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Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to *www.irs.gov/Form990EZ* for the latest information.**

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 08-01-2018 , and ending 07-31-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FRESNO BASQUE CLUB INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 406

City or town, state or province, country, and ZIP or foreign postal code
FRESNO, CA 93708

D Employer identification number
94-2489051

E Telephone number
(559) 275-6192

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not**

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	212,296	22	214,566
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	212,296	25	214,566
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	214,566

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III) **Expenses**

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations 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

****** Signature of officer — 2019-09-16 Date

YVETTE BRIDEGARAY Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
JOSEPH P MASTRO CPA				P01294244

Firm's name ▶ CUTTONE & MASTRO CERTIFIED PUBLIC ACCOUNTANTS — Firm's EIN ▶ 45-2184917

Firm's address ▶ 7543 N INGRAM AVENUE SUITE 102
FRESNO, CA 93711 — Phone no (559) 261-4300

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ **Yes** ☐ **No**

Part V **Other Information** (Note the Schedule A and personal benefit contract 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
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	
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), 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**		
c	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	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) 907-6099

Located at ▶ PO BOX 406 FRESNO , CA ZIP + 4 ▶ 937080406

			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)			
c	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 ▶ _____			

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**

			Yes	No
44a	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
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	46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(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 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

****** Signature of officer — 2019-09-16 Date

YVETTE BRIDEGARAY Treasurer Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
JOSEPH P MASTRO CPA				P01294244

Firm's name ▶ CUTTONE & MASTRO CERTIFIED PUBLIC ACCOUNTANTS — Firm's EIN ▶ 45-2184917

Firm's address ▶ 7543 N INGRAM AVENUE SUITE 102 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: 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 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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 PROMOTED THE SOCIAL RECREATIONAL, INTELLECTUAL, CULTURAL AND MORAL WELFARE OF PEOPLE OF BASQUE DECENT (Grants $ 47,598) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	

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

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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional 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 (Grants $ 2,500) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	2,500

Form 990EZ, 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. . . . . ☐

(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		

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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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FRESNO BASQUE CLUB INC

Employer identification number
94-2489051

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance $973

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	ACTIVITIES $47073

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	MUS-DEL EXP $2800

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	MEETINGS EXPENSE $1400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	GUBIERNO VASCO $1293

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	MEMORIAL $400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	NABO MEMBERSHIP $351

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Donations $125

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	FILING FEE $10

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	BANK FEES $5