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SCANNED SEP 1 3 2011

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Section 50 (10) argunation and 497(4)(1) non-expert (hard Fib. Doc, final is not debored to street address) Room/state 11-3239135 Room/state 13-347-8690 718-34	_			30,	2009					
Best Section Sectio	В	applica		Employer	identification number					
Report Section 501(c)(3) organization and 4947(c)(1) organization to table votes (and the country and ZP+4 Focus (section 501(c)(3) organization and 4947(c)(1) organization type (Check only one) XZ 501(c) (5)		Addr	AMERICAN REGISTRY OF MAGNETIC RESONANCE							
Section 5 Section Sec				11-3	3239135					
Second	Ē	Ilnitia	type Number and street (or P.O. box if mail is not delivered to street address) Poom/suite F							
Section 501(c)(3) organizations and 4847(s)(1) merevampt charitable trusts must attach a completed Section 501(c)(3) organizations and 4847(s)(1) merevampt charitable trusts must attach a completed Other (possed)	F	Tern	Inn- Specific 8815 COMMONWEAT.TH BIJD	718-	347-8690					
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Organization type (check only one)	_	14/ - L -			the expenses on the set					
Check										
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Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)				ore than \$	25,000. A return is not					
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12-17-08 LHA For Privacy Act and Paperwork Heduction Act Notice, see the instructions for Form 990.		2171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		Form 990-EZ (2008)					

AMERICAN REGISTRY OF MAGNETIC RESONANCE

	1990-EZ (2008) IMAGING TECHNOLOGISTS INC			<u> </u>	<u> 32391</u>	_35 Page 2
Pa	att III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)			penses
Wha	it is the organization's primary exempt purpose? SEE STATEMENT	7			(Required	for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services		and (4) or	ganizations and) trusts; optional
	rided, the number of persons benefited, or other relevant information for each pr		,001.00 (110 001 41000		for others) ii usis, optionai .)
	SEE STATEMENT 6	- Ogram title			1	
28	SEE STATEMENT 0					
	(Grants \$) If this amount includes foreign (grants, check here	<u>></u>		28a	
29						
	(Grants \$) If this amount includes foreign of	grants, check here			29a	
30		, , , , , , , , , , , , , , , , , , , ,				
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	(Grants \$) If this amount includes foreign of	grants, check here	<u>P</u>	لــــا	30a	
31	Other program services (attach schedule)			_		
	(Grants \$) If this amount includes foreign (grants, check here	<u> </u>		31a	
	Total program service expenses (add lines 28a through 31a)				32	
Pá	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ren if not compensated	(See the	instructions 1	or Part IV)
		(1) T.H.	(-) ()		ontributions	
	(a) Name and address	(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter -0-)		efit plans & eferred	account and other allowances
		position	-0- /		pensation	other allowances
	MES COFFIN	PRESIDENT				
	-	₹	26500		^	_
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<u>CC</u>	<u>L RICHARD AROLD (RETIRED)</u>	PUBLIC MEMBER				
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ΑI	BERTO CAYTON MD	EXAM COMMITTE	E CHAIR			
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AMERICAN REGISTRY OF MAGNETIC RESONANCE

Form 990-EZ (2008)

Form 990-EZ (2008) IMAGING TECHNOLOGISTS INC

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

<u>11-3239135</u>

Page 3

1 0	Ottler information (Note the statement requirements in the instructions for Part VI)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	1.55	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not		_	
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			1
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/	A
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
ď	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			-
	transaction? If "Yes," complete Form 8886-T	40e	ļ	X
41	List the states with which a copy of this return is filed. NY			
42 a	The books are in care of ► JAMES COFFIN Telephone no. ► 718-3			
	Located at ► 8815 COMMONWEALTH BLVD, BELLEROSE, NY ZIP+4 ►	1142	6	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	<u> </u>	Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	1		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_X
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	IN/ FI	<u> </u>	
			Vos	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		162	140
77	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	44	 	_^_
1 0	completed instead of Form 990-EZ	45		x
	COMPLETE MISING OF FORM 300 CZ		100-E7	(2008)
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AMERICAN REGISTRY OF MAGNETIC RESONANCE Form 990-EZ (2008) IMAGING TECHNOLOGISTS INC 11-3239135 Page 4 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No 46 office? If "Yes," complete Schedule C, Part I 46 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None," (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to benefit plans & account and than \$100,000 position deferred other allowances compensation N/A Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation

TOTAL HULLID	cr of other macpenaent contractors each receiving over \$100,000						
Sign	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all i	companying schedules and state information of which preparer has	ements, and to the bes s any knowledge	st of my knowledge and belief $8/3/20$	of, it is true,		
Here	JAMES COFFIN, EXECUTIVE DIRE		Date				
Paid Preparer's	Preparer's signature	Date 08/13/10	Check if self- employed	Preparer's Identifying Nu	mber (See instr.)		
Use Only	Firm's name (or yours DONALD T. MCLEAN CPA, it self-employed), address, and ZIP+4 RARITAN, NJ 08869	P.C.		Phone ► (908)	685-3060		
May the IRS	S discuss this return with the preparer shown above? See instructions			▶ 🗓	Yes No		
				Fo	orm 990-EZ (2008)		

Total number of other independent contractors each receiving over \$100,000

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
PROFESSIONAL FEES			141	95.
DUES AND SUBSCRIPTIONS				58.
INSURANCE				08.
CONTRIBUTIONS			10	60.
CREDIT CARD FEES AND BANK CHARG	SES			61.
REPAIRS				34.
WEBSITE EXP				80.
PAYROLL TAXES			450	91.
TRAVEL CONFERENCES, CONVENTIONS, MEETI	INGS		312	
TELEPHONE	.1465			51.
TOTAL TO FORM 990-EZ, LINE 16			1157	80.
FORM 990-EZ	OTHER ASSETS	•	STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
DEPOSITS		300.	3	00.
PREPAID EXP		0.		45.
OTHER DEPRECIABLE ASSETS		6020.	21	73.
TOTAL TO FORM 990-EZ, LINE 24		6320.	100	18.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
ACCOUNTS PAYABLE AND ACCRUED EX	(PENSES	700.	30:	17.
TOTAL TO FORM 990-EZ, LINE 26		700.	30	
TOTUT TO LOWE 330-EQ' TIME 70		700.	30.	- / •

FORM 990-EZ	OCCUPANCY,	RENT,	UTILITIES	AND	MAINTENANCE	STATEMENT	4
DESCRIPTION						AMOUNT	
DEPRECIATION OTHER EXPENSES						384 1801	
TOTAL TO FORM 9	990-EZ, LINE	14				2186	51.

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT			5	
A)	DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?		[]	YES	[X]	NO
B)		ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	•	[]	YES	[X]	NO

990-EZ PG 2

STATEMENT

6

TO AID THE PROGRESS OF THE PROFESSION OF MRI LIBRARIES AND CIRRICULA, PROMOTE HIGH TECNICAL STANDARDS TO PRACTICE MRI, SUPPORT TECHNICIAN ACTIVITES FOR MRI EMPLOYMENT. ADVANCE PUBLIC RELATION WITH GOVT AGENCIES AND GENERAL PUBLIC

990-EZ PG 2 STATEMENT

PROMOTE HIGH TECHNICAL STANDARDS WITHIN MRI FACILITIES THROUGH ADVANCEMENT IN LIBRARIES AND PROFESSIONAL EDUCATION. ADVANCE PUBLIC RELATIONS WITH GENERAL PUBLIC AND GOVERNMENT AGENCIES.

Form 8868 (Rev. 4-2009)	Page 2					
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	× N					
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	, 					
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).						
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies needed)					
Name of Exempt Organization Type or AMERICAN REGISTRY OF MAGNETIC RESONANCE	Employer identification number					
IMAGING TECHNOLOGISTS INC	11-3239135					
File by the extended due date for filing the	For IRS use only					
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. BELLEROSE, NY 11426						
Check type of return to be filed (File a separate application for each return). Form 990 Form 990-EZ Form 990-PF Form 990-T (trust other than above) Form 4720	Form 5227 Form 8870 Form 6069					
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly filed Form 8868.					
JAMES COFFIN • The books are in the care of ▶ 8815 COMMONWEALTH BLVD - BELLEROSE, NY 11426 Telephone No ▶ 718-347-8690 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for 4 I request an additional 3-month extension of time until AUGUST 15, 2010 5 For calendar year, or other tax year beginning OCT 1, 2008, and ending SEP 30, 2009						
6 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period					
7 State in detail why you need the extension NECESSARY INFORMATION TO ACCURATELY COMPLETE RETURN IS YET AVAILABLE.	NOT					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b 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.	8a \$					
previously with Form 8868	8b \$					
c 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 \$ N/A					
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I are authorized to prepare this form.						
Signature > Signature > CPA	Date > 5/12/10					
	Form 8868 (Rev. 4-2009)					

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