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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning

, 2009, and ending

, 20

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name changeUse the IRS
label.
Otherwise,
print
or type.
See Specific
Instructions.

Name of foundation

Radiology, Inc. Foundation

Number and street (or P O box number if mail is not delivered to street address)

P.O. Box 1258

City or town, state, and ZIP code

South Bend, IN 46624-1258

A Employer identification number

35-1782943

B Telephone number (see page 10 of the instructions)

574-258-1100

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at
end of year (from Part II, col. (c),
line 16) \$ 50
J Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test,
check here and attach computation ☐E If private foundation status was terminated under
section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐**Part I****Analysis of Revenue and Expenses** (The total of
amounts in columns (b), (c), and (d) may not necessarily equal
the amounts in column (a) (see page 11 of the instructions).)

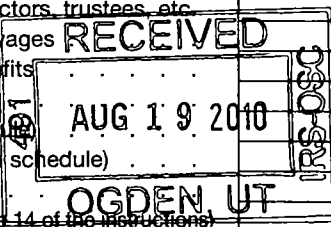
	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	36,100			
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	36,100	0	0	0
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
24 Total operating and administrative expenses. Add lines 13 through 23	0	0	0	0
25 Contributions, gifts, grants paid	36,100			36,100
26 Total expenses and disbursements. Add lines 24 and 25	36,100	0	0	36,100
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	0			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)			0	

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

Cat No 11289X

Form **990-PF** (2009)

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash—non-interest-bearing	50	50	50		
	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					
	9 Prepaid expenses and deferred charges					
	10a Investments—U.S. and state government obligations (attach schedule)					
	b Investments—corporate stock (attach schedule)					
	c Investments—corporate bonds (attach schedule)					
	11 Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶					
	12 Investments—mortgage loans					
	13 Investments—other (attach schedule)					
	14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶					
15 Other assets (describe ▶)						
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	50	50	50			
Liabilities	17 Accounts payable and accrued expenses					
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable (attach schedule)					
	22 Other liabilities (describe ▶)					
	23 Total liabilities (add lines 17 through 22)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24 Unrestricted					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
	27 Capital stock, trust principal, or current funds					
	28 Paid-in or capital surplus, or land, bldg., and equipment fund					
	29 Retained earnings, accumulated income, endowment, or other funds	50	50			
	30 Total net assets or fund balances (see page 17 of the instructions)	50	50			
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	50	50				

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	50
2 Enter amount from Part I, line 27a	2	0
3 Other increases not included in line 2 (itemize) ▶	3	0
4 Add lines 1, 2, and 3	4	0
5 Decreases not included in line 2 (itemize) ▶	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	50

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	N/A			
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8	3	None

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	38,679	0	0
2007	41,230	0	0
2006	36,405	0	0
2005	34,076	0	0
2004	35,197	0	0

2	Total of line 1, column (d)	2	0
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	0
5	Multiply line 4 by line 3	5	0
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	0
8	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	8	36,100

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter. _____ (attach copy of letter if necessary—see instructions)	1	0
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> 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	0
3	Add lines 1 and 2	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
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)? <i>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.</i>		✓
c Did the foundation file Form 1120-POL for this year?		✓
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		✓
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? <i>If "Yes," attach a conformed copy of the changes.</i>		✓
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
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?	✓	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	✓	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ <u>Indiana</u>		
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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	✓	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>		✓
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		✓

Part 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 meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
Website address ► N/A				
14	The books are in care of ► Betsy S. Flesch	Telephone no. ►	574-258-1100	
	Located at ► P.O. Box 1258 South Bend, IN	ZIP+4 ►	46624-1258	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here.		► <input type="checkbox"/>	
	and enter the amount of tax-exempt interest received or accrued during the year	15		

Part 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.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	
	Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
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 all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or 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 foundation had excess business holdings in 2009.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b	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?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:**(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ 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 ☒ No**(3)** Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? **5b**Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(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 account, other allowances
SEE ATTACHED SCHEDULE				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 **NONE**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***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
NONE		
Total number of others receiving over \$50,000 for professional services		NONE

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 beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 N/A	
2	
3	
4	
	0

Part IX-B Summary of Program-Related Investments (see page 24 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 N/A	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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	1a	0
b	Average of monthly cash balances	1b	12,454
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	12,454
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	12,454
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	12,454
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0

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	0
2a	Tax on investment income for 2009 from Part VI, line 5	2a	0
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	0
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0

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	36,100
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	36,100
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	36,100

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.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0	
b Total for prior years: 20 <u>08</u> , 20 <u>07</u> , 20 <u>06</u>		0		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	35,197			
b From 2005	34,076			
c From 2006	36,405			
d From 2007	41,230			
e From 2008	38,679			
f Total of lines 3a through e	185,587			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ <u>36,100</u>				
a Applied to 2008, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
d Applied to 2009 distributable amount				0
e Remaining amount distributed out of corpus	36,100			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	221,687			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
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		0		
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions		0		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0
7 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)	0			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	35,197			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	186,490			
10 Analysis of line 9:				
a Excess from 2005	34,076			
b Excess from 2006	36,405			
c Excess from 2007	41,230			
d Excess from 2008	38,679			
e Excess from 2009	36,100			

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a 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 N/A

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "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—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:
Betsy S. Flesh P.O. Box 1258 South Bend, IN 46624 (574) 258-1100

b The form in which applications should be submitted and information and materials they should include:
See Attached Schedule

c Any submission deadlines:
None

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
See Attached Schedule

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE ATTACHED SCHEDULE				
Total			▶ 3a	36,100
b Approved for future payment				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue:					
a	N/A					
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
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:					
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					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)					
13	Total. Add line 12, columns (b), (d), and (e)					

(See worksheet in line 13 instructions on page 28 to verify calculations.)

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions)

[illegible]

**RADIOLOGY INC. FOUNDATION
PO BOX 1258
SOUTH BEND, IN 46624**

**FORM 990-PF
EIN: 35-1782943
YEAR: 12/31/09**

PART VIII

A	B	C	D	E
Mark Ormson, MD PO Box 1258 South Bend, IN 46624	Manager Part-Time	-0-	-0-	-0-
Carl Schultz, MD PO Box 1258 South Bend, IN 46624	Manager Part- Time	-0-	-0-	-0-
Alan Engel, MD PO Box 1258 South Bend, IN 46624	Manager Part-Time	-0-	-0-	-0-
Kevin Small, MD PO Box 1258 South Bend, IN 46624	Manager Part-Time	-0-	-0-	-0-
LeRoy Weaver, MD PO Box 1258 South Bend, IN 46624	Manager Part-Time	-0-	-0-	-0-
James Field, MD PO Box 1258 South Bend, IN 46624	Manager Part-Time	-0-	-0-	-0-

**RADIOLOGY INC. FOUNDATION
PO BOX 1258
SOUTH BEND, IN 46624**

**FORM 990-PF
EIN: 35-1782943
YEAR: 12/31/09**

PART XV, 2B

Applications should be sent via postal mail. The application should include the purpose of the organization, how the funds will be used, and the amount being requested. The entity must be a 501(c) (3) and must be located in St. Joseph or Elkhart Counties in Indiana. It is also a requirement that the funds must be utilized in the counties as outlined above.

PART XV, 2D

Only 501 (c) (3) organizations located in St. Joseph and Elkhart Counties in Indiana will be considered. All requests are considered on a case by case basis.

RADIOLOGY, INC FOUNDATION
PO BOX 1258
SOUTH BEND, IN 46624

FORM 990-PF
EIN 35-1782943
YEAR 12/31/09

PART XV, ITEM 3a CONTRIBUTIONS PAID DURING YEAR	IS RECIPIENT AN INDIVIDUAL	PURPOSE	AMOUNT
FRIENDS FOR FAYE 1132 STRATFORD PLACE SOUTH BEND, IN 46614	NO	UNRESTRICTED	\$ 2,500 00
HEARTREACH 500 ARCADE AVE STE 230 ELKHART, IN 46514	NO	UNRESTRICTED	\$ 2,500 00
RIVERBEND CANCER SVC 919 E JEFFERSON BLVD STE 401 SOUTH BEND, IN	NO	UNRESTRICTED	\$ 1,000 00
SOUTH BEND CIVIC THEATRE PO BOX 1146 SOUTH BEND, IN 46624	NO	UNRESTRICTED	\$ 250 00
REAL SERVICES 1151 S MICHIGAN ST SOUTH BEND, IN 46601	NO	UNRESTRICTED	\$ 250 00
MULTIPLE SCLEROSIS 7301 GEORGETOWN RD # 112 INDIANAPOLIS, IN 46268	NO	UNRESTRICTED	\$ 500 00
OAKLAWN 330 LAKEVIEW DR GOSHEN, IN 46528	NO	UNRESTRICTED	\$ 100 00
HOPE RESCUE MISSION PO BOX 4488 SOUTH BEND, IN 46634	NO	UNRESTRICTED	\$ 1,000 00
AMERICAN CANCER SOCIETY - SJC 601 W EDISON RD MISHAWAKA, IN 46545	NO	UNRESTRICTED	\$ 500 00
AMERICAN CANCER SOCIETY - ELK 601 W EDISON RD MISHAWAKA, IN 46545	NO	UNRESTRICTED	\$ 500 00
BIG/BROTHERS/BIG SIS - SJC 105 E JEFFERSON BLVD SOUTH BEND, IN 46617	NO	UNRESTRICTED	\$ 250 00

RADIOLOGY, INC. FOUNDATION
PO BOX 1258
SOUTH BEND, IN 46624

FORM 990-PF
EIN: 35-1782943
YEAR: 12/31/09

PART XV, ITEM 3a CONTRIBUTIONS PAID DURING YEAR	IS RECIPIENT AN INDIVIDUAL	PURPOSE	AMOUNT
BIG BROTHERS/BIG SIS - ELK 59029 CO RD 13 ELKHART, IN 46517	NO	UNRESTRICTED	\$ 250.00
BOYS/GIRLS - SJC 1411 LINCOLN WAY WEST MISHAWAKA, IN 46544	NO	UNRESTRICTED	\$ 1,000 00
BOYS/GIRLS CLUB - GOSHEN PO BOX 614 GOSHEN, IN 46527	NO	UNRESTRICTED	\$ 1,000.00
CAPS 1000 W. HIVELEY AVE ELKHART, IN 46517	NO	UNRESTRICTED	\$ 150 00
CASSIE CENTER 912 E LASALLE AVE SOUTH BEND, IN	NO	UNRESTRICTED	\$ 150 00
CENTER FOR THE HOMELESS 813 S MICHIGAN SOUTH BEND, IN 46601	NO	UNRESTRICTED	\$ 1,000 00
SECRET SISTER SOCIETY 707 EAST CEDAR STREET SOUTH BEND, IN 46617	NO	UNRESTRICTED	\$ 500 00
CENTER FOR HOSPICE & PALLIATIVE 111 SUNNYBROOK CT SOUTH BEND, IN 46637	NO	UNRESTRICTED	\$ 2,000 00
ELKHART COUNTY SYMPHONY PO BOX 144 ELKHART, IN 46515	NO	UNRESTRICTED	\$ 250.00
FISCHOFF MUSIC COMPETITION 303 BROWNSON HALL NOTRE DAME, IN 46556	NO	UNRESTRICTED	\$ 250 00
FOODBANK OF NO INDIANA 702 S CHAPIN ST SOUTH BEND, IN 46601	NO	UNRESTRICTED	\$ 1,000 00

RADIOLOGY, INC. FOUNDATION
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SOUTH BEND, IN 46624

FORM 990-PF
EIN 35-1782943
YEAR. 12/31/09

PART XV, ITEM 3a CONTRIBUTIONS PAID DURING YEAR	IS RECIPIENT AN INDIVIDUAL	PURPOSE	AMOUNT
GOODWILL 1805 W WESTERN AVE SOUTH BEND, IN 46619	NO	UNRESTRICTED	\$ 750 00
GOSHEN HOSPITAL & HLTH FOUND 200 HIGH PARK AVE GOSHEN , IN 46526	NO	CONT MED ED FOR RAD. TECHNOLOGIST	\$ 2,000.00
ELK GEN HOSPITAL FND 600 EAST BLVD ELKHART, IN 46514	NO	CONT MED ED FOR RAD TECHNOLOGIST	\$ 2,000 00
MEM HEALTH FND 615 N MICHIGAN ST SOUTH BEND, IN 46601	NO	CONT MED ED FOR RAD TECHNOLOGIST	\$ 2,000 00
ST MARGARET'S HOUSE 117 N LAFAYETTE BLVD SOUTH BEND, IN 46601	NO	UNRESTRICTED	\$ 500 00
AIDS MINISTRIES PO BOX 11582 SOUTH BEND, IN 46634	NO	UNRESTRICTED	\$ 200.00
AMERICAN RED CROSS 3220 E JEFFERSON BLVD SOUTH BEND, IN 46615	NO	UNRESTRICTED	\$ 500 00
CAMP MILLHOUSE 25600 KELLY ROAD SOUTH BEND, IN 46614	NO	UNRESTRICTED	\$ 500 00
CHIARA HOME 1425 CLAYTON DRIVE SOUTH BEND, IN 46614	NO	UNRESTRICTED	\$ 500.00
FAITH MISSION OF ELKHART PO BOX 162 ELKHART, IN 46515	NO	UNRESTRICTED	\$ 500 00
HABITAT FOR HUMANITY 402 E SOUTH SOUTH BEND, IN 46601	NO	UNRESTRICTED	\$ 500 00

RADIOLOGY, INC. FOUNDATION
PO BOX 1258
SOUTH BEND, IN 46624

FORM 990-PF
EIN: 35-1782943
YEAR: 12/31/09

PART XV, ITEM 3a CONTRIBUTIONS PAID DURING YEAR	IS RECIPIENT AN INDIVIDUAL	PURPOSE	AMOUNT
HOSPICE - ELK CO 2901 E BRISTOL ST STE C ELKHART, IN 46514	NO	UNRESTRICTED	\$ 1,000 00
HUMANE SOCIETY 2506 GRAPE ROAD MISHAWAKA, IN 46545	NO	UNRESTRICTED	\$ 100 00
LOGAN CENTER PO BOX 1049 SOUTH BEND, IN 46624	NO	UNRESTRICTED	\$ 500 00
MADISON CENTER 403 EAST MADISON SOUTH BEND, IN 46617	NO	UNRESTRICTED	\$ 500 00
MARCH OF DIMES 604 E EDDY SOUTH BEND, IN 46617	NO	UNRESTRICTED	\$ 100 00
MONTESSORI ACADEMY 530 EAST DAY ROAD MISHAWAKA, IN 46545	NO	UNRESTRICTED	\$ 500 00
O'HANA HERITAGE FND PO BOX 186 SOUTH BEND, IN 46624	NO	UNRESTRICTED	\$ 250 00
PREVENT CHILD ABUSE PO BOX 6535 SOUTH BEND, IN 46660	NO	UNRESTRICTED	\$ 250 00
REINS OF LIFE 55200 QUINCE ROAD SOUTH BEND, IN 46619	NO	UNRESTRICTED	\$ 250 00
RIBBONS OF HOPE 600 EAST BLVD ELKHART, IN 65414	NO	UNRESTRICTED	\$ 500.00
RONALD MCDONALD HOUSE 615 N MICHIGAN STREET	NO	UNRESTRICTED	\$ 250 00

RADIOLOGY, INC. FOUNDATION
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FORM 990-PF
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YEAR: 12/31/09

PART XV, ITEM 3a
CONTRIBUTIONS PAID DURING YEAR

IS RECIPIENT
AN INDIVIDUAL

PURPOSE

AMOUNT

SOUTH BEND, IN 46601

ST VINCENT DEPAUL
3408 ARDMORE
SOUTH BEND, IN 46628

NO

UNRESTRICTED

\$ 500 00

SOUTH BEND SYMPHONY
127 NO MICHIGAN STREET
SOUTH BEND, IN 46601

NO

UNRESTRICTED

\$ 250 00

SUSAN G KOMEN
227 S MAIN ST STE 101
SOUTH BEND, IN 46601

NO

UNRESTRICTED

\$ 500 00

THE RETREAT
200 HIGH PARK AVE
GOSHEN, IN 46526

NO

UNRESTRICTED

\$ 500 00

UNITED WAY - SJC
3517 E JEFFERSON BLVD
SOUTH BEND, IN 46615

NO

UNRESTRICTED

\$ 1,000 00

UNITED WAY - ELK
222 MIDDLEBURY STREET
ELKHART, IN 46516

NO

UNRESTRICTED

\$ 1,000 00

WVPE PUBLIC RADIO
2424 CALIFORNIA ROAD
ELKHART, IN 46514

NO

UNRESTRICTED

\$ 1,000 00

YMCA OF ELKHART
200 EAST JACKSON
ELKHART, IN 46516

NO

UNRESTRICTED

\$ 100 00

YMCA OF SOUTH BEND
1201 NORTHSIDE BLVD
SOUTH BEND, IN 46615

NO

UNRESTRICTED

\$ 100 00

YWCA OF SOUTH BEND
1102 FELLOWS
SOUTH BEND, IN 46601

NO

UNRESTRICTED

\$ 100 00

\$ 36,100 00