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Return of Private Foundation

OMB No 1545-0052

Ulin C C C	or dection 4347 (a)(1) Nonexempt Onaritable 11 dst
epartment of the Treasury	Treated as a Private Foundation
ilital Revenue Service	Note: The foundation may be able to use a copy of this return to satisfy state reporting requirement

For calendar year 2009, or tax year beginning						, 2009, and ending					ing			, 20
G Check all that apply Initial return				Initia	l return	of a former p	oublic cha	rity			Final return			
					Amended return			Addre	ss change	ſ	\ 	Name change		_
			Name of fou	nda	tion				7			A Employer iden	ntific	ation number
Ł	lse th	ie IRS	ISNARDI	F	OUNDATION							20-368	20.	21
	lab											}		
(Other	wise,	Number and	stre	et (or P O box number)	f mail is n	ot deliver	ed to street	t address)	Room/si	uite	B Telephone number	(100	page 10 of the instructions)
	pri	int			ELDS AVE				,			1		
	or ty	-												
		pecific	City or town	sta	te, and ZIP code					1		C If exemption app	plical	tion is
I	istru	ctions.			A 93704							pending, check h		▶
			I KLOKO,	٠.	33,01							D 1 Foreign organ 2 Foreign organ		
	Cho	ole tune	of organiza	tion	X Section 501	(0)(2) 0	vomnt	privata i	foundation			85% test, che	eck h	ere and attach
7			_						rivate founda	tion		computation	•	
1					empt charitable trust sets at end J Acco					crual				status was terminated
'									asn [Acc	cruai		under section 50	07(b)	(1)(A), check here .
	•	ear (iro ▶ \$	m Part II, co), 312.00 (Part I	ther (s			a cach basis			1		in a 60-month termination
							r (u) m	JSI DE OI	T Cash basis			under section 50	U/(D)	(1)(B), check here . (d) Disbursements
Lí	ellel	Anaiy total o	rsis of Keve famounts in c	:11UE	e and Expenses (The nns (b), (c), and (d)	(a)	Revenu		(b) Net inv	estment	((c) Adjusted net		for charitable
		may n	ot necessanly	equ	ial the amounts in	ex	penses) books		incor	ne		income		purposes
\neg			1/1		of the instructions))	 		0,000	 			- 		(cash basis only)
	1		if the t		received (attach schedule) . dation is not required to		00	,,000	 -	_ 				
	2	Check]	attach	Sch	В	<u> </u>			 		 		_	
	3		-		porary cash investments			0.40	 	4 040	<u> </u>	4 04	0	
	4				om securities		4	,848		4,848		4,84	8	
	5 a	Gross r	ents			<u> </u>			ļ		}			
	b	b Net rental income or (loss)		<u> </u>		201	 		 					
e n	6 a b		n or (loss) from ales price for all		of assets not on line 10		-26	5,381	ļ. — — —		├			
Revenue		assets o	on line 6a								 			
è	7	-	=		(from Part IV, line 2) .						<u> </u>			
_	8				an				-		<u> </u>	······		
	9		e modification			<u> </u>			ļ			- 		
	ı v a		wances - • •			 			<u> </u>		<u> </u>			
	l		ost of goods sold			ļ			 		├			
	С				ach schedule)				ļ		<u> </u>			
	11	Other i	income (attac	h sc	hedule)				ļ		 			
_					<u>ah 11</u>		38	,467	ļ	4,848	├	4,84	8	
	13				rectors, trustees, etc	}			<u> </u>		├			<u> </u>
s	14				and wages				ļ		<u> </u>	<u></u>		<u> </u>
1Se	15				e benefits			1	 		<u> </u>			 -
ber			ees (attach so		11 - 2		-10		 		<u> </u>			ļ
Ж			nting fees (at				SO	U.	ļ <u>.</u>		<u> </u>			<u> </u>
Administrative Expenses	С	Other	professional f	ees	(attach schedule) . 🗓 🤇	<u> 2010</u>			ļ		 			
Tat	17		t	-			33	1			ļ			
ist	18				page 14 of the instructions)		7	¥			<u> </u>			
Ę	19	Depre	ciation (attach	n scl	nedů le) and depletion .			<u> </u>			<u> </u>			
ğ	20	Occup	ancy			ļ					1_			
٩	21	Travel,	, conferences,	, and	I meetings						<u> </u>			
and	22	Printin	g and publica	ition	s									
Operating	23	Other	expenses (atta	ach :	schedule)			375		375	<u>L</u>	37	5	375
rat	24	Total	perating and	d ad	ministrative expenses									
be		Add Iir	nes 13 throug	h 23	3			375	<u> </u>	375		37	5	375
0	25	Contri	butions, gifts,	grai	nts paid			0,000			Ĺ			10,000
_	26		_	_	ents. Add lines 24 and 25		10	375		375		37	5	10,375
	27	Subtra	ct line 26 froi	m lin	ne 12									
	a	Excess	of revenue over ex	kpens	es and disbursements , .		28	3,092	<u> </u>		L			
	b	Net in	vestment inc	ome	(if negative, enter -0-)					4,473				
	<u> </u>	Adiust	ted net incom	ie (if	negative enter -0-).						Ī	4,47	3	

-	aët I	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
	an c n	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
i	1	Cash - non-interest-bearing	1,791	1,418	1,418
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		·	
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
	'	Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
SS	10.2	Investments - U S and state government obligations (attach schedule)			
٩	I	Investments - corporate stock (attach schedule)	278,693	202,709	175,854
	1	Investments - corporate stock (attach schedule)	43,442	147,891	
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)		11,,031	2007010
		(attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) Land, buildings, and			
		Land, outlidings, and equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	323,926	352,018	210 212
_		ınstructions Also, see page 1, item I)		332,016	310,312
	17	Accounts payable and accrued expenses	1 1	· · · · · · · · · · · · · · · · · · ·	-
	18	Grants payable			4
Liabilities	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			4
ja	21	Mortgages and other notes payable (attach schedule)			_
_	22	Other liabilities (describe	ļ 		-
		T 1 18-18-4 - (add base 47 (bases 60))			
_	23	Total liabilities (add lines 17 through 22)	 		4
		Foundations that follow SFAS 117, check here			
ın		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			4
lar	25	Temporarily restricted	ļ		
Ba	24 25 26	Permanently restricted	ļ		_
pur		Foundations that do not follow SFAS 117,			
ıΞ		check here and complete lines 27 through 31. ▶			
ō	27	Capital stock, trust principal, or current funds	<u> </u>		_
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			_
Assets	29	Retained earnings, accumulated income, endowment, or other funds	323,926	352,018	4
Net /	30	Total net assets or fund balances (see page 17 of the]		
ž		instructions)	323,926	352,018	_
	31	Total liabilities and net assets/fund balances (see page 17			
_		of the instructions)	323,926	352,018	<u>, </u>
_		Analysis of Changes in Net Assets or Fund			-,
1		al net assets or fund balances at beginning of year - Part I			
	end	-of-year figure reported on prior year's return)		1	323,926
2	Ente	er amount from Part I, line 27a		2	28,092
3	Oth	er increases not included in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3		4	352,018
5	Dec				
6	Tota	reases not included in line 2 (itemize) ►al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 30 6	352,018

Part	V Capital Gains	and Losses for Tax on Inv	restment Income			
	(a) List and	d describe the kind(s) of property sold rick warehouse; or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr.)
1a						
_ <u>b</u>						
_ <u>c</u>						
_d e				-	 	
	e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а						
b						
_c				ļ		
<u>d</u>	····		<u> </u>	<u> </u>		
<u>e</u>			10/01/00	 		
Comp	plete only for assets s		ned by the foundation on 12/31/69		Gains (Col (h) g (k), but not less	
(i) F	M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	201.	Losses (from co	
<u>a</u>			<u> </u>			
_b			 	 		
_c d			 			
_ <u>u</u>			 	<u> </u>		
	oital gain net income or		f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3 Net	short-term capital gair	") n or (loss) as defined in sections 1:				
		, line 8, column (c) (see pages 13				
1f (1d	oss), enter -0- in Part I,	line 8	<u></u>	3		
Part	V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment Inc	come		
Was tl		the section 4942 tax on the distri	butable amount of any year in the b	ase perio	d?	Yes No
		not qualify under section 4940(e)		oforo mak	una any antrios	
1 [1	(a)		r, see page 18 of the instructions be	elore Illak	(d)	
Calend	Base period years ar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r (col (b) divided by	
	2008					
	2007			<u> </u>		
	2006				 _	
	2005		 			
	2004	<u> </u>		 		
2 To	tal of has 1 solumn (d)					
 To Av 	erace distribution ratio	for the 5-year base period - divid	le the total on line 2 by 5, or by the	2		
			ss than 5 years	3		
4 En	ter the net value of nor	ncharitable-use assets for 2009 fr	om Part X, line 5	4		246,952
5 Mi	ultiply line 4 by line 3			5		
6 En	ter 1% of net investme	ent income (1% of Part I, line 27b)	•••••	6		45
7 Ad	d lines 5 and 6			7		45
8 En	ter qualifying distribution ine 8 is equal to or gr it VI instructions on pag	ons from Part XII, line 4 eater than line 7, check the box ge 18	in Part VI, line 1b, and complete	8 that part	using a 1% ta	10,375 x rate See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
•	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2	·		
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			
6	Credits/Payments:			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source			
E	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			 -
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax > Refunded > 11			
	t VII-A Statements Regarding Activities		1	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	<u>1a</u>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	۱. ا		Х
	of the instructions for definition)?	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
_		1 c		х
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	16		
u	(1) On the foundation (2) On foundation managers (2) On foundation managers			
۰	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
٠	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Χ	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) >			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х	
9	ls the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9	Х	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	X	1

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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Χ

3 b

4 a

Page 6

Part VII-B Statements Regarding Activities for	or Which Form 47	720 May Be Requi	red (continued)			
5a During the year did the foundation pay or incur any amou						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
• • • • • • • • • • • • • • • • • • • •	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,					
directly or indirectly, any voter registration drive?	•	•	Yes X No	,		
(3) Provide a grant to an individual for travel, study, or ot				1 1		
(4) Provide a grant to an organization other than a chari						
section 509(a)(1), (2), or (3), or section 4940(d)(2)?	-		Yes X No	. [
	· . · . -	,		'		
(5) Provide for any purpose other than religious, charita	•		Yes X No			
purposes, or for the prevention of cruelty to children of				']]		
b If any answer is "Yes" to 5a(1)-(5), did any of the trans		·		-		
Regulations section 53 4945 or in a current notice regard	-	, , ,	· . —	5b		
Organizations relying on a current notice regarding disas						
c If the answer is "Yes" to question 5a(4), does the found	•					
because it maintained expenditure responsibility for the g		· · · · · · · · · · · · · · · · · · ·	Yes No	' [
If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)					
6a Did the foundation, during the year, receive any funds, of	•		<u>الله</u>			
on a personal benefit contract?			Yes X No			
b Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a j	personal benefit contrac	t [?]	6b	X	
If "Yes" to 6b, file Form 8870				1 1		
7a At any time during the tax year, was the foundation a pa	•		·	·		
b If yes, did the foundation receive any proceeds or have						
Part VIII Information About Officers, Directors and Contractors	s, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,		
1 List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instr	uctions).		
(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 and deferred compensation	(e) Expense other allo		
VINCENT ISNARDI	PRESIDENT					
7444 N CEDAR #122, FRESNO CA 93720	1	0	0		0	
THOMAS SAYEG	SECRETARY					
5541 N COLONIAL, FRESNO CA 93704	1	0	0		0	
ORAN MCNEIL	CFO					
612 E SHIELDS AVE, FRESNO CA 93704	4	0	0		0	
•						
2 Compensation of five highest-paid employees (of	her than those inc	luded on line 1 - se	e page 23 of the inst	tructions).	 -	
If none, enter "NONE."				,		
in mone, enter menta.						
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expens	account,	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expense other allo		
	hours per week	(c) Compensation	employee benefit			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	/ees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
N/A	
Total number of others receiving over \$50,000 for professional services	▶
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 COMMUNITY MEDICAL FOUNDATION	
FRESNO, CALIFORNIA	
	0
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	
	Amount
1	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total Add lines 1 through 3	

Form 990-PF (2009)

LOIII	1 330-14 (2003)		i age o
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	n foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes		
а	Average monthly fair market value of securities	1a 2	249,108
b	Average of monthly cash balances	1b	1,605
С	Fair market value of all other assets (see page 24 of the instructions)	1c	
d		1d 2	50,713
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3 2	250,713
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	3,761
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 2	246,952
6	Minimum investment return. Enter 5% of line 5	6	12,348
Pa	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	te operating	· · · · · · · · · · · · · · · · · · ·
	foundations and certain foreign organizations check here > and do not complete this p		
1	Minimum investment return from Part X, line 6	1	12,348
2 a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	12,348
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	12,348
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	<u> </u>
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	12,348
		L	<u>-</u>
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	10,375
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	10,375
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,375
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether the foundation	
	qualifies for the section 4940(e) reduction of tax in those years.		

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Page 9

Pa	rt XIII Undistributed Income (see page	26 of the instructio	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	· F				12,348
•	Undistributed income, if any, as of the end of 2009				
2 a	• • • • • • • • • • • • • • • • • • • •				
	Enter amount for 2008 only Total for prior years 20,20,20				
	Excess distributions carryover, if any, to 2009				
3	f *	İ			į
d	From 2004				Į.
	From 2005				
ن	From 2006 2, 343 From 2007 484, 457 From 2008 487, 397				
u	From 2008 487, 397]
	Total of lines 3a through e	974,197			Ì
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$10,375				
а	Applied to 2008, but not more than line 2a				ļ
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount			 	10,375
е	Remaining amount distributed out of corpus				ļ
5	Excess distributions carryover applied to 2009				0
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as				
	indicated below:	074 107			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	974,197			
b	Prior years' undistributed income Subtract				
c	Ine 4b from line 2b Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				}
	been previously assessed		<u> </u>	-	ļ
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions Undistributed income for 2008 Subtract line				
e	4a from line 2a Taxable amount - see page				
	27 of the instructions		 		
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be	ı	Į į		1,973
7	distributed in 2010 Amounts treated as distributions out of corpus				1,973
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
	applied on line 5 or line 7 (see page 27 of the		1		
9	instructions)				+
J	Subtract lines 7 and 8 from line 6a	974,197	1		
10	Analysis of line 9		 		
	Excess from 2005		ļ .		
	Excess from 2006		[
	Excess from 2007				
d	407 207]		
е	Excess from 2009 0]		
					

Pa	Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)							
1 a	a If the foundation has received a ruling or determination letter that it is a private operating							
•	foundation, and the ruling is effective for 2009, enter the date of the ruling							
b	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)							
2 a	a Enter the lesser of the ad- Tax year Prior 3 years (e) To					(e) Total		
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006			
	I or the minimum investment return from Part X for each							
	year listed	12,348	12,703	15,642	3,884	44,577		
b	85% of line 2a	10,496	10,798	13,296	3,301	37,891		
С	Qualifying distributions from Part							
	XII, line 4 for each year listed .	10,375	500,330	500,516	7,704	1,018,925		
d	Amounts included in line 2c not used directly for active conduct of exempt activities				1,665	1,665		
е	Qualifying distributions made							
	directly for active conduct of exempt activities Subtract line							
	2d from line 2c	10,375	500,330	500,516	6,039	1,017,260		
3	Complete 3a, b, or c for the alternative test relied upon							
а	"Assets" alternative test - enter							
	(1) Value of all assets							
	(2) Value of assets qualifying	ļ						
	under section 4942(j)(3)(B)(i)					 		
þ	"Endowment" alternative test-							
	enter 2/3 of minimum invest- ment return shown in Part X.		į		ļ			
	line 6 for each year listed	10,375	8,469	10,429	3,515	32,788		
C	"Support" alternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents,							
	payments on secunities loans (section 512(a)(5)),		(
	or royalties)							
	(2) Support from general public and 5 or more							
	exempt organizations as provided in section 4942 (j)(3)(B)(iii)							
	(3) Largest amount of sup- port from an exempt organization							
	(4) Gross investment income							
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the founda	tion had \$5,000	or more in assets		
			e page 28 of the ins	structions.)				
1	Information Regardin	-						
а	List any managers of before the close of any	the foundation who f tax year (but only if the	have contributed more	than 2% of the total	l contributions receive se section 507(d)(2))	ed by the foundation		
VI	NCENT ISNARDI	y tax your (but only it to	icy have continuated in	1010 (1141) \$5,000) (00	30 30011011 (d)(2))			
<u>h</u>	List any managers of	the foundation who	own 10% or more of	the stock of a corno	ration (or an equally	large portion of the		
_	ownership of a partner					30 10111011 01 1110		
	•	- *		•				
N/	Α							
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:				
	Check here ▶ ıf t	the foundation only	makes contributions	to preselected charit	able organizations a	nd does not accept		
	unsolicited requests to organizations under ot	for funds If the foun	dation makes gifts, g	rants, etc (see page	28 of the instruction	ns) to individuals or		
а	The name, address, a	ind telephone number	of the person to whom	applications should be	e addressed			
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include			
c	Any submission deadle	ines						
ď	Any restrictions or li	imitations on awards	, such as by geogra	phical areas, charita	ble fields, kinds of i	nstitutions, or other		
	factors							

Part XV Supplementary Information (continued)

8 Grants and Contributions Paid Duri	If recipient is an individual			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
COMMUNITY MEDICAL FOUNDATION			CONSTRUCTION OF	10,000
PO BOX 1232, FRESNO CA 93715-	232		HOSPITAL FACILITY	
			1	
			ļ	
]			
		i	1	
	ļ		1	
		Į		
		ļ		
	ļ			
]	ĺ	
Total	<u> </u>	L	L	10,000
Total	· · · · · · · · · · · · · · · · · · ·			10,000
b Approved for future payment				
		ł	1	
			1	
			İ	
		1	1	
	1	}	}	
		1		
	1	[
			1	
]		1	
	1	}	1	
			1	
	1	1	1	
Total	l			
Total	 		▶ 3b	<u> </u>

Part XVI	-A Analysis of Income-Produ	cing Activ	/ities			
	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
_	n service revenue					the metadetens)
1.						
. —		<u> </u>				
_				 		
f —						
g Fees	s and contracts from government agencies					
2 Member	rship dues and assessments					
3 Interest	on savings and temporary cash investments					
4 Dividen	ds and interest from securities			ļ		
	tal income or (loss) from real estate:	ļ	ļ	ļ		
	ot-financed property		<u> </u>		<u> </u>	
b Not	debt-financed property	<u> </u>	 			
	al income or (loss) from personal property .			 		
	nvestment income	i	 	 	 	
	(loss) from sales of assets other than inventory			 		
	ome or (loss) from special events	ļ	 	 	 	
	profit or (loss) from sales of inventory			 		
	evenue a		 	 		
			 	 		
d				 		
e				†		
-	al Add columns (b), (d), and (e)			 		
	Add line 12, columns (b), (d), and (e)				13	
	sheet in line 13 instructions on page 28					
Part XVI	-B Relationship of Activities	s to the Ad	complishment of Ex	empt Purp	oses	-
Line No.	Explain below how each activ					
V	the accomplishment of the fo	oundation's	exempt purposes (o	ther than	by providing funds for	such purposes) (See
	page 29 of the instructions.)					
						
						·
	 					
	 		·			
	 					
						
	 					
						
			·			
						
					····	
	ļ	·				
	1				 	

Pa:	t XVII	Information I Exempt Orga		ransfers To and T	ransactions	and Relationships	With Non	chari	table
1'	ın sect	ion 501(c) of the Ci				any other organization of section 527, relating to		Yes	No
а	organiza Transfe	ations? rs from the reporting fo	oundation to a no	oncharitable exempt organiza	ation of				
	(1) Cas	h					1a(1)	
	(2) Oth	er assets			. .		1a(2)	
þ		ansactions							
									┼
							l l	\neg	┼──
						• • • • • • • • • • • • • • • • • • • •		$\neg \neg$	┼──
						· · · · · · · · · · · · · · · · · · ·			+
									
									1
						Column (b) should alv			marke
_		•			_	If the foundation rec			
		• ,		• • •	•	of the goods, other a			
				- 					_,
(a) l	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organizat	tion (d) De	escription of transfers, transacti	ons, and sharing a	ırrangem	ents
									
									
_									
_									
			 						
			 						
_			 						
									
			<u> </u>						
			l		l				
2 a		•	•	ited with, or related to, o 501(c)(3)) or in section 527		e-exempt organizations de	scribed in	Yes [□No
<u>b</u>	If "Yes,	" complete the followin		#10 To 10 Control of the control of		(A) D			
		(a) Name of organizatio	on	(b) Type of organ	ization	(c) Descripti	on of relationship		
				<u> </u>					
						<u></u>			
									
						nedules and statements, and based on all information of w			
		ς().	. W~	√ · ()	1 11	15/10 DEF	0		
ē	Sig	nature of officer or trustee			Date	Title			
Sign Here	id Irer's Only	Preparer's signature			Date	Check if self-employed ▶	Preparer's ide number (See Si page 30 of the i	gnature	

EIN 🕨

Phone no

Firm's name (or yours if self-employed), address, and ZIP code

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization		E	mployer identification number
ISNARDI FOUNDATION		20	0-3682021
Organization type (check one	·)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated a	as a private founda	ition
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a	private foundation	
	501(c)(3) taxable private foundation		
- -	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the Gene	ral Rule and a Spe	cial Rule See
General Rule			
	n filing Form 990, 990-EZ, or 990-PF that received, during the one contributor. Complete Parts I and II	e year, \$5,000 or m	nore (in money or
Special Rules			
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 331/ and 170(b)(1)(A)(vi), and received from any one contributor,) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Fo	during the year, a	contribution of the greater
the year, aggregate	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that e contributions of more than \$1,000 for use <i>exclusively</i> for reli ses, or the prevention of cruelty to children or animals Compl	gious, charitable,	scientific, literary, or
the year, contribution aggregate to more year for an exclusive applies to this organized	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that ons for use <i>exclusively</i> for religious, charitable, etc., purposes than \$1,000. If this box is checked, enter here the total contrely religious, charitable, etc., purpose. Do not complete any contraction because it received nonexclusively religious, charitation.	s, but these contrib ributions that were of the parts unless to ble, etc, contributi	outions did not received during the he General Rule
_	t is not covered by the General Rule and/or the Special Rules		
	ist answer "No" on Part IV, line 2 of its Form 990, or check to PF, to certify that it does not meet the filing requirements of S		
For Privacy Act and Paperwork Red	luction Act Notice, see the Instructions	Schedule B (F	orm 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization
ISNARDI FOUNDATION

Employer identification number 20-3682021

Part I Contributors	(see	instructions
---------------------	------	--------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	VINCENT ISNARDI 7444 N CEDAR #122 FRESNO CA 93720	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Form 8868 (R	ev 4-2008)					F	Page 2
Note: Only	complete Part II if you have all	Automatic) 3-Month Extension, comple ready been granted an automatic 3-month of the Extension, complete only Part I (on	h extension on				
Part II		3-Month Extension of Time. You must	 	one copy			
Type or print	Name of Exempt Organization			Employer identific	cation number		
File by the extended due date for	Number, street, and room or suite	no If a P O box, see instructions	1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	For IRS use only			
filing the return See instructions	City, town or post office, state, and	ZIP code For a foreign address, see instructions	4.	F. 1975		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Check typ	e of return to be filed (File a s	eparate application for each return):					
☐ Form 9 ☐ Form 9 ☐ Form 9	90-BL Form	990-PF 990-T (sec. 401(a) or 408(a) trust) 990-T (trust other than above)		1041-A 4720 5227		Form 6069 Form 8870	
STOP: Do	not complete Part II if you were i	not already granted an automatic 3-month e	xtension on a p	reviously filed Fo	rm 886	58	
Telepho If the org If this is for the who list with the	ne No. ganization does not have an offor a Group Return, enter the oble group, check this box names and EINs of all members an additional 3-month exte	nsion of time until	ates, check this Number (GEN) eck this box	box and	. If the	is is ch a	
6 If this	tax year is for less than 12 mo	ax year beginning, 20 nths, check reason:	」Final return	Change in a	ccour	nting period	
8a If this	application is for Form 990-BL fundable credits. See instruction	, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, l	ess any	8a	\$	
tax pa	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868			8b	\$		
c Balaı	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions			8c	\$	0	
	es of perjury, I declare that I have examect, and complete, and that I am author	Signature and Verification ined this form, including accompanying schedules arzed to prepare this form	nd statements, and	to the best of my kno	wledge	and belief,	
Signature >		Title ▶		Date ▶			
DXA					For	m 8868 (Rev 4	4-2008)