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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008Open to Public
Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning **AUG 1, 2008** and ending **JUL 31, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FRESNO BASQUE CLUB, INC		D Employer identification number 94-2489051
		Number and street (or P O box, if mail is not delivered to street address) P.O. BOX 406		E Telephone number (559) 275-6192
		City or town, state or country, and ZIP + 4 FRESNO, CA 93708-0406		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

I Website. ▶ N/A	G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶
J Organization type (check only one) — ☒ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)
K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **53140.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	45721.
	3 Membership dues and assessments	3	5025.
	4 Investment income	4	2387.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ INTEREST - CHECKING ACCOUNT)	8	7.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	53140.	
Expenses	10 Grants and similar amounts paid (attach schedule) stmt 2	10	10000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	370.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	936.
	16 Other expenses (describe ▶ See Statement 1)	16	51606.
	17 Total expenses. Add lines 10 through 16	17	62912.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9772.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	232206.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	222434.

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	232206.	222434.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	232206.	222434.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	232206.	222434.

832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form **990-EZ** (2008)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)**28** PROMOTED THE SOCIAL RECREATIONAL, INTELLECTUAL, CULTURAL AND MORAL WELFARE OF PEOPLE OF BASQUE DESCENT.(Grants \$) If this amount includes foreign grants, check here ☐**28a** 52466.**29** See Statement 4(Grants \$) If this amount includes foreign grants, check here ☐**29a** 10000.**30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses (add lines 28a through 31a)**32** 62466.**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEANNINE GRECH	PRESIDENT	0.00	0.	0.
JEFF YRIBARREN	VICE-PRESIDENT	0.00	0.	0.
MARY JANE CARLSON	SECRETARY	0.00	0.	0.
YVEYYE BIDEGARAY	TREASURER	0.00	0.	0.
BART OSSINALDE	SERGEANT-AT-ARMS	0.00	0.	0.
JESUS ALBIZU	DIRECTOR	0.00	0.	0.
DAVID ARMAS	DIRECTOR	0.00	0.	0.
TODD AYERZA	DIRECTOR	0.00	0.	0.
TONY AYERZA	DIRECTOR	0.00	0.	0.
FERMIN CAMPOS JR.	DIRECTOR	0.00	0.	0.
DOMINIQUE MENDIVIL	DIRECTOR	0.00	0.	0.
JACKIE MENDIVIL	DIRECTOR	0.00	0.	0.
BERNICE VELAZQUEZ	DIRECTOR	0.00	0.	0.
ANTHONY AYERZA JR.	EX-OFFICIO	0.00	0.	0.
JOSEPHINE ARRIET	NABO DELEGATE	0.00	0.	0.
TONY CAMPOS	NABO DELEGATE	0.00	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	175.
b	Gross receipts, included on line 9, for public use of club facilities	39b	0.
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A	
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	CA	
42a	The books are in care of	YVETTE BIDEGARAY	
	Located at	P.O. BOX 406 FRESNO, CA	
	Telephone no	(559) 275-6192	
	ZIP + 4	93708-0406	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000		

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: *Yvette Bodegaray, Treasurer* Date: 12/4/09

Signature of officer: *Yvette Bodegaray, Treasurer*

Type of print name and title: Yvette Bodegaray, Treasurer

Paid Preparer's Use Only: Preparer's signature: *Joseph P. Mastro* Date: 11/24/09 Check if self-employed: ☐ Preparer's Identifying Number (See instr): EIN: Phone no: (559) 449-1040

Firm's name (or yours if self-employed), address and ZIP + 4: MASTRO & ASSOCIATES 6740 N. WEST AVE., STE 103 FRESNO, CA 93711-4302

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

☒ Yes ☐ No

Form 990-EZ (2008)

Form 990-EZ	Other Expenses	Statement	1
Description	Amount		
INSURANCE	1227.		
ACTIVITIES	49237.		
MEMORIAL	125.		
ADVERTISING	185.		
NABO MEMBERSHIP EXPENSES	721.		
MISCELLANEOUS	111.		
Total to Form 990-EZ, line 16	51606.		

Form 990-EZ	Cash Grants and Allocations	Statement	2
Class of Activity/Donee's Name and Address	Donee's Relationship	Amount	
SCHOLARSHIP JASON ERRECART 15919 W KEARNEY KERMAN, CA 93630	MEMBER	2500.	
SCHOLARSHIP KYLE KLASSEN 42201 ROAD 72 DINUBA, CA 93618	MEMBER	2500.	
SCHOLARSHIP WHITNEY ETCHEVERRY 1797 SERRENTO LANE CLOVIS, CA 93619	MEMBER	2500.	
SCHOLARSHIP JANETTE OSPITAL 688 COTTONWOOD LANE LEMOORE, CA 93245	MEMBER	2500.	
Total Included on Form 990-EZ, Line 10		10000.	

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 3

- A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

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Statement 4

PROVIDE SCHOLARSHIPS TO MEMBERS WHO MEET THE QUALIFICATIONS OF BEING A FULL TIME COLLEGE STUDENT AND HAVE HAD A GPA OF 3.2 IN HIGH SCHOOL.

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Statement 5

TO PROMOTE THE SOCIAL RECREATIONAL, INTELLECTUAL, CULTURAL AND MORAL WELFARE
OF PEOPLE OF BASQUE DESCENT.