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A For the 2011 calendar year, or tax year beginning 08-01-2011

As Filed Data -

DLN: 93492254007642

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

## **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 or more 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 this form

, and ending 07-31-2012

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

Open to Public **Inspection** 

	ddress o	change FRESNO BASQUE CLUB INC 94-	248905	1
	ame ch	Ange Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele	phone r	
_	itial ret		(55	9) 275-6192
_	eminat		ıp Exem	<u> </u>
_	oplicatio	ber	<b>-</b>	
		ponenng		
ΙWe	ebsite	required to att    N/A     N/A	ach S	
J Tax	-Exemp	ot status(check only one)— 501(c)(3) 501(c)(7) ◀(insert no ) 4947(a)(1) or 527		
norm <u>ınstr</u>	nally <b>n</b> uction	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization <b>a</b> ot more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post  is) But if the organization chooses to file a return, be sure to file a complete return  b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, co	card) r	may be required (see
more	, file I	Form 990 instead of Form 990-EZ	(2	
Pa	rt I	, , ,	ions fo	
		Check if the organization used Schedule O to respond to any question in this Part I		<b>.</b>
	1	Program service revenue including government fees and contracts	1	47,684
	2	Membership dues and assessments	2	4,850
	3	Investment income	3	4,268
	4		4	4,200
O)	5a		1	
Revenue	D	35	- I	
979	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
œ	6	Gaming and fundraising events  Gross income from gaming (attach Schedule G if greater than \$15,000)		
	a	ou	-	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
		<b>6b</b> □ 0		
	c	Less direct expenses from gaming and fundraising events 6c 0	1	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7</b> c	
	8	Other revenue (describe in Schedule O)	8	101
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,079
	10	Grants and similar amounts paid (list in Schedule O)	10	10,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Professional fees and other payments to independent contractors	13	530
	14	Occupancy, rent, utilities, and maintenance	14	
Ë	15	Printing, publications, postage, and shipping	15	782
-	16	Other expenses (describe in Schedule O)	16	51,093
	17	Total expenses. Add lines 10 through 16	17	62,405
5	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,326
Net.Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
रं ब्र		end-of-year figure reported on prior year's return)	19	227,992
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	222,666

Part II Balance Sheets Check if the organization use	d Schedule O to respond to	any question in th	us Part II		<u> </u>
(See the instru	ctions for Part II)	Γ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		[	227,992	2 22	222,666
23 Land and buildings			·	23	
24 Other assets (describe in Schedule C	))	. [		24	
25 Total assets		🕇	227,992	2 25	222,666
26 Total liabilities (describe in Schedule	0)	F	,	26	,
27 Net assets or fund balances (line 27	of column (B) <b>must</b> agree wi	th line 21) .	227,992	2 <b>27</b>	222,666
Check if the organization use  What is the organization's primary exempto PROMOTE THE SOCIAL RECREATION PEOPLE OF BASQUE DECENT	d Schedule O to respond to	any question in th	nis Part III .	(Re (c)( org. 494	Expenses quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts,
Describe the organization's program servi measured by expenses In a clear and col benefited, and other relevant information f	ncise manner, describe the s			- opt	ional for others)
28 PROVIDE SCHOLARSHIPS TO MEME COLLEGE STUDENT AND HAS HAD A G (Grants \$ 10,000) If the		OL		28a	
29 PROMOTED THE SOCIAL RECREATI PEOPLE OF BASQUE DECENT (Grants \$ 49,463) If th	ONAL, INTELLECTUAL, CU			29a	
<b>30</b> (Grants \$ ) If th	us amount includes foreign	grants, check here	·	30a	
31 Other program services (describe in S			· · · · ·	31a	
32 Total program service expenses (add II				32	59,46
Part IV List of Officers, Directors, Tr	ustees, and Key Employees.	List each one even if	not compensated (See the in	struction	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensat (If not paid, enter -0)	ion <b>(d)</b> Contribution	olans &	(e) Expense account and other allowances
See Additional Data Table					

	Check if the organization used Schedule O to respond to any question in this	s Part V					
				Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O				No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed cop of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)						
35	If the organization had income from business activities, such as those reported on I others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organizatio Form 990-T	n did not report the income on					
	Did the organization have unrelated business gross income of \$1,000 or more durin activities (such as those reported on lines 2, 6a, and 7a, among others)?	-	35a		No		
b	If 'Yes' to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If 'No,' prov Schedule O	ide an explanation in	35b		No		
c	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subnotice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Sci		35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant distinct the year? If "Yes," complete applicable parts of Schedule N	sposition of net assets during	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a					
b	Did the organization file <b>Form 1120-POL</b> for this year?		37b		No		
	Did the organization borrow from, or make any loans to, any officer, director, trustee						
	any such loans made in a prior year and still outstanding at the end of the tax year of		38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b					
39	Section 501(c)(7) organizations. Enter	300	•				
	Initiation fees and capital contributions included on line 9	<b>39a</b> 0					
	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> 0	-				
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri		1				
404							
b	b Section 4911 ►, section 4912 ►, section 4955 ►						
	Topolita and any arms province province and arms and arms are arms and arms are arms		40b				
	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 •						
d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization						
е	All organizations. At any time during the tax year, was the organization a party to a p transaction? If "Yes," complete Form 8886-T		40e		No		
41	List the states with which a copy of this return is filed 🕨						
42a	The organization's books are in care of 🟲 YVETTE BIDEGARAY	Telephone no	<b>(</b> 55	9)275	-6192		
	PO BOX 406 Located at ► FRESNO, CA	ZIP + 4	<b>▶</b> <u>9</u> :	370804	06		
b	At any time during the calendar year, did the organization have an interest in or a si	gnature or other authority	1	Yes	No		
	over a financial account in a foreign country (such as a bank account, securities account)?		42b	1.65	No		
	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, ReFinancial Accounts.	-					
c	At any time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		No		
	If "Yes," enter the name of the foreign country						
	Section $4947(a)(1)$ nonexempt charitable trusts filing Form $990\text{-}EZ$ in lieu of <b>Form</b> $1$ and enter the amount of tax-exempt interest received or accrued during the tax year				<b>▶</b> □		
			I	Yes	No		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be c	ompleted instead of					
	Form 990-EZ.		44a		Νo		
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' instead of Form990-EZ	Form 990 must be completed	44b		No		
c	Did the organization receive any payments for indoor tanning services during the year	ar?	44c		No		
d	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation						
45a	in Schedule O  5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?				No		
			45a		No		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990 and Schedule R may need to be completed instead of				No		

Form 990-	EZ (2011)							Page <b>4</b>
							Yes	No
	he organization engage, directly o dates for public office? If "Yes,"			on behalf of or	ın opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and sec	tion 4947(a)(1) n	onexempt	charitable tr		only.	
	All section 501(c)(3) organ			-			-	stions
	47-49b and 52.  Check if the organization used	l Schadula O ta racnan	id to any guastian in th	ic Dort VI				_
	Check if the organization used	schedule o to respon	d to any question in th	IS PAIL VI	<u> </u>	<u> </u>	Yes	No
	ne organization engage in lobbyin es," complete Schedule C, Part I		section 501(h) electio	n ın effect dur	ing the tax year?	47		
<b>48</b> Is the	48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
<b>49a</b> Did t	<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?							
<b>b</b> If"Ye	es," was the related organization	a section 527 organiz	ation?			49b		
<b>50</b> Com	olete this table for the organization	on's five highest comp	ensated employees (ot	her than offic	ers directors true	stees a	and kev	
	oyees) who each received more t							
(a) Name	and address of each employee	<b>(b)</b> Title and averag	e (c) Compensation		ontributions to e benefit plans &	_	nse	
pa	ıd more than \$100,000	devoted to position	1		d compensation		ccount er allow	
NONE								
NONE								
<b>f</b> Tot	al number of other employees pa	ıd over \$ 100 000						
	ar number of other employees pa	ια στοι φ1σσ,σσσ						
	plete this table for the organization			ontractors wh	o each received r	nore th	an \$10	0,000
	mpensation from the organization							
<u>(a)</u> N	ame and address of each indeper	ndent contractor paid r	nore than \$100,000	<b>(b)</b> ⊤y	pe of service	(c) (	Compen	<u>sation</u>
NONE								
<b>d</b> Tot	al number of other independent c	ontractors each receiv	ring over \$100,000		▶			
	I the organization complete Sche st attach a completed Schedule /						arıtable <b>Yes</b> T	
IIIu	st attach a completed Schedule	~				'	165	140
	ties of perjury, I declare that I have and belief, it is true, correct, and co							
knowledge.	, , ,			,			• •	•
	<u></u>			1				
C:	*****							
Sign Here	Signature of officer Date							
	YVETTE BRIDEGARAY Treasurer Type or print name and title							
	Preparer's	Date Check if Preparer's taxpa			yer ident	tification	number	
Paid	signature JOSEPH P MASTRO CPA	<b>\</b>		self- employed 🕨 🔽	(See instructions			
Preparer's	Firm's name (or yours L CUTTONE &	MASTRO CERTIFIED PUBLI	C ACCOUNTANTS					
Use Only	ıf self-employed),	7543 N INGRAM AVENUE SUITE 102						
	FRESNO, CA 93711						-4300	
Mav the IR	S discuss this return with the pre		ee instructions		<u></u> ▶		es Γ	No No
,	mid and recurr with the pre	2. 5. 5.15 Mil above - 5			· · · · · ·		'	

**Software ID:** 11000144 **Software Version:** 2011v1.2

**EIN:** 94-2489051

Name: FRESNO BASQUE CLUB INC

### Form 990-EZ, Special Condition Description:

#### **Special Condition Description**

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TONY CAMPOS PO BOX 406 FRESNO,CA 93708	NABO Delegates 0	0		
JULIET CAMPOS PO BOX 406 FRESNO,CA 93708	NABO Delegates 0	0		
JEANNINE GRECH PO BOX 406 FRESNO,CA 93708	Ex-Officio 0	0		
MITCH YRIBARREN PO BOX 406 FRESNO,CA 93708	Director 0	0		
BERNICE VALAZQUEZ PO BOX 406 FRESNO,CA 93708	Director 0	0		
DOMINIQUE MENDIVIL PO BOX 406 FRESNO,CA 93708	Director 0	0		
JOHN LASGOITY PO BOX 406 FRESNO,CA 93708	Director 0	0		
STEVEN CAMPOS PO BOX 406 FRESNO,CA 93708	Director 0	0		
TODD AYERZA PO BOX 406 FRESNO,CA 93708	Director 0	0		
GEORGE AYERZA JR PO BOX 406 FRESNO,CA 93708	Director 0	0		
JESUS ALBIZU PO BOX 406 FRESNO,CA 93708	Director 0	0		
BERT OSSINALDE PO BOX 406 FRESNO,CA 93708	Sergeant at Arm 0	0		
YVETTE BRIDEGARAY PO BOX 406 FRESNO,CA 93708	Treasurer 0	0		
MARY JANE CARLSON PO BOX 406 FRESNO,CA 93708	Secretary 0	0		
DAVID ARMAS PO BOX 406 FRESNO,CA 93708	Vice President 0	0		

# Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter-0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JEFF YRIBARREN PO BOX 406 FRESNO,CA 93708	President 0	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492254007642

OMB No 1545-0047

**201**1

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization FRESNO BASQUE CLUB INC

Employer identification number

94-2489051

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	MUSIC CAMP \$50
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	MEMORIAL \$175
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	MUS-DEL EXP\$200
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	NABO MEMBERSHIP \$302
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	ACTIVITIES \$49238
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1128
Form 990-EZ, Part I, Line 8 3	Other Revenue 3	INTEREST - CHECKING ACCOU \$4
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	INSURANCE \$88