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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

THE CENTRAL

(D) 2014

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)

Sponsoring organizations of donor advised funds, organizations that operate one orner hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use thing. ► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

Α	For	the 2010 ca	alendar year, or tax year beginning 7/01 , 2010, and ending	g 6/3 <u>0</u>		<u>, 2011</u>
В	Check	of applicable	C		D Employer i	dentification number
	Addre	ss change	FRESNO METRO BLACK CHAMBER FOUNDATION		27-23	69570
	Name	change	2331 Fresno Street #115	l l	E Telephone	
X	Initial	return	(559) 441-7929			
	Termi	nated			(339)	441-1323
<b> </b>	1	ded return			F Group E	xemption
<u>_</u>		ation pending			Number	<del>_</del>
G		ounting Met	· ' '	H Check	► X if the	e organization is <b>not</b>
1		site: <u>N</u>		ി വരമയ	ed to attach 90-EZ, or 9	Schedule B (Form
J			s (ck only one) $ X$ 501(c)(3) $\begin{bmatrix} 501(c)() \end{bmatrix}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\begin{bmatrix} 4947(a)(1) \text{ or } \end{bmatrix}$ 52	./ ]		
K	Che	ck ► XIf	the organization is not a section 509(a)(3) supporting organization and its gros	s receipts ar	re normally	not more than
	\$50,	000. A For	m 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) n	nay be requi	red (see ins	tructions) But if the
			nooses to file a return, be sure to file a complete return.			
L	Add	lines 5b, 6	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form	or more, or i	if total ► \$	26 752
D.	asse int <sub>i</sub> l	Dovon	The 25, column (b) below) are \$500,000 or more, file Form 990 instead of Form	11 990-EZ	- 5	36,752.
	IPO :	<del>-</del>	ue, Expenses, and Changes in Net Assets or Fund Balances (S	ee the ins	structions	for Part I.)
		Check if	the organization used Schedule O to respond to any question in this Part I			X
	1	Contributi	ions, gifts, grants, and similar amounts received		1	26,325.
	2	Program	service revenue including government fees and contracts		2	
	3	Membersi	hip dues and assessments		3	
	4	Investmen	nt income		4	
	5 a		nount from sale of assets other than inventory 5a		1	
			Tor other basis and sales expenses 5b			
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	,				5c	
P	6	Gaming a	and fundraising events		: <b>(</b> ):	
Ë	l a	Gross inc	ome from garning (attack Schedule G if greater than \$15,000)			
Ě	l A	Gross inc	remer from fundralsing events (not including \$ of contri	butions	133	
R		from fund	freis Ag events reported on line 1) (attach Schedule G if the sum ross med me and contributions exceeds \$15,000)			
Ε		of such gi	ross medine and conftributions exceeds \$15,000)	10,4		
	٩	: Less dire	ect expenses from gaming and fundraising events 6c	3,1	28.	
	ا ا	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and		114	
		6b and su	ubtract line 6c)		6d	7,299.
	7 a	Gross sale	es of inventory, less returns and allowances 7a		. * *	·
	l t	Less cos	t of goods sold		· ½	
	C	: Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other reve	enue (describe in Schedule O)		8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>▶</b> 9	33,624.
	10		nd similar amounts paid (list in Schedule O)	-	10	436.
	11	Benefits of	paid to or for members		11	
E	12		other compensation, and employee benefits		12	
E P E	13	-	nal fees and other payments to independent contractors		13	
	l		, <del>-</del>		<u> </u>	
N S E	14		cy, rent, utilities, and maintenance		14	461.
Š	15		publications, postage, and shipping.		15	516.
	16	•	penses (describe in Schedule O)  See Sche	dule O	16	17,699.
	17		enses. Add lines 10 through 16		▶ 17	19,112.
	18	Excess or	r (deficit) for the year (Subtract line 17 from line 9)		18	14,512.
. A	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree	with end-of	Vear	- <del></del>
N S E S T E		figure rep	orted on prior year's return)	44101 GHO-01-	year 19	0.
N S E E T S	20	-	inges in net assets or fund balances (explain in Schedule O)		20	
S	21		s or fund balances at end of year Combine lines 18 through 20		▶ 21	14,512.

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

Form 990-EZ (2010)

	n 990-EZ (2010) FRESNO METRO BL		TION	27	-236	59570 Page <b>2</b>
Pai	Balance Sheets. (see the ins Check if the organization used Sch	structions for Part II.)	oction in this Bart II			
	Check if the organization used Sch	edule O to respond to any qu	iestion in this Part It	(A) Beginning of ye	ar T	(B) End of year
22	Cash, savings, and investments			<u> </u>	22	14,512.
23	Land and buildings.				23	
24	Other assets (describe in Schedule O)		) [		24	
25	Total assets			0	$\overline{}$	14,512.
	Total liabilities (describe in Schedule O)		)	0		0.
27				0	. 27	14,512.
'Rai	Statement of Program Ser				/n	Expenses
What	Check if the organization used So is the organization's primary exempt purpose? See		question in this Part	III [X]		uired for section c)(3) and 501(c)(4)
Desc	cribe what was achieved in carrying out the cribe the services provided, the number of	e SCREQUIE O le organization's exempt purp f persons benefited, and othe	poses. In a clear and r relevant information	concise manner, n for each	orga 4947	nizations and section (a)(1) trusts, optional thers)
28	ram title.  Actively promoted develop	ment of community	by building		10. 0	1
20	coalitions/roundtables an					
	community.	.u_10uuqu19u19_1n_0	<u></u>	<u></u>		
		is amount includes foreign gi	rants, check here		28 a	19,112.
29		<u> </u>		<u>L</u>		
					1	
					]	
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here	<b>_</b> _	29 a	
30			<b>-</b>			
		is amount includes foreign gi	rants, check here	<u> </u>	30 a	
31	Other program services (describe in Sch			. $\Box$		
22		is amount includes foreign gi	rants, check here		31 a	10 112
	Total program service expenses (add III		nlovogo Luturibus		32	19,112.
:F.a.	List of Officers, Directors, Check if the organization used So	chedule O to respond to any	guestion in this Part	e even it not compensated IV	(see t	the instructions for Part IV
	Oriodic in the organization used of	(b) Title and average hours	(c) Compensation	(If (d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0-	<ul> <li>employee benefit pla deferred compensa</li> </ul>		
Jin	n Tate Hill II	to position President		O .	0.	0.
	N Van NEss	20		٠٠]	Ο.	
	esno, CA 93728	20				
	chard Keyes	Secretary	·-	0.	0.	0.
	72 N Lead	5		-		1
	esno, CA 93711					
	lysunn Williams	Director		0.	0.	0.
	31 Fulton Mall	5				
	esno, CA 93721					
	chael McClenic	Director		0.	0.	0.
	N. Clovis Avenue	5				
	ovis, CA 93612					
Pai	rryl_Du'Chene	Director		0.	0.	0.
	14 E Christine Avenue	5				
FIE	esilo, CA 33727					
				_		<del>-</del>
	<b></b> -					
				<u> </u>		
				•		
BAA			L			Form <b>990-F7</b> (2010)
MΔΔ		TEFANSI2L O	2/10/11			

	TY Other Information (Note the statement requirements in the instructions for Part V.) See Science Check if the organization used Schedule O to respond to any question in this Part V.			X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of		Yes	No
	each activity in Schedule O	33		Х
34	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	<i>*</i> ··	<u> </u>	*
	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a 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?	37 b	<u></u>	X
	a 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 outstanding at the end of the tax year 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	, <i>i</i>	<u>,</u>	. \$ .
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities  39b  N/A	-		\$ 6
40 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		100	
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	, X,	1.3	
ı	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		x
•	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	700	***************************************	
•	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		*	
•	· · · · · · · · · · · · · · · · · · ·	┫.		,
		···	·***	
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed   CA	40 e	area ar atarana	X
41 42 a			-792 Yes	
41 42 a b	List the states with which a copy of this return is filed  CA  Telephone no (559) Located at 2331 Fresno St #115 Fresno CA  ZIP + 4 93721  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)?  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 a Foreign Bank and Financial Accounts at any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  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  At Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' b line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	42b	Yes Yes	N/A X N/A N/A N/A X X

27-2369570

Page 3

Form 990-EZ (2010) FRESNO METRO BLACK CHAMBER FOUNDATION

Form <b>990</b> -	EZ (2010) FRESNO METRO BLACK	CHAMBER FOUNDA	TION		27-23695	70	Page 4
						-	'es No
	y related organization a controlled entity	•	•	• • •	• •	45	X
a Did t of se	he organization receive any payment from ection 512(b)(13)? If 'Yes,' Form 990 and	n or engage in any trar Schedule R may need	isaction with a co to be completed ii	ontrolled entity wi instead of Form 9	thin the meaning 990-EZ (see inst )	45a	X
	he organization engage, directly or indire ildates for public office? If 'Yes,' complete					46	X
	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexer	mpt charitable	e trusts only.	All sect	on
	501(c)(3) organizations and sec 47-49b and 52, and complete the	ction 4947(a)(1) not	nexempt chari	itable trusts m	iust answer qu	estions	
	•						
	Check if the organization used Schedu	le O to respond to any	question in this P	Part VI	<del> </del>		
<b>47</b> Did t	he organization engage in lobbying activi	ties? If 'Yes ' complete	Schedule C. Part	+ 11		47	res No X
	e organization a school as described in se	· · · · · · · · · · · · · · · · · · ·	•			48	$\frac{1}{X}$
	he organization make any transfers to an					49a	Х
<b>b</b> If 'Ye	es,' was the related organization a section	n 527 organization?				49 b	
50 Com empl	plete this table for the organization's five oyees) who each received more than \$10	0,000 of compensation	from the organiz	zation If there is	none, enter 'Non	nd key e '	
(a	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	) benefit	ons to employee plans and compensation	(e) Expe account other allow	and
None							
	<del></del> -	-					
	<b></b>						
			_				
f Total	number of other employees paid over \$1	<u> </u>					
	plete this table for the organization's five	· · · · · · · · · · · · · · · · · · ·	ndependent contr	 ractors who each	received more th	an \$100	nnn of
comp	pensation from the organization. If there is	s none, enter 'None.'	<del></del>			1411 <b>\$100</b>	
Mono	(a) Name and address of each independent conti	ractor paid more than \$100,000	)	(b) Type of s	ervice	(c) Comper	sation
None_							
	<del></del>						
	· · · · · · · · · · · · · · · · · · ·	<del></del>					
	<del></del>						
<b>d</b> Total	number of other independent contractors	s each receiving over \$	100.000	<b>•</b>			
<b>52</b> Did ti	he organization complete Schedule A? No	ote: All section 501(c)(3	B) organizations a	and 4947(a)(1) no	onexempt		
charı	table trusts must attach a completed Sch	edule A	<u> </u>			X Yes	No
true, correct,	es of perjury. Declare that I have examined this return and complete. Declaration of preparer other than office	rncluding/accompanying sche er) udbased on all information of	dules and statements, a of which preparer has a	and to the best of my lany knowledge	knowledge and belief, it	is	
	- July late 17	W#			1/12/2013	<u> </u>	
Sign	Signature of officer  TIM TATE HI	11-11		Date	′ /		
Here	Type or print name and title			<u> </u>			
	Print/Type preparer's name	Preparer's signature	Date	/ / Tct	neck of PTIN		
Paid	Arthur L Move III	Arthur L Moye	III	オトルラー	<u> </u>	00307	
Preparer	Firm's name ► MBS Accountancy		pe '	· · · · ·	F -9 1		
Use Only	Firm's address ► 4946 E Yale Ave			Fir	rm's EIN ► 272	26 <u>4373</u>	5
	Fresno, CA 9372			Ph	none no (559)	421-7	_
May the IR	S discuss this return with the preparer sh	nown above? See instru	ictions			X Yes	No (2010)
					F	וווו <b>שבע וו</b> וווכ	<b>EZ</b> (2010)

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

Department of the Treasury Internal Revenue Service **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 **2010** 

Open to Public

Inspection

Name of the organization Employer identification number FRESNO METRO BLACK CHAMBER FOUNDATION 27-2369570 Part I 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) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (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 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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). 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) |X| An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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. Type II Type III - Functionally integrated Type III - Other С 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? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your support? (vi) Is the organization in column (i) (i) Name of supported organization (in FIN (vii) Amount of support organized in the your governing document? Yes No Yes No Yes Nο (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

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

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

Sec	tion A. Public Support							
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	, ]	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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)		ų	*		,	* **	
6	Public support. Subtract line 5 from line 4	· » « «	& ** *	, š *		» *		
Sec	tion B. Total Support		<u> </u>	<u></u>	<u> </u>	L	J	
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	× % # \			* * * .			
12	Gross receipts from related activ	ities, etc (see ins	tructions)				12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 50	1(c)(	3) ▶ □
	tion C. Computation of Pul				· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 20			ne 11, column (f))	1	-	14 15	%
	Public support percentage from 2	·				L		<u>%</u>
	33-1/3% support test — 2010. If the and stop here. The organization	qualifies as a pub	olicly supported o	rganization				▶□
Ė	33-1/3% support test — 2009. If the and stop here. The organization	he organization d qualifies as a pub	id not check a bo ilicly supported o	x on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or r	nore,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-circumstance:	s' test, check this	box and stop her	re. Exolain ir	ι Part	IV how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly suppor	<b>re.</b> Explain ir ted organiza	i Part tion	IV how the ►
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a				structions ► 2010 90 or 990-EZ) 2010

Page 3

(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		<u> </u>				
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 ')					26,325.	26,325.
2	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.					20, 323.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						_0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	0.	0.	0.	26,325.	26,325.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	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	0.	0.	0.	0.	0.	0.
c	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)	de Asia					26,325.
Sec	tion B. Total Support				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·
	dar year (or fiscal yr beginning in)►	(a) 2006	(h) 2007	(c) 2008	(d) 2009	(0) 2010	(A) Total
Calen	ual year (or liscal yr beginning ni)	(a) 2000	<b>(b)</b> 2007	(C) 2006	(a) 2009	<b>(e)</b> 2010	<b>(f)</b> Total
9	Amounts from line 6	0.	( <b>b)</b> 2007	0.	(a) 2009 0.	26,325.	26, 325.
9 10 a	Amounts from line 6 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						26,325.
9 10 a	Amounts from line 6 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	0.	0.	0.	0.	26,325.	26,325. 0.
9 10 a	Amounts from line 6 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						0. 0.
9 10 a b	Amounts from line 6 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	0.	0.	0.	0.	26,325.	26,325. 0.
9 10 a b	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in	0.	0.	0.	0.	26,325.	0. 0. 0.
9 10 a b 11 12	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	0.  0.  s for the organiza	0.  0. ation's first, secon	0.	0.	0.	0. 0. 0. 0. 26,325.
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9 10 a b 11 12 13 14 Sec 15	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	0.  s for the organiza stop here blic Support P	0. ation's first, secon	0.  O.  d, third, fourth, o	0. o.	26, 325. 0. 26, 325. a section 501(c)(3	0. 0. 0. 0. 0. 26,325. 3) ► X
9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	0.  s for the organiza stop here blic Support P 10 (line 8, column 2009 Schedule A,	0. ation's first, secon ercentage n (f) divided by lin Part III, line 15	0.  0.  d, third, fourth, one 13, column (f))	0. o.	26, 325. 0. 26, 325. a section 501(c)(3	0. 0. 0. 0. 0. 26,325. 3) ► X
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9 10 a b 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 2 tion D. Computation of Inv	0.  Is for the organizatop here  blic Support P  10 (line 8, column 2009 Schedule A, estment Incon or 2010 (line 10c,	0. ation's first, secon ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divide	0.  0.  d, third, fourth, one 13, column (f))	0.  O.  r fifth tax year as	26, 325.  0.  26, 325. a section 501(c)(3	0. 0. 0. 0. 0. 26,325. 3) ► X
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 2 tion D. Computation of Investment income percentage finese investment income percentage for investment income percentage finese investment income percentage for investment income percentage finese investment income percentage fines	0.  Is for the organizatop here  blic Support P  10 (line 8, column 2009 Schedule A, estment Inconor 2010 (line 10c, rom 2009 Schedul	0. ation's first, secon ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line	0.  0.  d, third, fourth, one 13, column (f))  d by line 13, column 17	0.  O.  r fifth tax year as	26, 325.  0.  26, 325. a section 501(c)(3)  15 16	0. 0. 0. 0. 0. 26,325. ⅓ ⅙ ⅙ %
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Schedule /	(Form 990 or 99	90-EZ) 2010	<u>FRESNO M</u>	<u>IETRO BLAC</u>	CK CHAMBE	R FOUNDATIO	N 27-236	<u>9570</u>	Page 4
Part IV	Supplement Part II, line 1 (See instruct	<b>al Informati</b> 7a or 17b:	<b>on.</b> Comple and Part II	ete this part I, line 12. A	to provide Iso complet	the explanatio e this part for	ns required by f any additional i	art II, line 1 nformation.	10;
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public State Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

FRESNO METRO BLACK CHAMBER FOUNDATION 27-2369570 Form 990-EZ, Part III - Organization's Primary Exempt Purpose The organization's activities will consist primarily of educating the general public on the African American business community and their economic impact within the city of Fresno and surrounding communities. It shall also consist of actively promoting economic\_development community by building coalitions/roundtables and <u>developing leadership within the African American community.</u> Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

2010	Schedule O - Supplemental Information	1	Page 2
Client FRESNOME	FRESNO METRO BLACK CHAMBER FOUNDATION		27-236957
7/11/13 Form 990-EZ, Part I,	Line 16		11 42A
Other Expenses	Line 10		
Advertising and Bank Charges Conferences, Mee Contract Service Insurance Office Supplies	tings		\$ 9,161. 106. 2,813. 4,285. 537. 347.
Registration Fee	s	Total	\$ 450. 17,699.

2010	Federal Exempt Organization Tax Summary (EZ)	Page 1
Client FRESNOME	FRESNO METRO BLACK CHAMBER FOUNDATION	27-2369570
7/11/13		11 42 AM
	s, gifts, and grants loss) - special events	26,325 7,299 33,624
Occupancy/re	<pre>imilar amounts paid nt/utilities/maintenance blications, and postage es</pre>	436 461 516 17,699
Total expens	es	19,112
Excess or (d Net assets/f	FUND BALANCES  Leficit) for the year  Lund bal. at beg. of year  Lund bal. at end of year	14,512 0 14,512

2010

# **General Information**

Page 1

**Client FRESNOME** 

FRESNO METRO BLACK CHAMBER FOUNDATION

27-2369570

7/11/13

11 42AM

### Forms needed for this return

Federal: 990-EZ, Sch A, Sch O California: 199, RRF-1

### Carryovers to 2011

None