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

F Group Exemption
Number

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	227,992	22	222,666
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	227,992	25	222,666
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	227,992	27	222,666

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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What is the organization's primary exempt purpose? TO PROMOTE THE SOCIAL RECREATIONAL, INTELLECTUAL, CULTURAL AND MORAL WELFARE OF PEOPLE OF BASQUE DECENT		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	PROVIDE SCHOLARSHIPS TO MEMBERS WHO MEET THE QUALIFICATIONS OF BEING A FULL TIME COLLEGE STUDENT AND HAS HAD A GPA OF 3.2 IN HIGH SCHOOL (Grants \$ 10,000) If this amount includes foreign grants, check here ☐	28a	
29	PROMOTED THE SOCIAL RECREATIONAL, INTELLECTUAL, CULTURAL AND MORAL WELFARE OF PEOPLE OF BASQUE DECENT (Grants \$ 49,463) If this amount includes foreign grants, check here ☐	29a	
30	 (Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	59,463

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

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(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
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this 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	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business 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 Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
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	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	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	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 ▶ (559) 275-6192 PO BOX 406 Located at ▶ FRESNO, CA ZIP + 4 ▶ 937080406		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	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 ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A
	Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2012-09-10		
	Signature of officer	Date		
Paid Preparer's Use Only	YVETTE BRIDEGARAY Treasurer			
	Type or print name and title			
	Preparer's signature	JOSEPH P MASTRO CPA	Date	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	CUTTONE & MASTRO CERTIFIED PUBLIC ACCOUNTANTS	Preparer's taxpayer identification number (See instructions)	
		7543 N INGRAM AVENUE SUITE 102	EIN	
		FRESNO, CA 93711	Phone no (559) 261-4300	
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

Additional Data

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		

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.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
FRESNO BASQUE CLUB INC**Employer identification number**

94-2489051

Identifier	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