5636 Grand Blvd
Suite A
New Port Richey, FL 34652

Title Treasurer

Altman, Peter
5536 Delaware Ave
New Port Richey, FL 34652

Title Director

Renado, Al
5636 Grand Blvd
Suite A
New Port Richey, FL 34652

Title Director

Brock, Arlene
5636 Grand Blvd
Suite A
New Port Richey, FL 34652

Title Director

O'Daniels, Tina
5636 Grand Blvd
Suite A
New Port Richey, FL 34652

Title Director

Golinski, Debra
5636 Grand Blvd
Suite A
New Port Richey, FL 34652

Title SECRETARY

COOK, ANGEL
5636 Grand Blvd
Suite A
New Port Richey, FL 34652

Title Director

Ewald, Mark
5636 Grand Blvd
Suite A
New Port Richey, FL 34652

Title Director

Conover, Kurt
5636 Grand Blvd
Suite A
New Port Richey, FL 34652

Annual Reports

Report Year Filed Date

2020	08/19/2020
2021	06/15/2021
2022	04/29/2022

Form **990**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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public
Inspection**A** For the 2021 calendar year, or tax year beginning **07/01/21**, and ending **06/30/22****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**CHASCO FIESTA INC.**

Doing business as

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

5636 MAIN STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW PORT RICHEY FL 34652**F** Name and address of principal officer:**PETER ALTMAN****5636 GRAND BLVD, SUITE A****NEW PORT RICHEY FL 34652****D** Employer identification number**45-5589889****E** Telephone number**727-277-4734****G** Gross receipts \$**396,081****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status:501(c)(3) ☒

501(c) (4)

(insert no.)

4947(a)(1) or

527

J Website:**WWW.CHASCOFIESTA.COM****K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation: **2011****M** State of legal domicile: **FL****Part I Summary****1** Briefly describe the organization's mission or most significant activities:**SEE SCHEDULE O****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3 11****4** Number of independent voting members of the governing body (Part VI, line 1b)**4 11****5** Total number of individuals employed in calendar year 2021 (Part V, line 2a)**5 0****6** Total number of volunteers (estimate if necessary)**6 0****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a 0****b** Net unrelated business taxable income from Form 990-T, Part I, line 11**7b 0****8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) **0****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

11,114**0****0****0****0****0****11,114****396,081****0****0****0****0****12,171****231,604****12,171****231,604****-1,057****164,477**

Beginning of Current Year

End of Year

71,937**119,449****116,965****0****-45,028****119,449****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

PETER ALTMAN

Date

Type or print name and title

TREASURER**Paid Preparer Use Only**

Print/Type preparer's name

MARIANNE E. GRABOWSKI

Preparer's signature

MARIANNE E. GRABOWSKI

Date

08/10/22Check ☐ if

PTIN

self-employed

P00098174

Firm's name

STONE, PARKER & COMPANY, CPA, PA

Firm's EIN

59-1838144

Firm's address

7512 RIDGE RD**PORT RICHEY, FL 34668**

Phone no.

727-842-3180

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

SEE SCHEDULE O2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **215,223** including grants of \$) (Revenue \$ **396,081**)
PRODUCTION OF A TEN-DAY COMMUNITY FESTIVAL TO INCLUDE PARADES, NATIVE AMERICAN EDUCATION AND ENTERTAINMENT, MUSIC AND PROMOTION OF LOCAL NON-PROFIT AND CIVIC ORGANIZATIONS, COMMUNITY OUTREACH AND RELATED EVENTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **215,223**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 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		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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		X
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		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		
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		
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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</i>		2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16	X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	11	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		11		
b Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?				
b Each committee with authority to act on behalf of the governing body?				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

PETER ALTMAN**5636 GRAND BLVD, SUITE A****NEW PORT RICHEY****FL 34652****727-277-4734**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER ALTMAN	5.00									
TREASURER	0.00	X		X				0	0	0
(2) CAMI AUSTIN	5.00									
CHAIRMAN	0.00	X		X				0	0	0
(3) ARLENE BROCK	3.00									
DIRECTOR	0.00	X						0	0	0
(4) KURT CONOVER	3.00									
DIRECTOR	0.00	X						0	0	0
(5) ANGEL COOK	3.00									
SECRETARY	0.00	X		X				0	0	0
(6) MARK EWALD	3.00									
DIRECTOR	0.00	X						0	0	0
(7) GARY GANN	3.00									
DIRECTOR	0.00	X						0	0	0
(8) DEBRA GOLINSKI	3.00									
DIRECTOR	0.00	X						0	0	0
(9) CHUCK GREY	3.00									
VICE CHAIRMAN	0.00	X		X				0	0	0
(10) TINA O'DANIELS	3.00									
DIRECTOR	0.00	X						0	0	0
(11) AL RENADO	3.00									
DIRECTOR	0.00	X						0	0	0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	CHASCO FIESTA EVENT	Business Code	713990	396,081	396,081	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		396,081			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales exps.	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		396,081	396,081	0	0	

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).
Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,500		4,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	26,774	26,774		
13 Office expenses	4,173	3,130	1,043	
14 Information technology				
15 Royalties				
16 Occupancy	522		522	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,566		9,566	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ENTERTAINMENT COST	125,414	125,414		
b LOGISTICS	44,727	44,727		
c SUPPLIES AND MATERIALS	8,324	8,324		
d HOSPITALITY/VOLUNTEER	6,643	6,643		
e All other expenses	961	211	750	
25 Total functional expenses. Add lines 1 through 24e	231,604	215,223	16,381	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	56,719	1	106,873
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	10,908
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,050	9	1,668
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	8,168	15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	71,937	16	119,449	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue	116,965	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	116,965	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	-45,028	31	119,449
	32 Total net assets or fund balances	-45,028	32	119,449
33 Total liabilities and net assets/fund balances	71,937	33	119,449	

Part XI Reconciliation of Net AssetsCheck 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	396,081
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,604
3	Revenue less expenses. Subtract line 2 from line 1	3	164,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-45,028
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	119,449

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
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 on Schedule O and describe any steps taken to undergo such audits	3b	

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

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection**CHASCO FIESTA INC.**

Employer identification number

45-5589889**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE ORGANIZATION'S MISSION IS TO PRODUCE THE CITY OF NEW PORT RICHEY'S
CHASCO FIESTA CELEBRATION. NATIVE AMERICAN ENTERTAINMENT, PARADES AND FREE
OR AFFORDABLE MUSIC CONCERTS THAT PROVIDE LOCAL NON-PROFIT FUNDRAISING
OPPORTUNITIES.

FORM 990 - ORGANIZATION'S MISSION

IN ADDITION TO THE MISSION OUTLINED ABOVE, CHASCO FIESTA INC PROVIDES A
CULTURAL EXPERIENCE TO RESIDENTS AND VISITORS AND PRESERVES ONE OF THE
LONGEST-RUNNING BOAT AND STREET PARADES IN FLORIDA, WHICH IS PART OF THE
COMMUNITY'S TRADITION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
COPIES OF THE COMPLETE TAX RETURN WERE PROVIDED BY THE CPA TO THE TREASURER
WHO FORWARDED THE DOCUMENT TO THE BOARD MEMBERS. THE RETURN WAS DISCUSSED
AT THE BOARD MEETING AND APPROVED FOR FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS WILL BE PROVIDED AND MADE AVAILABLE TO THE PUBLIC UPON REQUEST.