As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492259011729 OMB No 1545-1150 Short Form Form 990EZ **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ► Go to www.irs.gov/Form990EZ for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 08-01-2018 and ending 07-31-2019 **B** Check if applicable C Name of organization FRESNO BASQUE CLUB INC D Employer identification number ☐ Address change 94-2489051 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 406 \square Final return/terminated (559) 275-6192 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return F Group Exemption FRESNO, CA 93708 ☐ Application pending Number ☑ If the organization is **not** G Accounting Method _Other.(specify) 🌬

22 Cash, savings, and investments 23 23 24 Other assets (describe in Schedule O) 25 Total assets 212,296 25 Total liabilities (describe in Schedule O). 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 Part and Compalichments 212,296 27 27 27 27 27 27 27 27 27 2	Page 2							018)	90-EZ (20	Form 99
22 Cash, savings, and investments 212,296 22 23 and and buildings 24 Other assets (describe in Schedule O) 24 25 Total assets 212,296 25 26 Total liabilities (describe in Schedule O) 27 Not assets or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 28 29 29 20 20 21 212,296 27 28 29 20 20 27 28 29 20 20 20 21 21 21 21 22 25 26 27 27 28 29 20 20 20 21 21 21 21 21 22 29 20 20 21 21 21 21 21 22 20 21 21 21 21 22 20 21 21 21 21 22 20 21 21 21 21 22 20 21 21 21 22 20 21 21 21 22 20 21 21 21 22 20 21 21 21 22 20 21 21 21 22 20 21 21 21 22 20 21 21 21 22 22 21 22 23 24 24 24 25 26 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28				Part II	to any question in this					Part :
23 24 Other assets (describe in Schedule O) 24 25 Total assets (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 27 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 28 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 29 Net asset or fund balances (line 27 of column (B) must agree with line 210 Net asset or fund balances (line 27 of column	End of year	(B)	nning of year	(A) Begini						
24 25 Total assets 212,296 25 25 26 Total liabilities (describe in Schedule O). 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 27 27 27 27 27 27 2	214,566	22	212,296		[ments	gs, and investm	sh, saving	22 Cash
25 Total assets		23			[ııldıngs	nd and bu	23 Land
26 Total liabilities (describe in Schedule O)		24			[Schedule O)	s (describe in S	ner assets	24 Othe
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 212,296 27 Character Brogganization Accomplic Accomplic Monte. (In the property of the prop	214,566	25	212,296					s	tal asset	25 Tota
52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which has any knowledge Sign Here VVETTE BRIDEGARAY Treasurer Type or print name and title Print/Type preparer's name JOSEPH P MASTRO CPA Preparer INDEPH P MASTRO CPA Preparer's signature Date Check ☑ if self-employed sel		26	1		[e in Schedule O)	ities (describe	tal liabili	26 Tota
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A	214,566	27	212,296		ree with line 21)	lumn (B) must a	nces (line 27 of columi	or fund balan	t assets	27 Net
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which has any knowledge Sign Here VVETTE BRIDEGARAY Treasurer Type or print name and title Print/Type preparer's name JOSEPH P MASTRO CPA Preparer Firm's name Cuttone & MASTRO CERTIFIED PUBLIC ACCOUNTANTS Firm's EIN 45-2184917	Evnovee		·	amadaw.Dawb TTT\	montellere åke venkusski	ien Accompli	f Rrooram Samisa			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which has any knowledge Sign Here YVETTE BRIDEGARAY Treasurer Type or print name and title Print/Type preparer's name JOSEPH P MASTRO CPA Preparer Firm's name Cuttone & MASTRO CERTIFIED PUBLIC ACCOUNTANTS Firm's EIN 45-2184917								•		F===
Sign Here Signature of officer Date YVETTE BRIDEGARAY Treasurer Type or print name and title Print/Type preparer's name JOSEPH P MASTRO CPA Preparer Firm's name ► CUTTONE & MASTRO CERTIFIED PUBLIC ACCOUNTANTS Polt		nts, and to	es and statement	yıng schedule	rn, including accompan	examined this re	A	of perjury, I de belief, it is true	complet penalties dge and b	knowled
Sign Here YVETTE BRIDEGARAY Treasurer			ı						- Ix	
Here YVETTE BRIDEGARAY Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check								****	**	
Type or print name and title Print/Type preparer's name JOSEPH P MASTRO CPA Preparer Firm's name Cuttone & Mastro Certified Public Accountants Firm's ein ► 45-2184917			Date				er	ignature of officer	F 516	Sign
Print/Type preparer's name JOSEPH P MASTRO CPA Preparer Preparer's signature Date Check ✓ if self-employed self-employed Firm's name ► CUTTONE & MASTRO CERTIFIED PUBLIC ACCOUNTANTS Firm's EIN ► 45-2184917										Here
Paid Preparer Firm's name ► CUTTONE & MASTRO CERTIFIED PUBLIC ACCOUNTANTS Firm's EIN ► 45-2184917							e and title	pe or print name	Ту	
Lico Only	1			Date	gnature	Preparer's				Paid
Use Only Firm's address ▶ 7543 N INGRAM AVENUE SUITE 102 Phone no (559) 261-4300		5-2184917	Firm's EIN ► 45	Firm's name ► CUTTONE & MASTRO CERTIFIED PUBLIC ACCOUNTANTS					arer	Prepa
	Phone no (559) 261-4300		Firm's address ▶ 7543 N INGRAM AVENUE SUITE 102				Only	•		
FRESNO, CA 93711		•		FRESNO, CA 93711						
May the IRS discuss this return with the preparer shown above? See instructions	es □No	————			e instructions	r shown above?	rn with the preparer sho	cuse this return	e IBS disc	May the
,					e mstructions	- snown above.		cuss tills return	e IND disc	———
FOR	Form 990-EZ (2018)									

Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V .	· · ·		N -
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	Yes	No 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
35a	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	Yes	
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	Yes	
С	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			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b 0			
	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), 501(c)(4), and 501(c)(29) 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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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
 42a	List the states with which a copy of this return is filed			
	organization's books are in care of VYVETTE BIDEGARAY Telephone no	(559)	907-609	9
	Located at ▶ PO BOX 406 FRESNO , CA ZIP + 4 ▶			
			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country		_	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds during the year? 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
С	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
		· I	l	

						Yes	No
	e organization engage, directly or indire			of or in opposition to			
	dates for public office? If "Yes," complete	<u> </u>			46		No
art VI	Section 501(c)(3) organization All section 501(c)(3) organizations	-	ons 47- 49b and 52	2, and complete the tab	les for l	nes 50	and
	51. Check if the organization used Schedul	e O to respond to any o	uestion in this Part VI	•			7
	onesk ii the organization asea soneaa	e e to respond to any q	acocion in cino i are 12			Yes	No
Did th	e organization engage in lobbying activit	cies or have a section 50	D1(h) election in effect	during the tax year?			
	s," complete Schedule C, Part II		· · · · · · ·		47		
Is the	organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	48		
Did th	e organization make any transfers to an	exempt non-charitable	related organization?		49a		
If "Ye	s," was the related organization a section	n 527 organization? .			49b		
	lete this table for the organization's five ach received more than \$100,000 of cor				and key	employ	ees)
	Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,		timated	
		hours per week devoted to position	compensation (Forms W-2/1099-	contributions to employe benefit plans, and	e of oth	er comp	ensatio
		<u> </u>	MISC)	deferred compensation			
IE							
	I number of other employees paid over s			· · · · · •			
Comp	I number of other employees paid over selete this table for the organization's five ensation from the organization. If there is	highest compensated in			than \$10	0,000 o	<u> </u>
Comp	lete this table for the organization's five	highest compensated ir s none, enter "None "			than \$10		
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None "					_
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None "					
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None "					
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None "					
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None "					
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None "					
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None "					
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None "					
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None "					
Comp	lete this table for the organization's five ensation from the organization If there i	highest compensated ir s none, enter "None " each independent contr	actor	(b) Type of service (
Comp comps NE	lete this table for the organization's five ensation from the organization. If there is (a) Name and business address of the contract of the c	highest compensated in s none, enter "None " each independent contr each seach receiving over	\$100,000	(b) Type of service (
Composition Compos	lete this table for the organization's five ensation from the organization. If there i (a) Name and business address of	highest compensated in s none, enter "None " each independent control of the seach independent control of the seach receiving over note. All section 501(4)	\$100,000	(b) Type of service (ensation	
Composition Compos	lete this table for the organization's five ensation from the organization. If there is a second of the contract of the organization and business address of the organization complete Schedule And the organization is five to the organization of the organization complete Schedule And the orga	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Type of service (c) Comp	ensation	lo my
Composition Compos	lete this table for the organization's five ensation from the organization. If there is a large of the contract of the organization are to the organization complete Schedule And the organization is shown to be organization and the organization of the organization is shown to be organization to be organi	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Type of service (c) Comp	ensation	
Composition Compos	lete this table for the organization's five ensation from the organization. If there is a large of the contract of the organization are to the organization complete Schedule And the organization is shown to be organization and the organization of the organization is shown to be organization to be organi	highest compensated in s none, enter "None " each independent control e	\$100,000	st attach a	c) Comp	ensation	
Composition Compos	lete this table for the organization's five ensation from the organization. If there is a large of the contract of the organization are to the organization complete Schedule And the organization is shown to be organization and the organization of the organization is shown to be organization to be organi	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Type of service (c) Comp	ensation	lo my
Total Did con per penal viedge a any kno	I number of other independent contractor the organization complete Schedule A? pleted Schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Type of service (st attach a nedules and statements, and its based on all information 2019-09-16	c) Comp	ensation	
Total Did con per penal viedge a any kno	I number of other independent contractor the organization complete Schedule A? pleted Schedule A	highest compensated in s none, enter "None " each independent control of the seach receiving over note. All section 501(\$100,000	st attach a	C) Comp	ensation	
Composition Compos	I number of other independent contractor the organization complete Schedule A? pleted Schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Type of service (st attach a indules and statements, and its based on all information 2019-09-16 Date Check I if PTIN P012	C) Comp	ensation	
Compcomp	Inumber of other independent contractor the organization complete Schedule A? ppleted Schedule A	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over the seach receiving over the se	\$100,000	st attach a	► Yeard to the n of whice	ensation	
Composition Compos	I number of other independent contractor the organization complete Schedule A? pleted Schedule A	highest compensated in s none, enter "None " each independent control of the seach receiving over note. All section 501(\$100,000	(b) Type of service (st attach a check fill of policy of self-employed policy of policy of self-employed ((b) Type of service ((c)	Yend to the n of which	ensation	
Composition Compos	Inumber of other independent contractor the organization complete Schedule A? pleted Schedule A	highest compensated in s none, enter "None " each independent control of the seach receiving over note. All section 501(\$100,000	(b) Type of service (st attach a nedules and statements, and is based on all information 2019-09-16 Date Check	Yend to the n of which	ensation	

Page **4**

Form 990-EZ (2018)

Additional Data

Software ID: 18007218

Software Version: 2018v3.1 **EIN:** 94-2489051

Name: FRESNO BASQUE CLUB INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's services, as measured by en number of persons benefite	(0	Expenses quired for section 501 c)(3) and 501(c)(4) ganizations; optional for others.)	
28 PROMOTED THE SOCIAL RECR BASQUE DECENT	EATIONAL, INTELLECTUAL, CULTURAL AND MORAL WELFARE OF PEOPLE OF	28a	
(Grants \$ 47,598)	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$ $\ \Box$		

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

Form 990EZ, Part III - Statement of Program Service Accomplishments

(Grants \$ 2,500)

number of persons benefited, and other relevant information for each program title.	for others.)		
29 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	29a	2,500	

If this amount includes foreign grants, check here

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees Iist 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							
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation			
DOMINIQUE ETCHECHURY Director	1 00	0					
MARK ETCHEVERRY EX-OFFICIO	1 00	0					
MARY JANE CARLSON Secretary	1 00	0					
YVETTE BRIDEGARAY Treasurer	1 00	0					
BERT OSSINALDE Sergeant at Arm	1 00	0					
JONATHAN HABAR Director	0	0					
GEORGE AYERZA JR Director	1 00	0					
TODD AYERZA Director	1 00	0					
JEAN MICHEL MORRIS Director	0	0					
KEN CARVALHO Vice President	1 00	0					
STEVEN REY President	1 00	0					
BERNICE VALAZQUEZ Director	1 00	0					
JOE YRACEBURU Director	1 00	0					
STEVEN SAN SEBASTIAN Director	1 00	0					

efile GRAPHIC	C print - DO	NOT PROCESS	As Filed Data -		DLN	l: 93492259011 7 29
	CHEDULE O orm 990 or 990- Complete to provide information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EX or to provide any additional information. > Attack to Form 990 or 990-EX.				ions on on.	OMB No 1545-0047 2018 Open to Public Inspection
Name Betherorgan FRESNO BASQUE CLU	ที่zation				Employer iden 94-2489051	tification number
990 Schedule (O, Suppleme	ental Informatio	n	Explanation		
	Insurance \$97	73				

990 Schedule O, Supplemental Information Return Explanation Reference

Other ACTIVITIES \$47073
Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference Other MUS-DEL EXP \$2800

Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other MEETINGS EXPENSE \$1400
Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference

Other **GUBIERNO VASCO \$1293** Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference MEMORIAL \$400

Other Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference Other NABO MEMBERSHIP \$351 Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference Other Donations \$125

Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference Other FILING FEE \$10

Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other BANK FEES \$5
Expenses 10