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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service

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

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

A	For the	2011 cale	endar year, or tax year i	beginning	March 1,	, 2011. a	and ending	Febru	iary 29	, 20 12	
В		applicable	C Name of organization F							er identification n	umber
$\overline{\Box}$	Address		Doing Business As							77-0441647	
\Box	Name ch	-	Number and street (or P	O box if mail	I is not delivered to stre	eet address)	Room/suit	e	E Telepho	ne number	
$\overline{\Box}$	Initial ret	-	1121 S CHANCE AVE							559-650-3247	
\exists	Termina		City or town, state or co	untry, and ZIF) + 4	~				<u> </u>	
\exists	Amende		FRESNO CA 93702-37					ľ	G Gross re	eceints \$	
H		on pending			Larry M. Fortun	e Treasurer		H/a) le this s		for affiliates? Yes	
Ш	Арріісаі	ion pending	680 W SHAW AVE ST	-	-			1		ncluded? Yes	
-	Tay ava	mat atatus		501(c) () ∢ (insert no) [527			i list (see instruction	
÷	Website	mpt status	<u>1₹1 50 1(0)(3)</u>) ((((36/(10)))	4947(a)(1) Or	<u> </u>			n number ▶	,
K			Corporation Trust	Association	on ☐ Other ►	I Va	ar of formation			of legal domicile	CA
_	art I	Summ		ASSOCIATIO	on Other P	Lie	ar Or IOITIAIR	1997	I WI State	or legal domicile	
	_		escribe the organization	on'e missis	n or most signific	ant activities	· Daico fi	unde for nu	rebace an	d installation o	
	1		escribe the organization in the control of the cont								
e	ľ		sno Fair."		programs and exi	iibits at the St	ale oi Caii	1011114 5 2 15	District	Agricultural As	
ш		Big Fre	STIQ Fail.								
Governance		Ob a all Ali	b b 🖂 ana.		·				050/ 04		
် ဗ	2		nis box 🕨 🗌 if the orga						1 1	its het assets.	•
	3		of voting members of	_					3		
Activities &	4		of independent voting		•						8
Ξ	5		mber of individuals en		_				5		0
٩ct	6		mber of volunteers (es						6		250
_	7a		related business rever						7a		0
_	b	Net unre	lated business taxable	e income f	rom Form 990-T,	<u>line 34</u>	<u> </u>	<u></u>	7b		0
								Prior Ye		Current Y	
ē	8		itions and grants (Part				· ·		236,684		629,794
en	9	_	service revenue (Part				<u> </u>		25,227		23,216
Revenue	10	Investme	ent income (Part VIII, o	column (A),	lines 3, 4, and 70	d)			622		1,341
	11		venue (Part VIII, colum						0		0
	12	Total rev	enue-add lines 8 thro	ough 11 (m	ust equal Part VIII,	column (A), lı	ne 12)		262,533		654,351
	13	Grants a	ınd sımilar amounts pa	aid (Part IX	, column (A), lines	s 1–3)	· · L		170,572		359.470
	14	Benefits	paid to or for membe	rs (Part IX,	column (A), line 4	l)			0		
Ø	15	Salaries,	other compensation, e	mployee b	enefits (Part IX, col	lumn (A), lines	5-10)		0		
Expenses	16a	Profession	onal fundraising fees (Part IX, co	lumn-(A), line 110	2)			477		
Ď	Ь	Total fur	ndraising expenses (Pa	art IX, colu	mn (D), line 25)	FIVED	1				A# 038
Ω	17		penses (Part IX, colur				10		13,864		112,388
	18		penses. Add lines 13-				<u>₩</u>		184,912		373,714
	19	Revenue	e less expenses. Subti	ract line 18	from line 12	6 9 . ZUIZ			78,221		280,637
- 4		-					Ø . B	eginning of Cu	rrent Year	End of Ye	ear
ets (20	Total ass	sets (Part X, line 16)		. I OGDI	N IIT	' . -		228,912	-	509,480
Ass	21		oilities (Part X, line 26)		1	THE PARTY	⊤ ابد		68	-	
Net Assets or	22		ets or fund balances.		ne 21 from line 20		🗀		228,843		509,480
	art II		ture Block	•	-						
			ury, I declare that have exa	amined this re	turn, including accomp	panying schedule	s and statem	nents, and to t	he best of r	ny knowledge and	belief, it is
			olete Declaration of Frepare							, ,	,
		\Box	.11/2				_		March 16	5, 2012	
Sig	qn	Sıgı	nature of offyre		-		-	Da	te	<u> </u>	
	ere	1 '	arry M. Fortune, Treas	urer							
			e or print name and title								
_			ype preparer's name		Preparer's signature		Dat	e	T	PTIN	
	aid								Check self-em	If	
	epare	1		1.				T _F			
Us	se On								n's EIN ▶		
M	av the II		address ► ss this return with the	nrenarer el	hown above? (see	instructions	<u> </u>	I Pho	ne no		s No
						, mon donoms,		440000	• • •		990 (2011)
FO	r rapen	work Hedl	uction Act Notice, see t	ne separat	e instructions.		Cat No	11282Y		Form \$	2011) טפ י

358,470

Total program service expenses ▶

	W. Charlist of Paguired Cabadulas			age
Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			√
7	"Yes," complete Schedule D, Part I	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
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	11b		1
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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		1
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
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 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<u>·</u>
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		
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		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>			√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	37 38	√	*

Form 99	00 (2011)			ı	Page
Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	<u></u>		
	,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to	vendors and			
_	reportable gaming (gambling) winnings to prize winners?	·, · · ·	1c	✓	ļ
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 2				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	· · · · · · · · · · · · · · · · · · ·			_ <u>_</u> _
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of				
	over, a financial account in a foreign country (such as a bank account, securities account, or o account)?	ther financial	_		1
	,		<u>4a</u>		-
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 A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ar?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000,	and did the			
	organization solicit any contributions that were not tax deductible?		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such coil	ntributions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		¢		~**
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and par	tly for goods			
	and services provided to the payor?		7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	which it was			
	required to file Form 8282?		7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year				*
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	F	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	F	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	· · · · · · · · · · · · · · · · · · ·	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3)				
	organizations. Did the supporting organization, or a donor advised fund maintained by a	ı sponsoring		1	
_	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>	
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	• • • •	9b		
10	Section 501(c)(7) organizations. Enter:	<u> 1</u>			
a	Initiation fees and capital contributions included on Part VIII, line 12			ę	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10	<u>D</u>			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	_1			
a b	Gross income from members or shareholders	a			
120	against amounts due or received from them.)		12a		· · · · ·
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>			
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedule O		.ua		
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	ib l			
c	Enter the amount of reserves on hand				

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

14a

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response to any question in this Part VI				
Secti	on A. Governing Body and Management				1
1a	Enter the number of voting members of the governing body at the end of the tax year	10	8 🐔	Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or	1a	-		
	if the governing body delegated broad authority to an executive committee or similar		ă.		
	committee, explain in Schedule O.				\$7
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	8		N.
2	Did any officer, director, trustee, or key employee have a family relationship or a business	elationship with	7		
	any other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, or trustees, or key employees to a management company or other	=	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization		5		✓
6 70	Did the organization have members or stockholders?		6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?				,
b	Are any governance decisions of the organization reserved to (or subject to approva		7a	-	V
	stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions un			*	,
	the year by the following:	J	,	. 182	
а	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be acceptable and disease. If Was II amount at the company of the compan				
Cook	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		✓
Secu	on B. Policies (This Section B requests information about policies not required by the	e internai Reve	nue C	oae., Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities o	f such chapters.			 ' -
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		24		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	oolicy? <i>If "Yes,"</i>			
13	Did the organization have a written whistleblower policy?		12c		-
14			14		√
15	Did the process for determining compensation of the following persons include a review a			\$.7	· *
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				à.
а	The organization's CEO, Executive Director, or top management official		15a	.000.33.63	1
b	Other officers or key employees of the organization		15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1		48 5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar to the contribute assets to, or participate in a joint venture or similar to the contribute assets to, or participate in a joint venture or similar to the contribute assets to, or participate in a joint venture or similar to the contribute assets to the contribute asset to the contribute as the contribute asset to the contribute asset to the contribute asset to the contribute as the contribute asset to the contribu	-	1		عنائد
	with a taxable entity during the year?		16a		✓_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				4.
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?				ļ
Secti	on C. Disclosure	· · · · ·	16b	<u> </u>]
17	List the states with which a copy of this Form 990 is required to be filed ► California				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	on 501	(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	•		. ,,-,-	,
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing doci	uments, conflict	of inte	rest p	olicy,
	and financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the b		s of the	9	

Form 990 (201	Pag	је 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
	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.

Check this box if neither the organization nor	any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week	box,	unles	s pe	ition more	than one the thick the thi	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Walter L. "Fritz" Lauritzen, Chairman	0.2	√		✓				0	0	0
(2) Brian J. Tatarian, Vice President-Secretary	0.2	1		\				0	0	0
(3) Larry M. Fortune, Treasurer	2.0	1		✓				0	0	0
(4) Nat Dibuduo, Director	0.2	1		√				o	0	0
(5) Chris Pacheco, Director	0.1	1		√				0	0	0
(6) David Yancy, Director	0.2	1		✓				0	0	0
(7) Brad Stevens, Director	0.2	1		√				0	o	0
(8) Mike Kludjian, Director	0.1	1		~		_		0	0	0
(9) John C. Alkire, Executive Director	2.0				✓			0	0	0
(10)										
(11)										
(12)										
(13)		-								
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
						C)					
	(A)	(B)	(do n	ot ch		ition	than o	one	(D)	(E)	(F)
	Name and title	Average					is both		Reportable	Reportable	Estimated
		hours per week					or/trust		compensation	compensation from	1
		(describe	우贡	Ins	오	Key	em JiH	Fo	from the	related organizations	other compensation
		hours for	dre	titu	Officer	yer	plo	Former	organization	(W-2/1099-MISC)	from the
		related organizations	ctor	on i	`	μĎ)ee c	ੈ	(W-2/1099-MISC)		organization
		in Schedule	Individual trustee or director	al tr		employee	ğ				and related organizations
		O)	tee	Institutional trustee		"	Highest compensated employee				
				(Ď			ted	1			
(15)											
		<u></u>									
(16)											
(17)											
				<u> </u>							
(18)											
(19)										_	
(20)											
(21)											
				L				L	ļ		
(22)											
				<u> </u>				<u> </u>			
(23)											
								<u> </u>			
(24)								ļ			
(25)				İ				ł			
				L							
1b	Sub-total		-	•			-		0		0
C	Total from continuation sheets to Part			•			•		0		0
d								<u> </u>	0		<u> </u>
2	Total number of individuals (including but			ose	list	ed a	above	e) w	ho received m	ore than \$100,0	00 of
	reportable compensation from the organi	zation ► 1									
_											Yes No
3	Did the organization list any former of								_	=	
_	employee on line 1a? If "Yes," complete 3										
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater th	an \$	150,	OOU	17 11	"Ye	s, "	complete Sch	edule J for su	
_	Individual			•			•	•		• • • • • •	4 🗸
5	Did any person listed on line 1a receive of										Liller
	for services rendered to the organization	rii res, c	ompi	eie	SCI	ieat	ile J i	or s	such person		5
	on B. Independent Contractors										
1	Complete this table for your five highest of										
	compensation from the organization. Rep	ort compe	nsauc	on ro	or tr	ne c	aiend	ıar y	ear ending wit	n or within the d	organization's tax
	year.							_	(B)	1	
	(A) Name and business address									ervices	(C) Compensation
lamas	James Powell, 3487 W VARTIKIAN AVE, FRESNO, CA 93711-0896								·		
Jailles	TOWER, STOT W VARTIRIAM AVE, FRESHU,	OF 33711-0	530		_			 C0	nstruction		167,557
								\vdash			
			_					-			· · · · · · · · · · · · · · · · · · ·
								 			
2	Total number of independent contractor	rs (ıncludır	ng bu	ıt n	ot I	ımit	ed to	th	ose listed abo	ove) who	
	received more than \$100,000 of compens		-						1	, -	* .

Part	: VIII	Statement of Reve	enue															_
						Total	(A) revenue	•	e fu	(B) lated xemp inction	t 1	ļ	(C) Unrela busin rever	ess	exclu	(D) Reveni ded fr ler sec 513, c	om tax	:
ts s	1a	Federated campaigns	·	1a														
irar oun	ь	Membership dues .		1b	77,345													
s, G	С	Fundraising events .		1c	_										ŀ			
Gift	d	Related organizations		1d														
ns,	е	Government grants (con		1e	224,949													
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gi																
년 된		and similar amounts not inc		<u> </u>	327,500													
ng p	g	Noncash contributions includ			1,565		629,7	104										
	h	Total. Add lines 1a-1	<u> </u>	<u> </u>	Business Code		029,7	94						-	1			
e e	2a	ATM Machines			522110		14,0	124		1	4,024	ļ			-			_
Rev	b	Shooting Gallery			711310		7,7	-			7,792				 			_
<u>8</u>	c	Band Review			611710			100			1,400				1			_
Ser.	d																-	
뚩	е																	
Program Service Revenue	f	All other program ser		Je.											<u> </u>	· · · · · · ·		
<u> </u>	g	Total. Add lines 2a-2					23,2	216		,		i T		٠			**	
	3	Investment income										1						
	١.	and other similar amo	•				1,3	341				_			1			
	4 5	Income from investmen Royalties		mpt bo	ona proceeas		-					-			1			_
	3	Royalties	(i) Rea	<u> </u>	(II) Personal	(\$5	-	45	3	•	ż	-	42		· · · · · · ·	- L	43	_
	6a	Gross rents							.5								.35.	
	b	Less: rental expenses				4 R	*	4	dige	~	*	,				ŧ	₩	
	С	Rental income or (loss)				à	¥		<u>ś</u> >			\$		\$,	*	\$11
	d	Net rental income or	(loss) .		🕨													
	7a	Gross amount from sales of	(ı) Securi	ties	(ii) Other	*	* 9	8	4.5	***		34				*	***	
		assets other than inventory				ч	*	20	ķ	20		*	*	#	4	1	*	
	b	Less cost or other basis					ş4	. *			Çw				1 .	4	11	
		and sales expenses .					34		?		("		Ť		"	,	**	
	C	Gain or (loss)	L		<u> </u>						- 22				- 			
	d	Net gain or (loss) .							ş.	\$	¥					€2-		_
e n	8a	Gross income from fu	undraising															
/en		events (not including \$					*	1	ş.	*	.5	*^		***				
Other Revenue		of contributions report	ed on line 1	c).				ýs.	,	* *		45		*		⊁	•	
ē		See Part IV, line 18 .		· a														
듛	b								,			,		*				
	C				events . ►													
	9a	Gross income from gassee Part IV, line 19 .													1			
				_														
	b	Less: direct expenses Net income or (loss) 1													-			3
	-	Gross sales of in	_	-								_			+		-	
	'	returns and allowanc													1			
	Ь	Less: cost of goods s													1			
	С				entory >													
		Miscellaneous F	Revenue		Business Code													
	11a					_			ļ			<u> </u>			 			
	b								-						 			
	C	All other revenue							-			-			 			_
	de	All other revenue . Total. Add lines 11a-			•										+			_
	12	Total revenue. See i					654,	351	ļ	2	3,216	 			1			_

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).	

	Check if Schedule O contains a respon	se to any question	in this Part IX		🔲				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	340,470	340,470	, ,(,) ,				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	18,000	18,000	¥ /	* **				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	in the same				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				\$6				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	_							
7 8	Other salaries and wages								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
а	Management								
b	Legal								
C	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17		**** . *** ;						
f	Investment management fees								
g	Other	80	80						
12	Advertising and promotion	5,351	5,351						
13	Office expenses	86	86						
14	Information technology	372	372						
15	Royalties								
16	Occupancy								
17 18	Travel								
19	Conferences, conventions, and meetings .	2,397	2,397						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	6,593	6,593						
23	Insurance								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If			*** * * * * * * * * * * * * * * * * * *	\$ 14 4k '				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	, ¹ ~ /	~>						
а	Pank Charges	365	365		*				
b		- 300							
C									
ď									
e	All other expenses			-					
25	Total functional expenses. Add lines 1 through 24e	373,714	373,714						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		2.3,7,1						

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest-bearing 2.800 1 20.886 2 200,251 2 455,073 Savings and temporary cash investments 3 3 4 10,253 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 7 Inventories for sale or use 8 8 9 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 42.730 Less: accumulated depreciation 10b -19,462 25.860 b 10c 23.268 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 15 228.912 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 509.480 17 68 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 68 26 Organizations that follow SFAS 117, check here ▶ □ and complete **Net Assets or Fund Balances** lines 27 through 29, and lines 33 and 34. 184,547 27 27 243,278 28 44.296 28 266,202 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 228,843 33 509,480 228,912 34 509,480 Total liabilities and net assets/fund balances . . .

Form 99	90 (2011)			Pi	age 12
Part	XI Reconciliation of Net Assets	_		,	
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	· · ·	<u></u>	. 🔘
1	Total revenue (must equal Part VIII, column (A), line 12)	1		65	54,351
2	Total expenses (must equal Part IX, column (A), line 25)	2			73,714
3	Revenue less expenses. Subtract line 2 from line 1	3			30,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22	28,843
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
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		50	9,480
Part			<u> </u>		
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın	in .		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		✓
b	Were the organization's financial statements audited by an independent accountant?				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	in		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar we	re		

☐ 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

☐ Separate basis

Form **990** (2011)

За

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

Pai	t I	Reason for	or Public Char	ity Status (All orga	nizations	s must c	omplete	this pa	rt.) See i	nstructio	ns.	
The d	orga	ınızatıon is not	a private founda	tion because it ıs: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)			
1		A church, conv	vention of church	nes, or association of	churches	describe	ed in sec	tion 170	(b)(1)(A)(i	i).		
2		A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Schedi	ule E.)						
3		A hospital or a	cooperative hos	pital service organiza	ition desc	cribed in s	section 1	70(b)(1)	(A)(iii).			
4			-	n operated in conjunc	ction with	a hospit	al descrit	oed in se	ction 17	0(b)(1)(A)(iii). Enter the	
		•	e, city, and state									
5			n operated for t	he benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernmenta	al unit descri	bed in
6		A federal, state	e, or local govern	ment or government	al unit de	scribed in	section	170(b)(1)(A)(v).			
7		•	-	receives a substantia (A)(vi). (Complete Par	-	its suppo	ort from a	a governr	mental ur	nit or from	the general	public
8				section 170(b)(1)(A)	-	nplete Pa	ırt II.)					
9	\checkmark			receives: (1) more tha								
		•		to its exempt functi		-						
			-	nt income and unrel				-		n 511 tax	() from busin	nesses
	_	•	_	fter June 30, 1975. Se								
10	Ц	•	•	operated exclusively		•	•			•		
11	Ш	•	•	d operated exclusive	-						•	
		•	•	licly supported organ				-				ection
		<u> </u>		describes the type of s					te imes i			
	_	a Type I	b □	• •	☐ Type		•	•			Type III-Oth	
е	Ш			that the organization								
		or section 509	_	rs and other than one	e or more	publicly	supporte	ea organ	izations t	sescribed	in section 50	19(a)(1)
				writton dotorminatio	on from t	the IDC t	hat it ic	a Typa	I Type	ll or Type	o III oupporti	na
f		organization, o		written determinatio						ii, or Typi 	· · · ·	. □
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?												
				ndirectly controls, eith	her alone	or toget	her with	persons	describe	d ın (ıi) an	d Yes	No
		• •	•	_		-		•			11g(i)	1
(iii) below, the governing body of the supported organization?					11g(ii)	 						
				11g(iii)	 							
h		• •	•	on about the supporte	., .,						[-,3(/]	
		ne of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify	(vi)	ls the	(vii) Amount	of
(*/		ganization	(.,,	(described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	sted in your	(v) Did you notify the organization in		(vi) Is the organization in col		support	. 0.
					governing document?		col (i) of your support?			zed in the S?	• •	
				(see ilisa actions))	Yes	No	Yes	No	Yes	No		
								<u> </u>		 		
(A)												
(B)												
							<u> </u>					
(C)											<u></u>	
(D)												
(E)									_		· · · · -	
											 	
_	_		1	i	1			i .	ı			

Part	Support Schedule for Organiza	ations Descri	ibed in Secti	ions 170(b)(1	(A)(iv) and 1	70(b)(1)(A)(vi	1
	(Complete only if you checked the						
	Part III. If the organization fails to						, aa
Section	on A. Public Support			лош Болотт, р.	Jaco Jompie	7.0 1 u. 1	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	(0) 2001	(5) 2000	(0) 2000	(4) 2010	(0) 20 11	(1)
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to 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		in in	\$ a	÷ ,		
	supported organization) included on		de are.	**	*		
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	Į. 🌺	H	Z Žika 💐	\$ 	* , 334	
6	Public support. Subtract line 5 from line 4.	3	*.	Á:	. 11	:6 · &	
	on B. Total Support	T		1		 	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the	-			_		, , , ,
	organization, check this box and stop he			· · · · ·	· · · · ·	<u> </u>	▶ 🗆
	on C. Computation of Public Suppo				_	T T	
14	Public support percentage for 2011 (line					14	%
15	Public support percentage from 2010 Sc					15	%
16a	331/3% support test—2011. If the organibox and stop here. The organization qua			•			
b	331/3% support test—2010. If the organicheck this box and stop here. The organicheck	nization did no	t check a box	k on line 13 or	16a, and line		
47-	•	•					
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	eets the "facts- facts-and-circu	and-circumsta ımstances" tes	inces" test, che	eck this box ar ation qualifies	nd stop here. E as a publicly si	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	ition meets the neets the	facts-and-ci a-and-circums	ircumstances" tances" test. T	test, check th he organizatio	nis box and st on qualifies as a	op here. a publicly
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						. 🟲 📙

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.)

Secti	on A. Public Support	_		• •			
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	_ (2) 2001	(2) _ 200	(0) 2000	(4) 2010	(5) 25	(1) 1014
-	received. (Do not include any "unusual grants.")	244,129	233,707	204,822	236,684	629,794	1,549,136
2	Gross receipts from admissions, merchandise			20 1,022		0_0,101	
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	10,686	32,513	16,924	25,227	23,216	108,566
3	Gross receipts from activities that are not an	10,00	02,010	70,021		20,210	100,000
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	254,815	266,220	221,746	261,911	653,010	1,657,702
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
_	·						
ь	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						
_	Add lines 7a and 7b						 -
С 8	Public support (Subtract line 7c from	, , ,			* * *	* **	
Ū	line 6.)					, "	1,657,702
Secti	on B. Total Support	<u>. </u>				1	1,037,702
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	254,816	266,20	221,746	261,911	653,010	1,657,702
10a	Gross income from interest, dividends,		•		·		
	payments received on securities loans, rents,						
	royalties and income from similar sources .	11,079	8,891	1,677	622	1,341	23,610
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	•					
	acquired after June 30, 1975						
С	Add lines 10a and 10b	11,079	8,891	1,677	622	1,341	23,610
11	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 lines 9, 10c, 11, and 12)						
4.4	and 12.)	265,894	275,111		262,533		1,681,312
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			-		` ' ' '
Sacti	on C. Computation of Public Suppo			· · · · ·		<u> </u>	· · - L
15	Public support percentage for 2011 (line			3 column (fl)		15	98.6 %
16	Public support percentage from 2010 Sc		•	. ,,,		16	97.5 %
	on D. Computation of Investment In			· · · · ·	<u> </u>		07.0 /0
17	Investment income percentage for 2011 (y line 13, colur	nn (f))	17	1.4 %
18	Investment income percentage from 2010	•		-			2.5 %
19a	331/3% support tests-2011. If the organ						
	17 is not more than 331/3%, check this box						•
b	331/3% support tests - 2010. If the organiz	zation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ / ₃ %, and
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ızatıon qualifıes	as a publicly si	upported organ	ization 🕨 🔲
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, c	check this box	and see instru	ctions 🕨 🔲

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

a Total number of conservation easements b Total acreage restricted by conservation easements	
organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year	omplete if #L =
1 Total number at end of year . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . 4 Aggregate value at end of year . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I 7 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically import □ Protection of natural habitat □ Preservation of pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a coessement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements . c Number of conservation easements on a certified historic structure included in (a) . 2 D 2 D 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization yields in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization yields in the National Register in the National Register Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements tholds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the years. S Does each conservation easemen	ombiere it the
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Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation the last day of the tax year. A	ructure
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ass	it describes the
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	013.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and halance sheet
works of art, historical treasures, or other similar assets held for public exhibition, education, or research	
public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these iter	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research	
public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial	
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
D	
a Revenues included in Form 990, Part VIII, line 1	gain, provide the

Part									
3	Using the organization's acquisition,		ther recor	ds, chec	k any of th	e follow	ing that are a s	ignificant	use of its
	collection items (check all that apply):								
а	☐ Public exhibition		d i	☐ Loan	or exchang	e progr	ams		
b	☐ Scholarly research		e l	Other					- -
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIV.	tion's collections	and expla	in how th	ney further	the orga	anization's exer	npt purpo	ose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easures	, or other similar	ar	
	assets to be sold to raise funds rather				_				s 🗌 No
Part	line 9, or reported an amount				anization	answer	ed "Yes" to Fo	orm 990,	Part IV,
1a	Is the organization an agent, trustee								
	included on Form 990, Part X?							□ Ye	es 🗌 No
b	If "Yes," explain the arrangement in P	art XIV and comp	lete the fo	llowing ta	able:				
							A	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount		Part X, line	21? .				□ Ye	es 🗌 No
	If "Yes," explain the arrangement in P				<i></i>				
Par	Endowment Funds. Compl		,						
		(a) Current year	(b) Prid	or year	(c) Two year	rs back	(d) Three years bac		years back
1a	Beginning of year balance								·Milly
b	Contributions							2158	*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
С	Net investment earnings, gains, and								2 1327
	losses		<u> </u>					1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4.41.2
	Grants or scholarships		 					27.2	
е	Other expenditures for facilities and programs								1
			 				<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*3:***
f	Administrative expenses		-				··	1 2 4 12	H#./4[#/
g	End of year balance	h = =::::::::::::::::::::::::::::::::::		- (l 1 -				100	
2	Provide the estimated percentage of t	ne current year e	no balanc	e (line 1g	, column (a	ı)) neid a	S:		
a	Board designated or quasi-endowmer	0/	70						•
b	Permanent endowment ► Temporarily restricted endowment ►	[%]							
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2	o should agual 1	00%						
32	Are there endowment funds not in th			zation the	at are held	and adr	ministered for th	10	
Ou	organization by:	c possession or t	ino organi	zanon in	at are neta	مان من	illilistered for ti		Yes No
	(i) unrelated organizations							3a(i)	Tes No
	(ii) related organizations					• • •			
b	If "Yes" to 3a(II), are the related organ							3a(ii) 3b	
4	Describe in Part XIV the intended use							30	
Pari									
	Description of property	(a) Cost or o			or other basis	(c) A	ccumulated	(d) Boo	k value
	, ,	(investr	nent)	(0	ther)	de	preciation	(-,	
1a	Land		-			****			
b	Buildings								
С	Leasehold improvements							_	
d	Equipment				42,730		19,462		23,268
е	Other	•							
Total	Add lines 1a through 1e (Column (d) r	nust equal Form (OO Port	/ column	(P) Ino 10	2611			22 260

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

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

Open to Public Inspection

Employer identification number

▶ Attach to Form 990.

FRIENDS of the BIG FRESNO FAIR							77-0441647
Part 1 General Information on Grants and Assistance	on Grants and	Assistance					
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?	an records to subs	tantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility for	r the grants or assistand	be, and
2 Describe in Part IV the organization's procedures for monitoring	ization's procedur		the use of grant funds in the United States.	nds in the United	States. See Note 1		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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 \$5,00	ssistance to Go	vernments and ecipient that rec	Organizations i eived more than	n the United St \$5,000. Check	ates. Complete if this box if no one if	d Organizations in the United States. Complete if the organization answered "Yes" ceived more than \$5,000. Check this box if no one recipient received more than \$5,000.	wered "Yes" ore than \$5,000.
Part II can be duplicated if additional space is needed	ted if additional	space is needed					▲
1 (a) Name and address of organization or government	(p) 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) The Big Fresno Fair 1121 S CHANCE AVE FRESNO, CA	94-6001554	Govt Org	330,176				See Note 2
(2) Cent Calif Dist Council Japanese American Citizens League	94-6102625	501(c)(3)	10,000				See Note 3
(3) 265 E Moody Ave, Fresno CA							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	ernment organizat	ions listed in the li	ne 1 table			2
Pag	see the Instruction				Cat. No. 50055P		Schedule I (Form 990) (2011)

Schedule I (Form 99	30) (2011)	Pa
Part III	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.	

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Lottery	1 Lottery Prize for 4.0 Student Contest	1		18,651	18,651 Invoice Amount Paid	2012 Toyota Yaris Automobile
2 College	2 College Scholarshipss	9	3,000			
3 Livesto	3 Livestock Auction Augmentaion	127	15,000			
4						
ស						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to	e this part to pro	ovide the information	n required in Part I,	provide the information required in Part I, line 2, and any other additional information.	ditional information.

NOTE 1 - All grants and other assistance to governments and organizations in the United States are administered and monitored by the Friends of the Big Fresno Fair.

NOTE 2 - All funds were expended in furtherance of the mission of the Friends of the Big Fresno Fair including the funding of educational, historic and cultural displays; amenities for

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patron safety, comfort and convenience, and; educational exhibits and experiences for school children throughout Fresno County.

NOTE 3 - A grant to the Central California District Council of the Japanese American Citizens League to help build a monument on the grounds of the Big Fresno Fair honoring Japanese

Americans who were interred on the fair grounds at the outbreak of World War II.

Schedule I (Form 990) (2011)

SCHEDULE O . (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

► Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization **Employer identification number** FRIENDS of the BIG FRESNO FAIR 77-1441647

FORM 990, PART 333, LINE 4e - The Friends of the Big Fresno Fair supports the State of California's 21st Agricultural District, dba. the
Big Fresno Fair, organized pursuant to the California Fair and Agricultural Code §3801, et seq. by purchasing and contracting for
enhancements to the fair grounds such as landscaping, health and safety features, educational exhibits an patron amenities.
FORM 990, PART VI, LINE 11b - A coy of this return was mailed to each director and officer ten (10) days prior to a regularly scheduled
board of directors meeting. Comments and questions were solicited. At the board of directors meeting the comments and questions were
discussed and the decision to file the return was voted upon. The actions are reflected inthe minutes of the organization.
FORM 990, PART VI, SECTION B, LINE 12c - The Friends of the Big Fresno Fair regularly and consistently monitor and enforce compliance
with our written conflict of interest policy by routinely reviewing every contract for and purchase of goods and services for any conflict of
appearance of conflict.
FORM 990, PART VI, SECTION C, LINE 19 - We keep a copy of our organization's governing documents, including our Articles of
Incorporation, By Laws and all board of director meeting minutes along with all financial statements and I.R.S. Form 990's (with schedules)
available for viewing at two locations in Fresno County; 1) At the offices of the Big Fresno Fair, 1121 South Chance Avenue, Fresno,
California 93704, and; 2) At the offices of our treasurer Larry M. Fortune, 680 West Shaw Avenue, Suite 200, Fresno California 93704. We
also publish our I.R.S. Form 990's (with schedules) at www.GuideStar.org.