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Form 990-PF

Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2010

OMB No 1545-0052

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 20 2010, and ending For calendar year 2010, or tax year beginning Initial return of a former public charity G Check all that apply Initial return Final return Amended return Address change A Employer identification number Name of foundation 20-3682021 ISNARDI FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/sute B Telephone number (see page 10 of the instructions) (559)222-4481612 E SHIELDS AVE City or town, state, and ZIP code C If exemption application is pending, check here Fresno, CA 93704-4640 D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method Accrual Other (specify) end of year (from Part II, col (c), If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) line 16) ▶ \$ | Partilit| Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for charitable amounts in columns (b), (c), and (d) may not necessarily equal (b) Net rivestment (c) Adjusted net expenses per books income ıncome the amounts in column (a) (see page 11 of the instructions)) (cash basis only) 三种,一种研究 Contributions, gifts, grants, etc., received (attach schedule) Carre to the state of the in faulted by the same できず 二次では Check ► X if the foundation is not required to attachSch B 2 10世上城(1) 11月16日 Interest on savings and temporary cash investments · · · · 30 8,333 8,333 The state of the s 5a **刘建设,对杨州的**"经 **医内部外外外** 機能與學問的政 þ Net rental income or (loss) (12,338) 編章 編章 [Net gain or (loss) from sale of assets not on line 10 · · · · · 种的基础的 6a **有一般思想们。由于一种一人 海腊江州中国共和省** 中華經濟學學 þ Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 可能可能的知识 耐いたとディスの調整 Net short-term capital gain THE PARTY OF THE PARTY. **全种的性性的** Income modifications 中国的 "这个 明神机学学是"这里" The same Gross sales less returns and allowances 心。但是是他們認為 Less Cost of goods sold - · · · · · 12.17 的复数型公司的国际 Application of the 11 到3世代中华 12 (3,975 8,363 8,363 環想情報。第55. Compensation of officers, directors, trustees, etc · · · · · 13 14 A d 15 Pension plans, employee benefits m 16a n Oi Accounting fees (attach schedule) 160 p s e t Other professional fees (attach schedule) . 160 160 160 C 17 139 139 18 139 Taxes (attach schedule) (see page 14 of the instructions) 139 Depreciation (attach schedule) and depletion · · · · · · · · **国际的国际** 19 Occupancy 20 a e 21 Travel, conferences, and meetings aЕ 22 d P 23 24 Total operating and administrative expenses. Add lines 13 through 23 · · · · · · · · · · · · 299 299 299 16,000 大学 大学 大学 一次 一次 25 16,000 26 Total expenses and disbursements. Add lines 24 and 25 · 16,299 16.299 27 Subtract line 26 from line 12 性經濟學 Excess of revenue over expenses and disbursements · · (20,274 Net investment income (if negative, enter -0-) · · · · · · 8,064 张杉平。李祁连安慰,西疆疆域,那种中 Adjusted net income (if negative, enter -0-) 中的工作,他们们的一个

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form_990-PF (2010)

	1141	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	En	nd of ye	ear
L Pa	irt II	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	1,418	15,89	8	15,898
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·				
`	3	Accounts receivable	The state of the s	· 如此正性。	- () 5)	1947年時期中國
	1	Less allowance for doubtful accounts				
	4	Pledges receivable	Man The Control of the Control	是是一种。他们 医红斑	14	
		Less allowance for doubtful accounts				
	5	Grants receivable · · · · · · · · · · · · · · · · · · ·				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the				
Α	1	instructions) · · · · · · · · · · · · · · · · · · ·				
s s	7	Other notes and loans receivable (attach schedule)	Part of the state	The same of the same of the		温度的发展。
e		Less allowance for doubtful accounts ▶				
t	8	Inventories for sale or use · · · · · · · · · · · · · · · · · · ·				
s	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·				
	10a	Investments - U S and state government obligations (attach schedule))			
	b	Investments - corporate stock (attach schedule) · · · · STM137	202,709	162,78		162,789
	c	Investments - corporate bonds (attach schedule) • • • • STM138	147,891	153,05		153,057
	11	Investments - land, buildings, and equipment basis		新疆人的总统	E Ga	
	1	Less accumulated degrecation (attachschedule)				
	12	Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·				
	13	Investments - other (attach schedule) · · · · · · · · · · · · · · · · · · ·				
	14	Land, buildings, and equipment basis	是12年代第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	學是是是	整位尼	
		Less accumulated depreciation (attach schedule)	L			
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers - see the			:	
	<u> </u>	instructions Also, see page 1, item I) · · · · · · · · · · · · · · · · · ·	352,018	331,74	14	331,744
Ļ	17	Accounts payable and accrued expenses • • • • • • • • • • • • • • • • • •				公司的
a	18	Grants payable			ائزو الألوال	
b	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·			——] ³ / ₆₂ /	
ļ	20	Loans from officers, directors, trustees, and other disqualified persons				
ţ	21	Mortgages and other notes payable (attach schedule) · · · · · ·				
e	22	Other liabilities (describe				
<u>s</u>	23	Total liabilities (add lines 17 through 22)	0		يّ ٥	
		Foundations that follow SFAS 117, check here · · · · · ▶ X and complete lines 24 through 26 and lines 30 and 31.			13 42 131	
N F	1	Unrestricted · · · · · · · · · · · · · · · · · · ·	352,018	331,74	14	
tn	123	Temporarily restricted • • • • • • • • • • • • • • • • • • •				
d	100	Permanently restricted · · · · · · · · · · · · · · · · · · ·				THE STATE OF THE S
Α		Foundations that do not follow SFAS 117, check here •••			G	
SB	3	and complete lines 27 through 31.			<u>€</u>	
s a	27	Capital stock, trust principal, or current funds				
t a	28	Paid-in or capital surplus, or land, bldg , and equipment fund • • •				经国际规则
Sn	29	Retained earnings, accumulated income, endowment, or other funds			ii.	是一种种种的
c _ e	1.50	Total net assets or fund balances (see page 17 of the			19	
o s	1	instructions) · · · · · · · · · · · · · · · · · · ·	352,018	331,74	14	
	31	Total liabilities and net assets/fund balances (see page 17			ni.	
		of the instructions)	352,018	331,74	44	等。
	art II					
1		net assets or fund balances at beginning of year - Part II, column (a), I	, •			
		of-year figure reported on prior year's return)			1	352,018
2		r amount from Part I, line 27a · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		2	(20,274)
3		r increases not included in line 2 (itemize)			3	
4		lines 1, 2, and 3	· · · · · · · · · · · · · · · · · · · 		4	331,744
5		eases not included in line 2 (itemize)			5	
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part I	I, column (b), line 30 · · ·		6	331,744

Part IV Capital Gains a	<u>nd Losses for Tax on Inv</u>	<u>estment income</u>		···	· · · · · · · · · · · · · · · · · · ·
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or commonstock, 200 shs MLC Co.) (b) How acquired P-Purchase D-Donation (yill be considered by the constant of the constant o					(d) Date sold (yr, mo, day)
1a UBS FINANCIAL SERV	VICES INC.		P	2007-11-02	2010-05-21
b					
C					
d		- 			-
e			l		<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o	se of sale		an or (bss) (f) minus (g)
a 113,554			125,892		(12,338)
b		<u> </u>			
d					
e					
	ving gain in column (h) and owned	t by the foundation o	n 12/31/69		
Complete only for assets show		1		(1) Gans (0 col (k), but not	Cot (h) gain minus
(i) FMV asof 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j			less than -0-) or from col (h))
a		<u> </u>	·· · · · · · · · · · · · · · · · · · ·		(12,338)
b					(,,
c		 			
d		 			
e					
	If gain,	also enter in Part I, Ii	ne 7	†	
2 Capital gain net income or (ne	t capital loss)	, enter -0- ın Part I, lı	ne 7	2	(12,338)
3 Net short-term capital gain or	(loss) as defined in sections 1222	(5) and (6)			
	e 8, column (c) (see pages 13 and		ıs) · · •		
_	8		}	3	
Part V/ Qualification Un	ider Section 4940(e) for R	Reduced Tax on	Net Investme	ent Income	
(For optional use by domestic priva					
If another 4040(d)(2) another leave	this and black				
If section 4940(d)(2) applies, leave	e this part blank				
Was the foundation liable for the s	ection 4942 tax on the distributat	ole amount of any ye	ar in the base pe	rıod?	Yes No
If "Yes," the foundation does not q	ualify under section 4940(e) Do	not complete this pai	t		
1 Enter the appropriate amount	ın each column for each year, se	e page 18 of the inst	ructions before m	naking any entries	
(a) Base period years	(b)		(c)	n n	(d) stribution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	s Net value of r	oncharitable-use assi) divided by col (c))
2009					
2008					· · · · · · · · · · · · · · · · · · ·
2007					
2006					
2005					
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the		•	•		
number of years the foundation	n has been in existence if less th	an 5 years • • • •	• • • • • • • •	3	
4 Enter the net value of noncha	ritable-use assets for 2010 from F	Part X, line 5	• • • • • • • •	4	
5 Multiply line 4 by line 3 · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • •	5	0
6 Enter 1% of net investment in	come (1% of Part I, line 27b) • •		• • • • • • • •	· · · <u>6</u>	
7 Add lines 5 and 6 · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • •	7	0
8 Enter qualifying distributions f	·				
	than line 7, check the box in Part	VI, line 1b, and com	plete that part us	ing a 1% tax rate So	ee the
Part VI instructions on page 1	8				

Form	990-PF (2010) ISNARDI FOUNDATION 2	0-3	68202	21	Pa	age 4
	t.VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18					-90 .
1a	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1		35 45	of ly	· · · · · · · · · · · · · · · · · · ·	45. 1
١۵.	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)	4,54	7 7 7		364 C	\$754.4 1
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	N/	A	231180	2532458
b	here Pand enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·	-5.8	Malant.	55.5° 7.65	E diar.	3.170
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	F. (3)		The Part		1
·	Part I, line 12, col (b)	135	1 Car 1 - 2		111 ce 314	المتداعداء
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				
2	Add lines 1 and 2	3				
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
4	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- · · · · · · · · ·	5			-	
5 c	Credits/Payments	37-3	12 /1	Per	data.	10 -F.
6	2010 estimated tax payments and 2009 overpayment credited to 2010 · · 6a		出した。			
a	Exempt foreign organizations - tax withheld at source • • • • • • • 6b	30.5	100		1	1, 7, 7
þ	Tax paid with application for extension of time to file (Form 8868) · · · · · 6c	15/65		C+12.27	WART OF THE PARTY	e h hass
C	Backup withholding erroneously withheld	12.6	(1) (1) (2) (2) (1) (2) (3) (4) (4)			1 (17) (1 10) (17)
d		7 7	l'établi	No.	40 . Th	130.14
7	Total credits and payments Add lines 6a through 6d	8				
8		9				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶	11			-	
	t VII-A Statements Regarding Activities			1,581	 1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		}	rei i	Yes	No
	participate or intervene in any political campaign?	• •	}	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?	• •	٠. ا	1b	- 1.56	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		}		(1) (1)	The !
	published or distributed by the foundation in connection with the activities		-		116	19.00
С.	Did the foundation file Form 1120-POL for this year?	• •		1c	£.79.441	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			2.6		THE STATE OF
	(1) On the foundation \$\\$ (2) On foundation managers			400 K		是 (A
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				数别	10000
	on foundation managers > \$				1	Erre
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? • • • • • • • • • • • • • • • • • • •	• •	• •	2	140.16	X
_	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			ECRE	THE TEST	تستخذ
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	• •	٠. ا	_3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	• •	• •	4a		X
_b	If "Yes," has it filed a tax return on Form 990-T for this year?	• •	••	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• •	• •	5 #13-516-3	Liferen F.A	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					1
	By language in the governing instrument, or By catalog and the state of the s					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			3.23	1	
_	conflict with the state law remain in the governing instrument?	• •	• •	6	X	<u> </u>
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 I	ΚV	• •	7	X	7, 30:
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				相對	毛。
	instructions) > CA					145
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			2	HE WILL	Z av
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	• • •	• •	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			Time to	産業	(5.12)
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			i		
	27)? If "Yes," complete Part XIV	• • •	• •	9	X	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					1

Form	990-PF (2010) ISNARDI FOUNDATION	20-36820	21	Р	age 5
Pai	t VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		1		
-	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) · · · · · · · · · ·		11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		{	.	
	August 17, 2008?	• • • • •	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications.	ion? • •	13	X	
	Website address N/A				
14	The books are in care of ORAN MCNEIL Telephone no	▶ 559-2			
	Located at ► 612 E SHIELDS AVE Fresno, CA ZIP+4	▶ 93704	-464	0	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here · · · · ·			• • •	▶ [
	and enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • • • • • • • • • • • •	15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?	• • • • •	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter		14		1
	the name of the foreign country		7		""
Pa	t:VII-B: Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		李 林	Yes	No
1a	During the year did the foundation (either directly or indirectly)		海震 流	1	學系統
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No	軟髓		33.4
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		经验		
	disqualified person?	X No	3		YHS
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? · · · · · · Yes	X No	認即		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? · · · · · Yes				
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				344
	the benefit or use of a disqualified person)? • • • • • • • • • • • • • • • • • • •	X No	0	機	2
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	_ _	新		
	foundation agreed to make a grant to or to employ the official for a period after			1	
	termination of government service, if terminating within 90 days)	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	ons			24
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? •		1b		
	Organizations relying on a current notice regarding disaster assistance check here • • • • • • • • • • • • • • • • • •	▶ []	製製	致變	200
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			W	
	were not corrected before the first day of the tax year beginning in 2010?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				West to
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and		機能	THE STATE OF	
	6e, Part XIII) for tax year(s) beginning before 2010? Yes	No No			
	If "Yes," list the years ,,,				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			TANK!	新
	all years listed, answer "No" and attach statement - see page 22 of the instructions)		2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		A A		增機
)			1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_			復
	at any time during the year?	s No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or	_			188
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		74		
	foundation had excess business holdings in 2010)		3b		

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 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 2010?

J. W.

4b

Form 990-PF (2010) ISNARDI FOUNDATION							20-3682	2021	Page 6
Part VII-B Statements Regarding Activitie	s for V	Vhich Form	4720	May Be F	Require	ed (co	ontinued)		
5a During the year did the foundation pay or incur any a								NO.	7.
(1) Carry on propaganda, or otherwise attempt to in	fluence l	egislation (sec	tion 494	5(e))? · ·	• • • [Yes	X No		Tr.
(2) Influence the outcome of any specific public elec						_	دع		
directly or indirectly, any voter registration drive?					[Yes	X No		
(3) Provide a grant to an individual for travel, study,						Yes	X No		
(4) Provide a grant to an organization other than a c					,		<u>(7)</u>		
section 509(a)(1), (2), or (3), or section 4940(d)(Yes	X No		
(5) Provide for any purpose other than religious, cha					'	63	V KO		
purposes, or for the prevention of cruelty to child					1	¬ v	X No		
					· ·	Yes	X NO	14.00	
b If any answer is "Yes" to 5a(1)-(5), did any of the tra							-\2	17.53	
Regulations section 53 4945 or in a current notice re	-						s)/ · · · ·	5b	STREAM AND ADVISATION
Organizations relying on a current notice regarding of						• • • •	• ▶ 📙		
c If the answer is "Yes" to question 5a(4), does the for						–			
because it maintained expenditure responsibility for	_				• • •	Yes	∐ No		
If "Yes," attach the statement required by Regulation		• •	•						200
6a Did the foundation, during the year, receive any fund		-				_	_		
on a personal benefit contract? • • • • • • • • • • • • • • • • • • •						Yes	X No		
b Did the foundation, during the year, pay premiums, of	directly o	r indirectly, on	a perso	nal benefit c	ontract?		• • • • •	6b	X
If "Yes" to 6b, file Form 8870								建	建建 监狱
7a At any time during the tax year, was the foundation a	a party to	a prohibited t	ax shelt	er transactio	n? .	Yes	X No		
b If yes, did the foundation receive any proceeds or ha	ave any r	net income atti	rıbutable	to the trans	action?			7ь	
Part VIII" Information About Officers, Dire	ctors.	Trustees.	Found	ation Ma	naders	. Hiah	lv Paid	Employ	ees.
and Contractors	•	,				,	.,	,,	, ,
1 List all officers, directors, trustees, foundation mai	nagers a	nd their com	noneati	on loop noo	a 22 of	he inst	uctions)		
e. an emedic, anedicie, hadices, realization ma	iugeis e	and then com	pensan	on (see pay	C ZZ OI		ucuonaj.		
	(b) Title	e, and average	(c) Co	empensation	(d)	Contributio	ns to	(e) Exper	nse account
(a) Name and address	(b) Title hour	e, and average rs per week	(c) Co	ompensation paid, enter	(d) emplo	Contributio	ns to t plans		nse account, lowances
	(b) Title hour	e, and average rs per week ed to position	(c) Co	empensation	(d) emplo	Contributio	ns to t plans		
(a) Name and address	(b) Title hour devote	e, and average rs per week ed to position	(c) Co	ompensation paid, enter	(d) emplo	Contributio	ns to t plans		lowances
(a) Name and address VINCENT ISNARDI	(b) Title hour devote	e, and average rs per week ed to position DENT 1	(c) Co	ompensation paid, enter -0-)	(d) emplo	Contributio	ns to t plans ensation		
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG	(b) Title hour devote PRESI	e, and average s per week ed to position DENT 1	(c) Co	ompensation paid, enter -0-)	(d) emplo	Contributio	ns to t plans ensation		O
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1	(c) Co	ompensation paid, enter -0-)	(d) emplo	Contributio	ns to t plans ensation		lowances
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL	(b) Title hour devote PRESI	e, and average rs per week d to position DENT 1 TARY	(c) Co	ompensation paid, enter -0-)	(d) emplo	Contributio	ons to t plans ensation 0		0 0
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704	(b) Title hour devote PRESI SECRE	e, and average s per week ed to position DENT 1	(c) Co	ompensation paid, enter -0-)	(d) emplo	Contributio	ns to t plans ensation		O
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL	(b) Title hour devote PRESI SECRE	e, and average rs per week d to position DENT 1 TARY	(c) Co	ompensation paid, enter -0-)	(d) emplo	Contributio	ons to t plans ensation 0		0 0
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1	(c) Cc (if not	ompensation paid, enter -0-) 0	(d) emploi and defe	Contribution	ons to t plans ensation 0	other al	0 0
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1	(c) Cc (if not	ompensation paid, enter -0-) 0	(d) emploi and defe	Contribution	ons to t plans ensation 0	other al	0 0
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1	(c) Cc (if not	ompensation paid, enter -0-) 0	(d) emploi and defe	Contribution yee benefited comp	ons to t plans ensation 0 0 0 ctructions	other al	0 0
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE."	(b) Title hour devote PRESI SECRE	e, and average rs per week d to position DENT 1 TARY 1 4 those include	(c) Cc (ff not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit the comp f the ins (d) Contribution	ons to t plans ensation 0 0 ctructions	other al	0 0 0
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week d to position DENT 1 TARY 1 4 those include	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE."	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,
(a) Name and address VINCENT ISNARDI 7444 N CEDAR - NO. 122, CA 93720 THOMAS SAYEG 5541 N COLONIAL Fresno, CA 93704 ORAN MCNEIL 612 E SHIELDS AVE, CA 93704-4640 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote PRESI SECRE	e, and average rs per week ed to position DENT 1 TARY 1 4 those include (b) Title, and a hours per w	(c) Cc (lf not	ompensation paid, enter -0-) 0 0 0 te 1 - see pa	(d) emplo and defe	Contribution yee benefit tred comp f the ins (d) Contre employee plans and	ons to t plans ensation 0 0 otructions tributions to the benefit d deferred).	0 0 0 nse account,

Part: VIII Information About Officers, Directors, Trustees, and Contractors (continued)	roundation managers, highly	raiu cilipioyees,
3 Five highest-paid independent contractors for professional services (se	e page 23 of the instructions). If non	e, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		l
Catal number of others recovered over \$50,000 for professional convices		
Total number of others receiving over \$50,000 for professional services · · · ·		
Partix A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statist	ical information such as the number of	F
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 COMMUNITY MEDICAL FOUNDATION		
FRESNO CALIFORNIA		
2 NANCY HINDS HOSPICE		
FRESNO CALIFORNIA		
3		
		
4		
Part X-B Summary of Program-Related Investments (see	nage 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on		Amount
1	into ranaz	Amoun
2		
All other program-related investments See page 24 of the instructions		
3		
Total. Add lines 1 through 3		>
		Farm 000 DE /0

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see page 24 of the instructions) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities	821,028 8,658 0 829,686
purposes a Average monthly fair market value of securities	8,658 0 329,686
b Average of monthly cash balances · · · · · · · · · · · · · · · · · · ·	8,658 0 329,686
b Average of monthly cash balances · · · · · · · · · · · · · · · · · · ·	0 329,686
	329,686
c i an marker value of an other assers (see page 25 of the mondetions)	<u> </u>
	0
e Reduction claimed for blockage or other factors reported on lines 1a and	0
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) · · · · · · · · · · · · · · · · · · ·	0
2 Acquisition indebtedness applicable to line 1 assets	
	329,686
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of	
the instructions)	4,945
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · · 5	324,741
6 Minimum investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · 6	16,237
Part:XI: Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating	
foundations and certain foreign organizations check here and do not complete this part)	
1 Minimum investment return from Part X, line 6 · · · · · · · · · · · · · · · · · 1	16,237
2a Tax on investment income for 2010 from Part VI, line 5 · · · · · · · 2a 161	
2a Tax on investment income for 2010 from Part VI, line 5 · · · · · · · · 2a 161 b Income tax for 2010 (This does not include the tax from Part VI) · · · · 2b	
c Add lines 2a and 2b · · · · · · · · · · · · · · · · · ·	161
3 Distributable amount before adjustments Subtract line 2c from line 1 · · · · · · · · · · · · · · · · · ·	16,076
4 Recoveries of amounts treated as qualifying distributions · · · · · · · · · · · · · · · · · · ·	
5 Add lines 3 and 4	16,076
6 Deduction from distributable amount (see page 25 of the instructions)	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	
line 1 · · · · · · · · · · · · · · · · · ·	16,076
Part XII Qualifying Distributions (see page 25 of the instructions)	
Part XII Qualifying Distributions (see page 25 of the instructions)	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 · · · · · · · · · · · · · · · 1a	16,299
b Program-related investments - total from Part IX-B · · · · · · · · · · · · · · · · · · ·	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	
purposes · · · · · · · · · · · · · · · · · ·	
3 Amounts set aside for specific charitable projects that satisfy the	
a Suitability test (prior IRS approval required) • • • • • • • • • • • • • • • • • • •	
b Cash distribution test (attach the required schedule) • • • • • • • • • • • • • • • • • • •	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 · 4	16,299
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) • • • • • • • • • • • • • • • • • • •	
6 Adjusted qualifying distributions. Subtract line 5 from line 4 · · · · · · · · · · · · · · · 6	16,299
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	
qualifies for the section 4940(e) reduction of tax in those years	

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Part XIII. Undistributed Income (see page 26 of the instructions) (b) Years prior to 2009 (d) 2010 Distributable amount for 2010 from Part XI. 可認可認為 16,076 2 Undistributed income, if any, as of the end of 2010 Enter amount for 2009 only Total for prior years Excess distributions carryover, if any, to 2010 From 2005 2,343 From 2006 From 2007 484,457 487,397 d From 2008 e From 2009 - - - - -Total of lines 3a through e Qualifying distributions for 2010 from Part XII, 16,299 line 4 ▶ \$ a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see page 26 of the instructions) c Treated as distributions out of corpus (Election required - see page 26 of the instructions) d Applied to 2010 distributable amount . . e Remaining amount distributed out of corpus · · · Excess distributions carryover applied to 2010 . (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: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b · · · · · · · · · c 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 . . d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a · · · · Analysis of line 9 10 Excess from 2006 2,343 484,457 b Excess from 2007 487,397 Excess from 2008 Excess from 2009 · · · · e Excess from 2010 · · · · ·

1a	If the foundation has received a ruling	or determination letter	that it is a private and	atua a	l l	
	· ·	or determination letter	mat it is a private oper	aung		
	foundation, and the ruling is effective for	or 2010, enter the date	of the ruling $\cdot\cdot\cdot\cdot$		<u> </u>	
b	Check box to indicate whether the foun	idation is a private ope	rating foundation desc	cribed in section	4942(j)(3) or 4	942(J)(5)
`2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	each year listed · · · · · · ·	8,064	12,348	12,703	15,642	48,757
b	85% of line 2a	6,854	10,496	10,798	13,296	41,444
С	Qualifying distributions from Part XII, line 4 for each year listed · · · · ·	16,299	10,375		500,516	1,027,520
đ	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c · · · ·	16,299	10,375	500,330	500,516	1,027,520
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 under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - erter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	10,825	10,375	8,469	10,429	40,098
С	"Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities 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 support from an exempt organization • • •					
	(4) Gross investment income · · ·	<u></u>		<u> </u>		
Part ·	XV Supplementary Informa	tion (Complete th	nis part only if th	e foundation had	\$5,000 or more in	n assets at
	any time during the yea	r - see page 28 o	f the instructions	3.)		
1 a	Information Regarding Foundation I List any managers of the foundation w before the close of any tax year (but or	ho have contributed m	ore than 2% of the tot uted more than \$5,000	al contributions receive O) (See section 507(d)	ed by the foundation (2))	
	VINCENT ISNARDI,					
b	List any managers of the foundation w ownership of a partnership or other en				ge portion of the	
2	Information Regarding Contribution Check here ▶ ☐ if the foundation or unsolicited requests for funds. If the fo organizations under other conditions,	aly makes contributions nundation makes gifts,	s to preselected charit grants, etc (see page	able organizations and	does not accept to individuals or	
а	The name, address, and telephone nu 990APP			ould be addressed		
b	The form in which applications should	be submitted and info	rmation and materials	they should include		
С	Any submission deadlines					
d	Any restrictions or limitations on award factors	ds, such as by geograp	ohical areas, charitable	e fields, kinds of institu	tions, or other	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

5 Grants and Contribute		aid During the	If recipient is an individual, show any relationship to	Foundation	}	
Recipie			any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (ho	me o	r business)	or substantial contributor			
a Paid during the year						u
COMMUNITY MEDICAL FOU	NDAT1	ON			CONSTRUCTION	
PO BOX 1232					& OUTFITTING FOR	1
Fresno	CA	93715~1232			TERRY'S HOUSE	8,000
NANCY HINDS HOSPICE					FURTHERANCE OF	
1616 W SHAW AVE				}	HOSPICE PROGRAMS	
Fresno	CA	93711				8,000
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	• • •	• • • • • • • • •			3a	16,000
b Approved for future payment						
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Total • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · ·			▶ 3b	

Part XVI-A Analysis of Income-Producing A	ctivities				
Enter gross amounts unless otherwise indicated		business income	Excluded by s	ection 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a					
b			ļ		
c			ļ		
d	<u> </u>		 		
e		<u> </u>	 		·
g Fees and contracts from government agencies · · ·			ļ		
2 Membership dues and assessments · · · · · · · · ·			 		
3 Interest on savings and temporary cash investments •					
4 Dividends and interest from securities • • • • • • • • •				-	
5 Net rental income or (loss) from real estate	11月でに14年	(A) 20 10 10 10 10 10 10 10 10 10 10 10 10 10	William Ca	不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	编集的扩泛。这种制
a Debt-financed property					
b Not debt-financed property · · · · · · · · · · · · · · · · · · ·					
6 Net rental income or (loss) from personal property · · ·					
7 Other investment income · · · · · · · · · · · · · · · · · · ·					
8 Gain or (loss) from sales of assets other than inventory-		<u> </u>			
9 Net income or (loss) from special events · · · · · ·			ļ		
10 Gross profit or (loss) from sales of inventory · · · · ·					
11 Other revenue a					
b	ļ	 	 	 	<u> </u>
d	\ <u> </u>				
d		<u> </u>	<u> </u>	 	
12 Subtotal Add columns (b), (d), and (e)	了我们就不必	·	的學生是		
13 Total. Add line 12, columns (b), (d), and (e)			In wattran in a	• • • • • 13	!
(See worksheet in line 13 instructions on page 29 to verify ca					
Part XVI-B Relationship of Activities to the	Accomp	lishment of Exe	mpt Purpo	ses	
Explain below how each activity for which in	come is repo	orted in column (e) of	f Part XVI-A co	ontributed importantly t	
accomplishment of the foundation's exempt	purposes (o	ther than by providin	ng funds for su	ch purposes) (See pa	ge 29 of the
instructions)					
					
					
				 	
	· · · · · · · · · · · · · · · · · · ·				
					
	· · · · · · · · ·				
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				,,	
					
					

•Form 990-PF (2010) ISNARDI FOUNDATION 20-3682021 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) 1a(2) b Other transactions: 译 以 1b(1) 1b(2) Χ 1b(3) 1b(4) X 1b(5) X 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

b If "Yes,	complete the following schedule				
	(a) Name of organization	(b) Type of organization		(c) Description of relationship	
Linde	r penalties of perjury, I declare that I have exam	uped this return including accompanying a	chadulas and statements a	and to the best of my knowledge and	
Sign	, it is true, correct, and complete Declaration of	preparer (other than taxpayer or fiduciary)	is based on all information	of which preparer has any knowledge	
Here	Our -	Mn: OI	11/4/11	CFO	
s	ignature of officer or trustee		Date	Title	
Paid	Print/Type preparer's name	Preparer's sgnature	Date	Check If PTIN	
				self-employed	
Prepare				Firm's EN	
Use Onl	y Firm's address ▶		Phone no		
				Ì	

EEA

Form 990-PF (2010)

	Federal Supporting Statements	2010 _{PG 01}
Name(s) as shown on return		FEIN
ISNARDI FOUNDATION		20-3682021

Form 990PF, Part II, Line 10(b) Investments: Corporate Stock Schedule

Statement #137

Category	BOY	Book Value	EOY FMV
CORPORATE STOCK	202,709	162,789	162,789
Totals	202,709	162,789	162,789

Form 990PF, Part II, Line 10(c) Investments: Corporate Bond Schedule

PG 01 Statement #138

Category	воу	Book Value	EOY FMV
CORPORATE BONDS	147,891	153,057	153,057
Totals	147,891	153,057	153,057

Federal Supporting Statements 2010 PG 01 Name(s) as shown on return ISNARDI FOUNDATION 20-3682021

Form 990PF, Part XV, Line 2
Application Submission Information

990APP

Grant Program

Applicant Name ORAN MCNEIL

Address 612 E SHIELDS AVE

Fresno

CA 93704

Telephone 559-222-4481

Form & Content
AN OFFICIAL DONATION REQUEST LETTER.

Submission Deadline NONE

Restrictions on Award NONE

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Re	evenue Service	► File a separa	ite applicat	ion for each return.				
• If you	are filing for an	Automatic 3-Month Extension, co Additional (Not Automatic) 3-Mon Il unless you have already been gra	nth Extens	sion, complete only Part II	on page 2	of this forn	1)	X 368
a corpor 8868 to Return f instruction	ation required to request an extended for Transfers As ons) For more	e). You can electronically file Form 8 o file Form 990-T), or an additional in the forms of time to file any of the forms sociated With Certain Personal Bendetails on the electronic filing of this	(not autom s listed in F lefit Contra form, visit	natic) 3-month extension of the Part I or Part II with the except acts, which must be sent to the www.irs gov/efile and click of	me You ca otion of Form ne IRS in pa on e-file for	n electroni n 8870, In aper forma	cally file formation t (see	e Form on
Part I	Automati	c 3-Month Extension of Time.	Only sub	mit original (no copies nee	eded)			
Part I or	ıly	to file Form 990-T and requesting ar					•	
	r corporations (i île income tax r	ncluding 1120-C filers), partnerships eturns	s, REMICs	, and trusts must use Form i	'004 to requ	iest an ext	ension	Of
Type or		exempt organization			Employer identification number			
print	ISNAR	DI FOUNDATION			20-3682021			
File by the		street, and room or suite no. If a P.O. bo	x, see ınstru	uctions				
due date fi filing your	or 612 E	SHIELDS AVE						
return Security		or post office, state, and ZIP code For	a foreign ad	dress, see instructions				
	FRESN	O CA 93704-4640						
Enter th	e Return code f	or the return that this application is	for (file a s	eparate application for each	return) .			014
Applica	tion		Return	Application				Return
ls For			Code	Is For				Code
Form 99			01	Form 990-T (corporation)				07
Form 99			02	Form 1041-A				80
Form 99			03	Form 4720		 	·	09
Form 99		a) or 408(a) trust)	04	Form 5227 Form 6069			10 11	
	00-T (sec 401(a		06					12
Telep If the If this for the valist with	hone No. organization do is for a Group whole group, chit the names arequest an autor til NOVEI the organization calendar you tax year between the tax year enterprise in the tax year enterprise in the tax year enterprise in the tax year enterprise in the organization that is the tax year enterprise in tax year enterprise in tax year en	nd EINs of all members the extension natic 3-month (6 months for a corpo MBER. 15, 20, 11, to file the expires return for ear 20 or eginning	siness in to digit Groupor part of to in is for a ration requirement organization, 20	he United States, check this ip Exemption Number (GEN) he group, check this box uired to file Form 990-T) extendization return for the organum, and ending	box ► [and a	his is attach The ex	
	his application	counting period is for Form 990-BL, 990-PF, 990-T,	4720, or 6	069, enter the tentative tax, I	ess any	·	<u> </u>	
		edits See instructions			 	3a	\$	0
es	timated tax pay	is for Form 990-PF, 990-T, 4720, or ments made Include any prior year	overpaym	ent allowed as a credit		3b	\$	0
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$					0			
Caution for payr	n. If you are goi nent instruction	ng to make an electronic fund withd s	rawal with	this Form 8868, see Form 8-	453-EO and	l Form 887	9-EO	