

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### Form **990**

#### **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 1545-0047

Open to Public

Inter	nal Revenue S	ervice	► The organization may have to use a copy of this return to satisfy state rep	orting requirements	1	Inspection	·
	For the 20	10 calend	ar year, or tax year beginning , 2010, and end	ling		•	
_	Check if apple				loyer Ideni	ification Number	
_	Address	T I	FRESNO REGIONAL FOUNDATION	77	-0478	025	
	$\vdash$	٠ ا	(A CORPORATION)		phone num		
	Name ch		5250 NORTH PALM AVENUE #424		•		
	Initial ret		FRESNO, CA 93704	55	9- <u>22</u> 6	-5600	
	Terminal	ted		İ			
	X Amended	d return		G Gros	s receipts	s 10,898.	,132.
	Applicati	on pending	F Name and address of principal officer	H(a) Is this a group re	eturn for aff	ılıates? Yes	ΧNο
	_	],	SAME AS C ABOVE	H(b) Are all affiliates		Yes	No
$\overline{}$	Tax-exemp		X 501(c)(3) 501(c) ( ) (Insert no ) 4947(a)(i) or 527	If 'No,' attach a l	ist (see in	structions) —	_
J	Website		V.FRESNOREGFOUNDATION.ORG	H(c) Group exemption	number •	•	
K	Form of org			2000		legal domicile CA	
		ummar		nation 1500 I	i State of	legal domicile Cr.	<u> </u>
Га				OVE THE OUR	TTV C	OF TIPE IN	TILE
			e the organization's mission or most significant activities <u>TO IMPF</u>				
ce			SAN JOAQUIN VALLEY BY PROMOTING CHARITABLE G	TATMG VIND VS	ゔ゙゙゚゚゙ゔヹヹ	MG DOMOKO	TWIND _
nan		ATMT2.11	ERING_FUNDS				
Activities & Governance	<b>2</b>						
€	1	ck this bo		more than 25% of I		ssets	15
			ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)		3		15
<u> </u>			of individuals employed in calendar year 2010 (Part V, line 2a)		5		<u></u>
ΠŽ			of individuals employed in calendar year 2010 (Fart V, line 2a) of volunteers (estimate if necessary)		6		
ÇŞ	1		d business revenue from Part VIII, column (C), line 12		7a		<u>_</u> 0.
<u> </u>	1		business taxable income from Form 990-T, line 34		7 b		0.
	DINEL	unicialeu	business taxable income noni i orni 330-1, inic 34	Prior Ye		Current Y	
	8 Con	tributions	and grants (Part VIII, line 1h)	10,726		8,010	
ZRBZenule 1			ce revenue (Part VIII, line 2g)		,160.		,212.
en [			come (Part VIII, mile 2g)		, 691.	2,245	
<u>⊊</u>			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	132	, 091.	2,243	, 0 / 4 .
<u>~</u>	1		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,037	95/	10,898	132
				6,897		5,326	
			milar amounts paid (Part IX, column (A), lines 1-3)	0,091	,4/0.	5,320	,033.
			to or for members (Part IX, column (A) line 4)				050
ø	<b>15</b> Sala	aries, othe	r compensation, employee beneits 巨松大 (o)umn (A), lines 5-10)	575	<u>,715.</u>	602	<u>,059.</u>
Expenses	16a Prof	essional f	undraising fees (Part IX, <del>column (A), line TTe)</del>				
per	<b>b</b> Tota	al fundrais	ing expenses (Part IX Gumn (D), line 25 7072 0 315, 576	.			
ŭ	17 Othe	er eynensi	es (Part IX, column (A) clines 17a-17d, 11f-24f)		,388.	978	,947.
			s Add lines 13-17 (must equal Part IX, epiurin (A), line 25)	8,117		6,907	
	10 100	anua lasa	expenses Subtract line 18 from the 12 V.			3,991	<u> </u>
	<del></del>	enue iess	expenses Subtract line 18 trom line 12 t.	2,920			
200	00 -		D. I.V. I. 16)	Beginning of Cur		End of Yo	
200	20 Tota	•	Part X, line 16)	46,532		49,504	
Net Assets or Fund Balancos	<b>21</b> Tota	ii iiadiiities	s (Part X, line 26)	7,779		6,893	
_			fund balances Subtract line 21 from line 20	38,752	<u>,982.</u>	42,611	<u>,146.</u>
Pa	art II 📗 S	Signatur	e Block				
Und	der penalties o	f perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and rer (other than officer) is based on all information of which preparer has any knowledge	to the best of my knowle	edge and be	elief, it is true, corre	ct, and
	- Deciaia	- Prepa	Ter (otter train officer) is based on all information of which preparer has any knowledge	<del></del>			
		<b>-</b>	lan lisan	<u></u>	6/17	<u>-                                      </u>	
Sig	gn		e of officer	Date			
He	re	DAN	DESANTIŠ	CEO			
	,	Type or	print name and title				
		Print/Type p	reparer's name Preparer's Signature Date	Check	ıf	PTIN	
Pa	id	FAUSTO I	HINOJOSA, CPA, CFE FAUSTO HINOJOSA, CPA, CFE 6	/リル self-emp	oloyed	N/A	
	eparer	Firm's name	► PRICE, PAIGE AND COMPANY				
	e Only	Firm's addre		Erem's S	in ► N/	A	
		s auure	CLOVIS, CA 93612				-
NA-	witho IDC			Phone n	0 (335		No
ivia	y ine iks (	uiscuss th	s return with the preparer shown above? (see instructions)			X Yes	NO

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

Form	<b>990</b> (2010)	FRESNO REGIONAL	FOUNDATION	77-04	78025	Page 2
Par	t III Sta	tement of Program Se	rvice Accomplishments	<u></u>		
	Chec	ck if Schedule O contains a	response to any question in this Part III	<del>_</del>		X
1	Briefly desc	ribe the organization's mis	sion			
	TO IMPR	OVE THE QUALITY (	OF LIFE IN THE CENTRAL SAN JOAQUIN V.	ALLEY BY PRO	MOTING_	
	CHARITA	BLE GIVING AND AS	SSISTING DONORS AND ADMINISTERING FU	NDS.		
2	Did the orga	anization undertake any sig	inificant program services during the year which were not	listed on the prior		
	Form 990 o	r 990-EZ?	SEE SCHEDULE O		X Yes	No
	If 'Yes,' des	scribe these new services of	n Schedule O		_	_
3	Did the ora	anization cease conducting	, or make significant changes in how it conducts, any pro	gram services?	Yes	X No
	•	scribe these changes on Sc				
4		-	ments for each of the organization's three largest program	n services by expen	ses Sectio	on 501(c)(3)
-	and 501(c)(	<ol><li>organizations and section</li></ol>	in 4947(a)(1) trusts are required to report the amount of (	grants and allocation	ns to others	s, the total
	expenses,	and revenue, it any, for eac	ch program service reported			
4 a		(Expenses \$	6,193,539. including grants of \$ 5,326,0			)
	SUPPORT	FOR VARIOUS COM	MUNITY SERVICES, INCLUDING EDUCATION	, HEALTH, CU	LTURAL_	AND
	ENVIRON	MENTAL PROGRAMS.				
	(Code	(Expenses \$	including grants of \$	\ (Payanya \$	<del></del>	
	(Code _	,,) (Exherises \$	including grants of \$\frac{1}{2}	) (Nevenue Ç	′ <del></del>	
			~			
4 0	:(Code 📙	) (Expenses \$	including grants of \$	) (Revenue 💲	S	)
	<b>-</b>					
		<b>-</b>		·		
				<del>-</del>		
4	d Other area	ram services (Describe in	Schodula ()			
40	Otner prog Expenses)		including grants of \$ ) (Rev	enue ¢		`
		ram service expenses ►		criuc y		/
41	. i viai pivy	MILL SCI AICE EVACIISES	0, 100, 000.			

## Form 990 (2010) FRESNO REGIONAL FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1				
2	Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
	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	3	-1	Х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	_	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	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	11 a	Х	
1	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	11 b		Х
•	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	11 c		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	11 d	X	
1	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	<u>X</u>	
1	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	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	ļ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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)	17		Х
	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		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	19		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	ļ	Х
_	<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) FRESNO REGIONAL FOUNDATION
Partify: Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		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? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
ŧ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	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?	24c		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) 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		Х
ı	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
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)		_	, I 
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		_ X_
	c 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  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29	X	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
;	a 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  Yes X No	:		
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	:	Х
	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		X_
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
Baa	4	Form	990 (	(2010)

77-0478025 Page 5 Part V. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 20 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning X 1 c (gambling) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х **4** a financial account in a foreign country (such as a bank account, securities account, or other financial account) b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a 5b Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? 6a **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 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 Х services provided to the payor? 7 a 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х Form 8282 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7 f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business Х holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. X a Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 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 11 a 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? 13a Note. See the instructions for additional information the organization must report on Schedule O **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 Х

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 15 **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a Х X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a X 10 a Does the organization have local chapters, branches, or affiliates? **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts' c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this is done SEE SCHEDULE O 12c Х 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 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 SEE SCHEDULE O Х 15 a X **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions ) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization FRESNO REGIONAL FOUNDATION 5250 N. PALM AVENUE, STE 424 FRESNO CA 93704 559-226-5600

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

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A)	(B)	Telate	<u>u 01</u>	(C)				(D)	(E)	(F)
Name and title	Average		tion (	-	-	hat app	ly)	Reportable compensation from	Reportable compensation from	Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
(1) SEE ATTACHED VARIOUS	0					_		0.:	0.	0.
(2) DAN DESANTIS CEO	40				Х			136,250.	0.	0.
_(3)										
	-									
_(5)						<u>-</u>				
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BAA	<u> </u>	1	L TEEA	0107	L 12	<u> </u> 2/21/10		<u> </u>	L	Form <b>990</b> (2010)

(A)	T	1	<u> </u>			сэ,	ani			
(A)	(B)	C			c)	L-1 -		(D)	(E)	(F)
Name and litle	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	(describe	or di	nstit	Officer	é	dan d	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	hours for related	recto	utio	<b></b> 4	emp	est o	1er	( 2	(11 2 1033 111100)	organization and related
	organı- zations	2 5	nal t		Key emptoyee	eom				organizations
	per week (describe hours for related organi- zations in Sch O)	stee	Institutional trustee		ă	ens				
			ee		1	Highest compensated employee				
					<u> </u>					
(18)					ĺ					1
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(28)										
(29)										
	<u> </u>									···
1 b Sub-total							•	136,250.	0.	0.
c Total from continuation sheets to Part VII, Section	A							0.	0.	0.
d Total (add lines 1b and 1c)							<b>-</b>	136,250.	0.	0.
2 Total number of individuals (including but not limite	d to tho	se li	stec	l ab	ove)	wh	o re	ceived more than	\$100,000 in reporta	able compensation
from the organization   1										
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust ndividus	ee,∣ ₁/	key	emp	oloy	ee, o	or hi	ghest compensat	ed employee	3 X
•										J A
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable han \$15	e cor 60.00	npe )0?	nsa If 'Y	tion 'es'	and com	oth Inlet	er compensation e Schedule J for	from	
such individual	***	.,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4 X
5 Did any person listed on line 1a receive or accrue of	ompens	atio	n fr	om a	any	unre	elate	d organization or	ındıvıdual	
for services rendered to the organization? If 'Yes,' or Section B. Indonesident Contractors	complete	e Sc	hed	ule	J fo	r suc	ch p	erson		5   X
Section B. Independent Contractors  1 Complete this table for your five highest compensal	ed inde	nen	dent	COL	ntrac	tore	tha	t received more t	han \$100 000 of	<del></del>
compensation from the organization	.ca mac	рсп	JC111		mac	,1013	· ina	Treceived more t	nan \$100,000 or	
(A)								(B	)	(C) Compensation
Name and business addres	s 							Description	of services	Compensation
								_		
										<del></del>
2 Total number of independent contractors (including		lımı	ted	to th	hose	list	ed a	above) who receiv	ed more than	,
\$100,000 in compensation from the organization >	U									

Par	t VIII   Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f \$ 85,388.				
	h Total. Add lines 1a-1f	8,010,046.		· ·	
PROGRAM SERVICE REVENUE	2a ADMINISTRATIVE ASSESMENT b	642,212.	642,212.		
M SERVI	d				
S.A.	f All other program service revenue	<u> </u>		<u> </u>	
8	g Total. Add lines 2a-2f	642,212.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	2,245,874.	2,245,874.		
	5 Royalties (i) Real (ii) Personal		<del></del> -		
	6a Gross Rents b Less rental expenses c Rental income or (loss)				 
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
i	b Less cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)		<del></del>		'
UE	8a Gross income from fundraising events (not including \$			·	
OTHER REVENU	of contributions reported on line 1c) See Part IV, line 18				
ОТНЕ	b Less direct expenses b				
	c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	<b>b</b> Less cost of goods sold <b>b</b>		 		-
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				
	Miscellaneous Revenue Business Code				<u> </u>
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	10 000 130	2 000 000		
	12 Total revenue. See instructions.	10,898,132.	2,888,086.	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) but are not required to complete columns (B), (C), and (D)

(**D**) Fundraising (A) Total expenses (B) (C) Program service Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 5,326,033 5,326,033 line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 136,250 13,625 95,375. trustees, and key employees 27,250 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. 357,784 141,305 167,322 49,157. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 6,140 2,095 2,249 1,796. 9 Other employee benefits 101,885. 34,761 37,317 29,807. 10 Payroll taxes 11 Fees for services (non-employees) a Management 24,519 24,519 **b** Legal 25,400 8,666 9,303 7,431. c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 88,962. 88,962. f Investment management fees g Other 43,089 14,701 15,782 12,606. 12 Advertising and promotion 46,538 15,878 17,045 13,615. 13 Office expenses Information technology 15 Royalties 83,012 66,307. 226,646 77,327. 16 Occupancy 17 5,204 1,776. 1,906 1,522. Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,083 3,083 20 Interest 21 Payments to affiliates 12,283 3,593. 4,191 4,499 22 Depreciation, depletion, and amortization 10,411 3,552 3,813 3,046. 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 347,956. 347,956 a ADMINISTRATIVE ASSESSMENT **b** BAD DEBT RESERVE 25,000. 25,000. 22,480. 8,234 6,577. c TAXES AND LICENSES 7,669. d PROJECT CONSULTANTS 19,859. 6,775. 7,274 5,810. e EDUCATION AND TRAINING 15,739 5,369 5,765 4,605. 61,778 20,778. 26,671. 14,329. f All other expenses 6,907,039 397,924 315,576. 25 Total functional expenses Add lines 1 through 24f 6,193,539 Joint costs. Check here ► If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Form **990** (2010) BAA

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,973,995.	1	2,313,761
	2	Savings and temporary cash investments		749,105.	2	<del>,</del>
	3	Pledges and grants receivable, net		5,491,694.	3	5,638,799
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part II	, trustees, key employees, l of Schedule L		5	
	6	Receivables from other disqualified persons (as defined persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) voluntary organizations (see instructions)	outing employers and		6	
S	7	Notes and loans receivable, net		42,443.	7	2,531
S E	8	Inventories for sale or use			8	
A S E T S	9	Prepaid expenses and deferred charges		23,370.	9	36,279
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,880,982.			· · ·
	l	Less accumulated depreciation	10b 102,615.	1,785,785.	10 c	1,778,367
	11	Investments – publicly traded securities		20,538,523.	11	20,123,588
	12	Investments – other securities See Part IV, line 11		<u>, , , , , , , , , , , , , , , , , , , </u>	12	
	13	Investments - program-related See Part IV, line 11			13	450,000
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,928,032.	15	19,161,547
	16	Total assets Add lines 1 through 15 (must equal line 3	34)	46,532,947.	16	49,504,872
	17	Accounts payable and accrued expenses		48,635.	17	22,656
	18	Grants payable		144,100.	18	261,813
	19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·	19	<u> </u>
L	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
	22	Payables to current and former officers, directors, trust highest compensated employees, and disqualified pers of Schedule L	tees, key employees, ons Complete Part II		22	-
E S	23	Secured mortgages and notes payable to unrelated this	rd parties.		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	500,000
	25	Other liabilities Complete Part X of Schedule D		7,587,230.	25	6,109,257.
	26	Total liabilities. Add lines 17 through 25		7,779,965.	26	6,893,726
N E T		- ·	X and complete lines			
		27 through 29 and lines 33 and 34.				
SSETS	27	Unrestricted net assets		7,947,510.	27	7,142,570
Ę	28	Temporarily restricted net assets		20,456,081.	28	24,867,558
O R	29	Permanently restricted net assets		10,349,391.	29	10,601,018
		Organizations that do not follow SFAS 117, check her	e ► ∐and complete			
F UND		lines 30 through 34.		- ·		
	30	Capital stock or trust principal, or current funds			30	
Ã	31	Paid-in or capital surplus, or land, building, or equipme	-		31	
Ā	32	Retained earnings, endowment, accumulated income,	or otner funds	20 750 000	32	40 677 745
BALANCES	33	Total net assets or fund balances		38,752,982.	33	42,611,146.
BA	34	Total liabilities and net assets/fund balances.		46,532,947.	34	<u>4</u> 9,504,872.

Form 990 (2010) FRESNO REGIONAL FOUNDATION	_77-0478025		Pa	ige 12				
Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response to any question in this Part XI				X				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	10,8	98,1 07,0					
2 Total expenses (must equal Part IX, column (A), line 25)								
3 Revenue less expenses Subtract line 2 from line 1								
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>38,7</u>						
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-1	<u>32,9</u>	29.				
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 42								
Part XII Financial Statements and Reporting		_						
Check if Schedule O contains a response to any question in this Part XII								
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No				
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		X				
b Were the organization's financial statements audited by an independent accountant?		2b	Х					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c	Х					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule $O$								
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	e issued on a							
X Separate basis Consolidated basis Both consolidated and separate basis								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a		_ X				
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3b		_				
BAA		Form	990 (	(2010)				

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

Total

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization FRESNO REGIONAL FOUNDATION Employer identification number (A CORPORATION) 77-0478025 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(bX1XAXii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported (IV) Is the (v) Did you notify (vi) Is the (vii) Amount of support organization in column (i) listed in your governing document? e organization in column (i) of your support? organization in column (i) organized in the US? Yes No Yes No Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2010

#### Part Il Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support					<del></del>	
begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')	7,754,455.	23731610.	9,216,639.	6,885,550.	8,545,06	5. 56,133,319.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,754,455.	23731610.	9,216,639.	6,885,550.	8,545,06	5. 56,133,319.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						56,133,319.
Sec	tion B. Total Support					T	
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2000 (b) 2007 (c) 2008 (d) 2003 (e) 2010					
7	Amounts from line 4	7,754,455.	23731610.	9,216,639.	6,885,550.	8,545,06	5. 56,133,319.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	820,573.	995,081.	856,384.	590,765.	766,59	5. 4,029,398.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10						60,162,717.
12	Gross receipts from related activ	vities, etc (see ins	tructions)				12 0.
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	nd, third, fourth, o	or fifth tax year as	a section 501	(c)(3)
	tion C. Computation of Pu						02.20
14 15	Public support percentage for 20 Public support percentage from	•	• • •	ne 11, column (f)	)	<del> </del>	14 93.3 % 15 93.7 %
				hov on less 12 -	nd the line 14 :- 2		
	a 33-1/3% support test — 2010. If and stop here. The organization	i qualifics as a pai	onery supported o	garnzation			
ļ	33-1/3% support test – 2009. If and stop here. The organization				6a, and line 15 is	33-1/3% or m	ore, check this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop he	<b>re.</b> Explain in i	Part IV how
	or more, and if the organization organization meets the 'facts-ar	meets the 'facts-and-circumstances'	and-circumstance test The organiz	s' test, check this zation qualifies as	s box and <b>stop he</b> s a publicly suppo	<b>re.</b> Explain in rted organizati	Part IV how the
	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a			e instructions P 2010
BAA	1				50	AICUUIC A (FOI	III 220 01 220.EZ) 2010

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants ')					,,=	
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			. =			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or						
•	facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						<del></del>
c	: Add lines 7a and 7b	-					
	<b>Public support</b> (Subtract line 7c from line 6)						
<u>Sec</u>	tion B. Total Support					_	
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9	Amounts from line 6		<u> </u>				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990	is for the organiz	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)	)
Sec	organization, check this box and tion C. Computation of Pul		Percentage				
	<del></del>			20 12 001 (5)		9,0	
	Public support percentage for 20	15	<u> </u>				
	Public support percentage from tion D. Computation of Inv					16	%
17	Investment income percentage for			•	ımn (f)).	17	<u>%</u>
18	Investment income percentage f				15	18	<u> </u>
	<ul> <li>33-1/3% support tests — 2010. If is not more than 33-1/3%, checks</li> <li>33-1/3% support tests — 2009. If</li> </ul>	this box and <b>sto</b>	<b>p here.</b> The organ	iization qualifies a	as a publicly suppo	rted organization	▶ 📋
Ì	line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization qu	ialifies as a publicl	y supported organi	ization ►
20	Private foundation. If the organi						►H

Schedule A	(Form 990 or 990-EZ) 20	10 FRESNO RE	GIONAL FOU	UNDATION		77-0478025	Page 4
Part IV	Supplemental Information Part II, line 17a or 1 (See instructions).	<b>nation.</b> Complet 7b; and Part III,	te this part to line 12. Also	provide the ex complete this	planations requ part for any add	ired by Part II, lind ditional information	e 10; 1.
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#### **SCHEDULE D** (Form 990)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

	ESNO REGIONAL FOUNDATION CORPORATION			77-0478025			
Par		Advised Funds or Other Similar F	unds or Acc				
ı aı	the organization answered 'Yes' to Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) 5	unds and other acc	ounts		
1	Total number at end of year		51	unus and other acc	117		
_	Aggregate contributions to (during year)	991,100			657,973.		
2		2,436,342			889,692.		
3	Aggregate grants from (during year)				817,112.		
4	Aggregate value at end of year	4,794,034			817,112.		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in to the organization's exclusive legal control?	donor advised	XYes	No		
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor, or		XYes	No		
Pai	t II Conservation Easements. Compl		es' to Form 9	<u>_</u>	7		
	Purpose(s) of conservation easements held by		23 (0 1 01111 3	50, 1 ait 14, iiiic	<u> </u>		
•	Preservation of land for public use (e.g., r		on of an historic	ally important land	area		
	Protection of natural habitat	· H		historic structure	arca		
	Preservation of open space		ni oi a certinea	matoric structure			
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation contribution	ın the form of	a conservation ease	ement on the		
				Held at the End of the	ne Tax Year		
a	Total number of conservation easements		2a				
ı	Total acreage restricted by conservation ease	ments	2 b		-		
	Number of conservation easements on a certi		2c	····			
	Number of conservation easements included i	(-)					
	structure listed in the National Register	,	2 d				
3	Number of conservation easements modified, tax year ►	<u>-</u>	inated by the or	rganization during tr	1 <del>e</del>		
4	Number of states where property subject to co	onservation easement is located >	<del></del>				
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, inspection, its it holds?	handling of vio	lations, Yes	☐ No		
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conservation e	asements durin	ig the year			
7	Amount of expenses incurred in monitoring, in \$	nspecting, and enforcing conservation easen	nents during the	e year			
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of	section	Yes	☐ No		
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and ex to the organization's financial statements th	pense statement at describes the	t, and balance sheet, e organization's acco	and ounting for		
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, III	or Other Sir ne 8.	nilar Assets.			
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	s held for public exhibition, education, or res	evenue stateme search in furthe	ent and balance sheer rance of public serv	et works of ice, provide,		
	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its rever ld for public exhibition, education, or resear	nue statement a ch in furtherand	and balance sheet we ee of public service,	orks of art, provide the		
	(i) Revenues included in Form 990, Part VIII	, line 1		<b>►</b> \$			
	(ii) Assets included in Form 990, Part X			<b>►</b> \$			
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar asse 116 (ASC 958) relating to these items	ts for financial	gain, provide the fol	llowing		
	a Revenues included in Form 990, Part VIII, line	e 1		►\$			
	<b>b</b> Assets included in Form 990, Part X			▶\$			

•						
Schedule D (Form 990) 2010 FRESM Part III Organizations Maintain			Transuras ar O	77-047		Page 2
					•	
3 Using the organization's acquisiting tems (check all that apply)	on, accession, and o	mer records, check ar	iy of the following th	at are a significant	use of its co	ollection
a Public exhibition		<b>d</b> Loan or exc	hange programs			
b Scholarly research		e U Other				
c Preservation for future gener						
4 Provide a description of the organ Part XIV	nization's collections	and explain how they	further the organiza	tion's exempt purpo	se in	
5 During the year, did the organizar assets to be sold to raise funds r	ather than to be mair	ntained as part of the	organization's collect	tion?	Yes	No
Part IV Escrow and Custodial 9, or reported an amount	<b>l Arrangements.</b> unt on Form 990,	Complete if orgar Part X, line 21.	nization answere	d 'Yes' to Form !	990, Part	IV, line
1 a Is the organization an agent, trus	itee, custodian, or oth	ner intermediary for co	ontributions or other	assets not		
included on Form 990, Part X?	,	io miormoulary for o		233013 1101	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and com	plete the following tal	ole			
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				1d		
e Distributions during the year						
f Ending balance						
2a Did the organization include an a	•	Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds. Co						
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance	10,153,018.	4,447,235.	5,336,223.			
<b>b</b> Contributions	355,675.	4,447,488.	1,374,610.		_	
c Net investment earnings, gains, and losses	1,108,710.	1,411,028.	-1,667,182.			İ
d Grants or scholarships	65,130.	16,482.	478,150.			
e Other expenditures for facilities	03,130.	10, 402.	470,130.			
and programs	146,057.	673.	8,033.			
f Administrative expenses	197,570.	135,577.	110,233.			
<b>g</b> End of year balance	11,208,646.	10,153,018.	4,447,235.			
2 Provide the estimated percentage						
a Board designated or quasi-endow		%				
<b>b</b> Permanent endowment ►	<u>100.00</u> %					
c Term endowment ►	<sup>%</sup>					
3a Are there endowment funds not a organization by	n the possession of t	he organization that a	ire held and adminis	tered for the	<b>Y</b> (	es No
(i) unrelated organizations					3a(i)	Х
(ii) related organizations					3a(iı)	Х
b If 'Yes' to 3a(II), are the related of	organizations listed as	s required on Schedul	e R <sup>2</sup>		3b	
4 Describe in Part XIV the intended	d uses of the organiza	ation's endowment fui	nds			
Part VI Land, Buildings, and I						
Description of investment	(a) Cos	t or other basis (b)	Cost or other	(c) Accumulated	(d) Boo	ok value

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1 a Land		1,756,816.		1,756,816.		
<b>b</b> Buildings				<del></del>		
c Leasehold improvements		14,892.	14,892.	0.		
<b>d</b> Equipment		109,274.	87,723.	21,551.		
e Other						
Fotal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) 1,778,367.						

BAA

Schedule **D** (Form 990) 2010

Part VII Investments-Other Securities. See	Form 990, Part X, III	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuat Cost or end-of-year mark	ion
(1) Financial derivatives		Cost of end-of-year man	Net value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			·····
(E)			
<u>(F)</u>			
(G)			
(H)			
(1) Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	<u> </u>		
Part VIII Investments—Program Related. (Se		line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuat	uon
(a) Description of investment type	(b) Book value	Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			<del></del>
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	<b>•</b>		
Part IX Other Assets. (See Form 990, Part	X, line 15)		
(a)	Description		(b) Book value
(1) BRIDGE LOAN RECEIVABLE			210,000.
(2) INTEREST IN NET ASSETS OF SUPPO	RTING ORG		18,951,547.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<del></del>		
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column	n(R) line 15)		19,161,547.
Part X Other Liabilities. (See Form 990, Part X)		<del>-</del>	15,101,547.
(a) Description of liability	(b) Amount		
(1) Federal income taxes			1
(2) AGENCY & TRUST FUNDS	2,236,86	51.	,
(3) PLEDGE PAYABLE	3,872,39	96.	
(4)			,
(5)			
(6)			
(7)			
(8)		_	i
(9)	_		į
(10)			
(11) Total (Column (h) must equal Form (00) Part V column (P) line (F)	► 6 109 2F		
Total (Column (b) must equal Form 990, Part X, column (B) line 25)  2. FIN 48 (ASC 740) Equations In Part XIV, provide the t	0,105,25	organization's financial statements that	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	dule D (Form 990) 2010 FRESNO REGIONAL FOUNDATION	77-0478	3025	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII,column (A), line 12)		10,89	8,132.
2	Total expenses (Form 990, Part IX, column (A), line 25)			7,039.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-		1,093.
4	Net unrealized gains (losses) on investments	<u> </u>		
5	Donated services and use of facilities	<b>—</b>		
6	Investment expenses		·	
7	Prior period adjustments	<u> </u>		
,	Other (Describe in Part XIV) SEE PART XIV	<u> </u>	_12	2,929.
0	· ·	<u> </u>		
10	Total adjustments (net) Add lines 4 through 8	<u> </u>		2,929.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	nor Datum	3,65	8,164.
	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue		10 00	0 132
1	Total revenue, gains, and other support per audited financial statements	1	10,89	8,132.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments 2a			
	Donated services and use of facilities 2b			
(	Recoveries of prior year grants 2c			
C	Other (Describe in Part XIV)			
•	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	10,89	8,132.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b			
ŀ	Other (Describe in Part XIV)			
	: Add lines <b>4a</b> and <b>4b</b>	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10.89	8,132.
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expense			<del></del>
1	Total expenses and losses per audited financial statements	1		7,039.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		0,50	1,000.
	Donated services and use of facilities.			
	· · · · · · · · · · · · · · · · · · ·			
	COther losses 2c			
	Other (Describe in Part XIV )			
•	Add lines 2a through 2d			- 020
3	Subtract line 2e from line 1	3	6,90	7,039.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV )			
_	Add lines 4a and 4b	4c	C 00	7 020
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,90	<u>7,039.</u>
	t XIV   Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also a	complete this pa	art to provid	e 
BAA	TEEA3304L 02/11/11	Sched	ule <b>D</b> (Form	990) 2010

Schedule D (Form 330) 2010 FRESNO REGIONAL FOUNDATION	//-04/8025	Page 5
Part XIV Supplemental Information (continued)		

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

FRESNO REGIONAL FOUNDATION Rants and Assistance

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

•	
0	
Q	
N	

OMB No 1545-0047

Employer identification number 77-0478025

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	ds to substantiate the he grants or assistant or assistant or assistant	e amount of the grace?	of the grants or assistance, the grantees use of grant finds in the United States	rantees' eligibility for th States	ne grants or assistano		X Yes No
NG.	nce to Governme		Organizations in the United States. Complete if the organization answered 'Yes' to	ed States. Comple	te if the organizat	ion answered 'Ye	s' to
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	for any recipient fadditional space	that received mis needed	ore than \$5,000. C	heck this box if no	one recipient rec	eived more than	\$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SEE ATTACHED SEE ATTACHED SEE ATTACHED CA 93704			5, 326, 033.	0.			
(2)							
(3)							
<u>(4)</u>			Acres and the first of the firs				
<u>(</u>							
2 Enter total number of section 501(c)(3) and government organization	3) and government or	ganizations				<b>A</b> '	219
3 Enter total number of other organizations	ions					•	50
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	s, see the Instructions	s for Form 990.		TEEA3901L 10/29/10	10/29/10	Schedu	Schedule I (Form 990) 2010

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

Page 2

Schedule I (Form 990) 2010 FRESNO REGIONAL FOUNDATION

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

So DOS PO SECURIOS DE DOS POSTOS DE LA COMPANION DE LA COMPANI		for formation of	of turnous (b)	dood) anteniew to bodteM(a)	(A Decription of non-rash assistance
(a) Type of grant or assistance	recipients	cash grant	non-cash assistance	(e) mentor of variation (book, FMV, appraisal, other)	(ו) הפארווקונוסו וסוויסו מאואימורכב
1					
2					
3					
4					
5					
9					
7					
শিলামাজি   Supplemental Information. Complete this part		rovide the informat	ion required in Par	t I, line z, and any otr 	to provide the information required in Part I, line 2, and any other additional information.
1	•	                   	 		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1                 	                 	 	T   	

BAA

Schedule I (Form 990) 2010

## SCHEDULE M (Form. 990)

#### **Noncash Contributions**

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

► Attach to Form 990.

OMB No 1545 0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FRESNO REGIONAL FOUNDATION (A CORPORATION)

Employer identification number 77-0478025

rar	Part I   Types of Property									
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of o	<b>d)</b> determir bution a	ing mounts		
1	Art-Works of art		· · · · · · · · · · · · · · · · · · ·							
2	Art-Historical treasures					<del>-</del>				
3	Art-Fractional interests							·		
4	Books and publications									
5	Clothing and household goods						•	<del></del>		
6	Cars and other vehicles.									
7	Boats and planes									
8	Intellectual property									
9	Securities-Publicly traded		6	85,388.	TRADE	PRI	CE			
10	Securities-Closely held stock									
11	Securities-Partnership, LLC, or trust interests									
12	Securities-Miscellaneous									
13	Qualified conservation contribution— Historic structures									
14										
15										
16										
17										
18										
19										
20										
21										
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts		<u> </u>							
25	Other ► ()									
26	Other ► ()									
27	Other ► ()				ļ					
28	Other ► (									
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the e Acknowled	e tax year for contribut Igement	ions for which the	29					
							Yes	No		
30 a	30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt							Х		
b	If 'Yes,' describe the arrangement in Part II							<del></del>		
	Does the organization have a gift acceptance poli	cy that requi	res the review of any r	non-standard contribution	ons?	31	Х	<u> </u>		
32 a	Does the organization hire or use third parties or noncash contributions?	related orgar				32 a	Х			
b	If 'Yes,' describe in Part II		SEE PART I	I		1		_		

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

describe in Part II

Schedule M (Form 990) 2010

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

Schedule	e <b>M</b> (Form 990) 2010	FRESNO REGIONAL	FOUNDATION		77-0478025	Page 2
Part II	Supplemental I and 33. Also co	Information. Complete omplete this part for a	e this part to prov ny additional info	vide the information require ormation.	ed by Part I, lines 30b,	32b,
PA	<u>NRT I, LINE 32 - H</u>	II <u>re and use of th</u>	IRD_PARTIES			
IN	VESTMENT BROK	ER FIRMS ARE UTI	LIZED TO SELL	CONTRIBUTIONS OF PUB	LICLY_TRADED_STOC	<u>.</u> K
			<b></b>			
				· <b></b>		
			<b></b>			
		· <b> </b>	<b></b>			
		· · · · · · · · · · · · · · · · · · ·			•	
	<b>_</b>			· <b></b>		
		<b>-</b>	- <del>-</del>	· <b></b>		
				· <del></del>	<b></b>	
				·	<del></del>	<b></b> -
<b>-</b>	<b></b>		<b></b>	·	<b></b> -	<b>-</b> -
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				·		
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			·		<b></b> _	

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

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization FRESNO REGIONAL FOUNDATION	Employer identification number 77-0478025
(A CORPORATION)	17-0478025
AMENDED INFORMATION RETURN	
THE 2010 INFORMATION RETURN IS BEING AMENDED TO PROVI	DE_ADDITIONAL_INFORMATION_ON
FORM 990 PART V.	
FORM 990, PART III, LINE 2 - NEW SERVICES	
THE FOUNDATION STARTED A NEW PROGRAM WHICH PROVIDES F	INANCING TO ANOTHER NON-PROFIT
ORGANIZATION TO PROVIDE MIRCO LOANS TO SMALL BUSINESSE	ES AND FARMERS IN THE SAN
JOAQUIN VALLEY COMMUNITY.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE INFORMATION RETURNS, INCLUDING FORM 990 ARE REVIEW	WED BY FINANCE COMMITTEE.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND	ENFORCEMENT OF CONFLICTS
THE FOUNDATION REQUIRES A CONFLICT OF INTEREST STATEM	ENT TO BE READ AND UNDERSTOOD
AND SIGNED BY THE BOARD MEMBERS AND EMPLOYEES.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVA	L PROCESS FOR CEO, EXEC. DIR., OR TOP MG1
COMPENSATION OF THE CEO IS DETERMINED BY THE BOARD OF	DIRECTORS.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS P	UBLICLY AVAILABLE
FINANCIAL STATEMENTS PUBLISHED WITH YEAR END BROCHURE	, GOVERNING DOCUMENTS AND
POLICIES, POSTED ON ORGANIZATIONS WEBSITE AND ARE AVA	ILABLE UPON REQUEST.

2010

#### **SCHEDULE O - SUPPLEMENTAL INFORMATION**

FRESNO REGIONAL FOUNDATION (A CORPORATION)

PAGE 2

77-0478025

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER IN OF ENDOWMENTS FROM OTHER CUSTODIAN TRANSFER OUT OF ENDOWMENTS TO OTHER CUSTODIAN

\$ 121,046. -253,975. TOTAL \$ -132,929.

12/31/10		2010 F	EDER,	AL E	300	K DEP	RECIA	TION	SСНІ	2010 FEDERAL BOOK DEPRECIATION SCHEDULE				_	PAGE 1
				FRE	SNO R (A)	CORPO	FRESNO REGIONAL FOUNDATION (A CORPORATION)	ATION						7	77-0478025
NO	DATE	DATE	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ Bonus/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	METHOD LIFE	1111	RATE	CURRENT DEPR.
M 990/990-PF				1											
MACHINERY AND EQUIPMENT															
1 FIRE PROOF FILE CABINET	5/02/95		851							851	851	S/L HY	7 7		0
2 (2) FIRE PROOF FILES	4/25/97		1,819							1,819	1,819	S/L HY	۲ ۲		0
3 NPO SOLUTIONS (FIMS)	10/14/97		25,725							25,725	25,725	S/L HY	7		0
4 BOOKSHELVES	8/02/36		3,714							3,714	3,627	S/L HY	7 7		0
5 FIREPROOF CABINETS	8/13/98		2,123							2,123	2,096	S/L HY	۲ ۲		0
6 DT PROF/HP PRINTER	11/05/99		1,143							1,143	1,068	S/L HY	× 5		0
7 TEL TECH COMMUNICATIONS	3/08/39	4/15/10	6,164							6,164	6,164	S/L HY	× 5		0
8 FILE CABINETS(2) - SADLER	00/90/2		2,481							2,481	2,481	S/L HY	۲ ۲		0
9 PROJECTOR - KILNERS INC	12/01/00		3,236							3,236	3,042	S/L HY	٧ /		0
10 TEL TECH COMM & PHONE SET	T 8/01/00	4/15/10	262							262	292	S/L HY	×		0
11 SONY LAPTOP COMPUTER	4/15/03		2,721							2,721	2,721	S/L HY	3		0
12 ACER COMPUTER	6/25/03		1,503							1,503	1,503	S/L HY	×		0
13 LASERJET PRINTER	11/17/04		639							639	639	S/L HY	°×		0
14 DESKTOP COMPUTER	3/01/06	12/31/10	844							844	844	S/L HY	ო <b>&gt;</b> -		0
15 DESKTOP COMPUTER	3/01/06	12/31/10	844							844	844	S/L HY	ж -		0
16 DESKTOP COMPUTER	3/01/06	12/31/10	844							844	844	S/L HY	m ≻		0
17 RECREPTION AREA FURNITURE	9/01/06		7,220							7,220	5,054	S/L HY		.2000	1,444
18 OFFICE FURNITURE	9/01/06		6,997							6,997	4,897	S/L HY	.5	20000	1,399
19 OFFICE FURNITURE	9/01/06		5,335							5,335	4,070	S/L HY	. 5	20000	1,067
20 OFFICE FURNITURE	9/01/06		5,270							5,270	3,689	S/L HY	.5	.2000	1,054
21 OFFICE FURNITURE	9/01/06		5,918							5,918	4,144	S/L HY	5	20000	1,184
22 BOOKSHELVES	9/01/06		4,620							4,620	3,234	S/L HY	.5	20000	924
23 KITCHEN FURNITURE	9/14/06		290							290	413	S/L HY	5	2000	118

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12/31/10	2	010 F	EDER,	AL E	300K	DEP	2010 FEDERAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE					PAGE 2
				FRE	SNO RE (A C	GIONA	FRESNO REGIONAL FOUNDATION (A CORPORATION)	ATION						•	77-0478025
NO. DESCRIPTION	DATE ACQUIRED.	DATE	COST/ BASIS	BUS PCT_ 1	CUR 179 BONUS.	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDIUCI.	DEPR BASIS	PRIOR DEPR	METHOD	到	RAIE	CURRENT
24 LAPTOP COMPUTER	12/28/06		1,717							1,717	1,717	S/L HY	<sub>د</sub>		0
25 COMPUTER AC2D2	4/01/07		1,202							1,202	1,002	S/L HY	m	.16670	200
26 COMPUTER PC	4/24/08		1,862							1,862	1,035	S/L MQ	3	33340	129
27 EMD COMPUTER/SHARON	10/30/08		973							973	378	S/L MQ		33330	324
28 EMD FILE SERVER	10/30/08		3,192							3,192	1,241	S/L MQ	es -	33330	1,064
29 CONFERENCE CHAIRS	4/01/09		5,151							5,151	515	S/L HY		2000	1,030
30 EMD COMPUTER - DAN	7/15/09		806							806	151	S/L HY	m	33330	303
31 CONFERENCE ROMM FURNITURE	6/30/08		7,500							7,500	536	S/L HY		14290	1,072
32 TELTECH PHONE SYSTEM	3/10/10	•	4,864	l						4,864		S/L HY	7	07140	347
TOTAL MACHINERY AND EQUIPME			118,262		0	0	0	0	0	118,262	86,636				12,151
TOTAL DEPRECIATION			118,262	r II		0	0	0	0	118,262	86,636				12,151
GRAND TOTAL DEPRECIATION		11	118,262	II	0	0	0	0	0	118,262	86,636				12,151
DEPRECIATION ASSETS SOLD			8,988		0	0	0	0	0	8,988	8,988				0
DEPR REMAINING ASSETS		и	109,274	li	0	0	0	0		109,274	77,648				12,151

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### SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

FRESNO REGIONAL FOUNDATION (A CORPORATION)

77-0478025

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER IN OF ENDOWMENTS FROM OTHER CUSTODIAN TRANSFER OUT OF ENDOWMENTS TO OTHER CUSTODIAN

\$ 121,046. -253,975. TOTAL \$ -132,929.