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Form **990-PF**Department of the Treasury
Internal Revenue Service (77)**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2009

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

For calendar year 2009, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☒ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation JEFF DAVIS DIAGNOSTIC CENTER, INC		A Employer identification number 72-1202500
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see page 10 of the instructions) 337-824-1655
	P O BOX 1128		
	City or town, state, and ZIP code JENNINGS LA 70546		C If exemption application is pending, check here <input type="checkbox"/> D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,029,041		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

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)
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	2,042	2,042		
4 Dividends and interest from securities	91,155	91,155		
5 a Gross rents		0		
b Net rental income or (loss)	0			
6 a Net gain or (loss) from sale of assets not on line 10	-46,533			
b Gross sales price for all assets on line 6a	693,987			
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10 a Gross sales less returns and allowances	0			
b Less Cost of goods sold	0			
c Gross profit or (loss) (attach schedule)	0			
11 Other income (attach schedule)	9,658	0	0	
12 Total. Add lines 1 through 11	56,322	93,197	0	
13 Compensation of officers, directors, trustees, etc	10,000	2,500	0	7,500
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16 a Legal fees (attach schedule)	0	0	0	0
b Accounting fees (attach schedule)	5,550	5,550	0	0
c Other professional fees (attach schedule)	16,650	0	0	16,650
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)	0	0	0	0
19 Depreciation (attach schedule) and depletion	0	0	0	
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	798	749	0	49
24 Total operating and administrative expenses. Add lines 13 through 23	32,998	8,799	0	24,199
25 Contributions, gifts, grants paid	59,357			59,357
26 Total expenses and disbursements. Add lines 24 and 25	92,355	8,799	0	83,556
27 Subtract line 26 from line 12	-36,033			
a Excess of revenue over expenses and disbursements		84,398		
b Net investment income (if negative, enter -0-)				
c Adjusted net income (if negative, enter -0-)			0	

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

Form 990-PF (2009)

(HTA)

Part II Balance Sheets		Beginning of year (a) Book Value	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash—non-interest-bearing	20,702	7,241	7,241
	2 Savings and temporary cash investments	2,478,640	2,456,068	2,021,800
	3 Accounts receivable ▶ 0			
	Less allowance for doubtful accounts ▶ 0	0	0	0
	4 Pledges receivable ▶ 0			
	Less allowance for doubtful accounts ▶ 0	0	0	0
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule) ▶ 0			
	Less allowance for doubtful accounts ▶ 0	0	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10 a Investments—U S and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	0	0	0
	c Investments—corporate bonds (attach schedule)	0	0	0
Liabilities	11 Investments—land, buildings, and equipment basis ▶ 0			
	Less accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	0	0	0
	14 Land, buildings, and equipment basis ▶ 0			
	Less accumulated depreciation (attach schedule) ▶ 0	0	0	0
	15 Other assets (describe ▶)	0	0	0
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,499,342	2,463,309	2,029,041
	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe ▶ Med Q)	0	0	
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	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	2,499,342	2,463,309	
	30 Total net assets or fund balances (see page 17 of the instructions)	2,499,342	2,463,309	
	31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	2,499,342	2,463,309	

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	2,499,342
2 Enter amount from Part I, line 27a	2	-36,033
3 Other increases not included in line 2 (itemize) ▶	3	0
4 Add lines 1, 2, and 3	4	2,463,309
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	2,463,309

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 PROSHARES TR II	P	4/30/2009	6/3/2009
b PROSHARES TR II	P	7/8/2009	9/8/2009
c FORD MOTOR CONTRA BOND	P	7/22/2003	4/8/2009
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 57,518	0	49,870	7,648
b 56,469	0	47,870	8,599
c 30,000	0	92,780	-62,780
d 0	0	0	0
e 0	0	0	0

(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 0	0	0	7,648
b 0	0	0	8,599
c 0	0	0	-62,780
d 0	0	0	0
e 0	0	0	0

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	-46,533
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	16,247

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.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries.

(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			0.000000
2007			0.000000
2006			0.000000
2005			0.000000
2004			0.000000

2 Total of line 1, column (d)	2	0.000000
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	0.000000
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	0

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

1 a 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)				
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		1	1,688	
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	1,688	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4		
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,688	
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			
c Tax paid with application for extension of time to file (Form 8868)	6c	0		
d Backup withholding erroneously withheld	6d			
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	1,688	
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 <input type="checkbox"/> 0 Refunded <input type="checkbox"/>		11	0	

Part VII-A Statements Regarding Activities

	Yes	No
1 a 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?		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)? 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		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> LA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
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)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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		X
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 application?	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ Gregory N. Marcantel, CPA	Telephone no ▶	(337) 824-1655	
Located at ▶ 518 W. Nezpique Street Jennings LA		ZIP+4 ▶	70546	
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		

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)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
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	X
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	N/A
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	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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	X

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

☐ Yes ☒ No

☐ Yes ☒ No

☒ Yes ☐ No

☐ Yes ☒ No

☐ 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** ☒ X
- 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? ☐ Yes ☒ No **6b** ☒ X
- 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? ☐ Yes ☒ No **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
DR. ROBERT C. SCHUMACHER PO BOX 1128 JENNINGS LA 70546	PRESIDENT 5.00	2,550	0	0
DR. CHARLES E. RAY 2701 E. ACADEMY JENNINGS LA 70546	VICE PRES 5.00	2,350	0	0
DR. JACQUELYN ANCELET 406 CLARA STREET JENNINGS LA 70546	BOARD 5.00	2,550	0	0
DR. JOSEPH HARGRODER PO BOX 1049 JENNINGS LA 70546	SEC/BOARD 5.00	2,550	0	0

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

0

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		0
		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services		0

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 The organization awards scholarships to qualified persons of financial need and/or academic merit to permit recipients to attend medical educational and training institutions. During 2009, we awarded 31 students with scholarship funds for medical education and 1 new scholarship was approved.	83,556
2	
3	
4	

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	
2	
All other program-related investments. See page 24 of the instructions.	
3	0
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	1,943,115
b	Average of monthly cash balances	1b	12,132
c	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,955,247
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,955,247
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	29,329
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,925,918
6	Minimum investment return. Enter 5% of line 5	6	96,296

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	96,296
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1,688
b	Income tax for 2009 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,688
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	94,608
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	94,608
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	94,608

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	83,556
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
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	83,556
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	83,556

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				94,608
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2009				
a From 2004	0			
b From 2005	0			
c From 2006	0			
d From 2007	0			
e From 2008	0			
f Total of lines 3a through e	0			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ <u>83,556</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				83,556
e Remaining amount distributed out of corpus	0			
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	0			
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				
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				11,052
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)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	0			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9.				
a Excess from 2005	0			
b Excess from 2006	0			
c Excess from 2007	0			
d Excess from 2008	0			
e Excess from 2009	0			

N/A

- 1

☐ 4942(j)(3) or ☐ 4942(j)(5)

- (4) Gross investment income**

[illegible]

Part XV Supplementary Information (continued)

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CHELSIE BISIG			SCHOLARSHIP	1,000
100 Garrett Lane Apt 1 JENNINGS LA 70546				
ASHLEE BROWN			SCHOLARSHIP	2,475
PO BOX 269 LAKE ARTHUR LA 70549				
KARLA FOSTER			SCHOLARSHIP	2,711
214 FRANK ST JENNINGS LA 70546				
ERIN GUIDRY			SCHOLARSHIP	3,000
1014 N CUTTING AVE JENNINGS LA 70546				
JILL JOHNSON			SCHOLARSHIP	500
11545 Hwy 99 WELSH LA 70591				
LISA LANDRY			SCHOLARSHIP	4,500
815 E ACADEMY JENNINGS LA 70546				
YOLLANDA LEMONIA			SCHOLARSHIP	1,953
14172 WEST END RD WELSH LA 70591				
MONICA MOTT			SCHOLARSHIP	895
7242 Ferguson Road ROANOKE LA 70581				
MALLORY ROBICHEAUX			SCHOLARSHIP	2,508
718 COMFORT LANE JENNINGS LA 70546				
NICHOLE SCHEXNIDER			SCHOLARSHIP	1,560
204 Orange St LAKE ARTHUR LA 70549				
TOBY VIATOR			SCHOLARSHIP	3,000
5366 KOLL ROAD JENNINGS LA 70546				
ESHONNA VOLAIR			SCHOLARSHIP	1,500
15214 LANCE CIRCLE HOUSTON TX 77053				
TANA WHITE			SCHOLARSHIP	2,020
1214 CATHY JENNINGS LA 70546				
LAUREN ARDOIN			SCHOLARSHIP	3,000
719 Scott St JENNINGS LA 70546				
RUTH DAVIDSON			SCHOLARSHIP	1,739
106 RICE STREET WELSH LA 70591				
JENNIFER DUFRENE			SCHOLARSHIP	472
4193 Koll Road JENNINGS LA 70546				
Total See Attached Statement			► 3a	59,357
b <i>Approved for future payment</i>				0
				0
				0
				0
				0
				0
				0
				0
				0
Total			► 3b	0

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			0		0	0
b			0		0	0
c			0		0	0
d			0		0	0
e			0		0	0
f			0		0	0
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	2,042	
4	Dividends and interest from securities			14	91,155	
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			18	-46,533	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a REIMBURSEMENT OF SCHOLA		0		0	6,600
	b MEDICAL SERVICE REVENUE		0		0	3,058
	c		0		0	0
	d		0		0	0
	e		0		0	0
12	Subtotal Add columns (b), (d), and (e)		0		46,664	9,658
13	Total. Add line 12, columns (b), (d), and (e)					
						13 56,322

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

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | | | |
|----------|--|--------------|------------|-----------|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| | (1) Cash | 1a(1) | | X |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions. | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |
| 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. | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee

Date _____

Title

**Paid
Preparer's
Use Only**

Preparer's

Date

Check if self-employed ☒

Preparer's identifying
number (see **Signature** on
page 30 of the instructions)

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

Gregory N. Marcantel, CPA
P.O. Box 485, Jennings, LA 70546

EIN ► 27-0582034

Phone no (337) 824-1655

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name RICK EDWARDS				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 208 SHANNON ST					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 1,500

Name SHALYN LABAUVE				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 1818 Airport Rd					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 2,000

Name GEOFFREY LAFARGUE				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 311 E Goodwin					
City WELSH		State LA	Zip code 70591	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 2,000

Name DONNA MENARD				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 2309 SECOND AVE					
City ROANOKE		State LA	Zip code 70581	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 1,911

Name ROXANNE MONCEAUX				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 7377 HIGHWAY 102					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 854

Name BRONESHEA MOORE				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 100 Garrett Road Apt 5					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 1,500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name KIM OLIVER				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 1730 N Cutting Ave					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 4,500

Name CHELMIKA PALFREY				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 211 S CRAIG					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 2,091

Name JENNA SCHEXNAYDER				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 397 Abby Duson Road					
City EGAN		State LA	Zip code 70532	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 686

Name ROLANDA WILLIAMS				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street P O Box 746					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 4,500

Name JOBY CONNER				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 531 DEROUEN ST					
City LAKE ARTHUR		State LA	Zip code 70549	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 983

Name KATHERINE DOUCET				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 19417 Hwy 102					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name ELIZABETH MORVANT				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 15306 ADAMS AVE					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 942

Name BASHAWN SAVOIE				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 124 LEVI STREET					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 957

Name BRIAN THERIOT				<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Business
Street 318 Shawn Lane					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution SCHOLARSHIP					Amount 1,000

Name JENNINGS HIGH SCHOOL				<input type="checkbox"/> Person	<input checked="" type="checkbox"/> Business
Street 620 Florence Street					
City JENNINGS		State LA	Zip code 70546	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution CONTRIBUTION TO OPERATION GRADUATION					Amount 100

Name				<input type="checkbox"/> Person	<input type="checkbox"/> Business
Street					
City		State	Zip code	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution					Amount 0

Name				<input type="checkbox"/> Person	<input type="checkbox"/> Business
Street					
City		State	Zip code	Foreign Country	
Relationship		Foundation Status			
Purpose of grant/contribution					Amount 0

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Amount										Totals		Net Gain or Loss	
Index	Check "X" if Sale of Security	Description	CUSIP #	Purchaser	Check "X" if Purchaser is a Business	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Cost, Other Basis and Expenses		Expense of Sale and Cost of Improvements	Depreciation
										Cost	Donated Value		
Long Term CG Distributions													
1	X	PROSHARES TR II				4/30/2009	P	6/3/2009	57,518	49,870			
2	X	PROSHARES TR II				7/8/2009	P	9/8/2009	56,469	47,870			
3	X	BANK HAPOLAIM B M NY	062512TQ1			3/30/2004	P	4/13/2009	100,000	100,000			
4	X	GMAC COML MTG BK MIDVAL	38012ABW2			3/30/2004	P	4/6/2009	100,000	100,000			
5	X	FIRST NATL BK CENT	321111CG9			1/16/2009	P	9/30/2009	100,000	100,000			
6	X	DISCOVER BK	25469JW96			4/14/2009	P	10/22/2009	100,000	100,000			
7	X	FORD MOTOR CREDIT	34539CYF3			2/2/2005	P	11/20/2009	100,000	100,000			
8	X	FORD MOTOR CONTRA	34599AQQ9			7/22/2003	P	4/8/2009	30,000	92,780			
9	X	NUVEEN MULTI-STRAT INC	67073B981			7/18/2003	P	1/2/2009	25,000	25,000			
10	X	NUVEEN MULTI-STRAT INC	67073B601			7/21/2003	P	9/21/2009	25,000	25,000			
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
Long Term CG Distributions									693,987	740,520			-46,533
Short Term CG Distributions									0	0			0

Line 11 (990-PF) - Other Income

9,658					0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income		
1	REIMBURSEMENT OF SCHOLARSHIPS	6,600	0	0		
2	MEDICAL SERVICE REVENUE	3,058	0	0		
3			0			
4			0			
5			0			
6			0			
7			0			
8			0			
9			0			
10			0			

Line 16b (990-PF) - Accounting Fees

		5,550	5,550	0	0
	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	SPUN GOLD MANAGEMENT, LTD	5,550	5,550	0	
2					
3					
4					
5					
6					
7					
8					
9					
10					

Line 16c (990-PF) - Other Fees

		16,650	0	0	16,650
	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	SPUN GOLD MANAGEMENT, LTD	16,650			16,650
2					
3					
4					
5					
6					
7					
8					
9					
10					

Line 23 (990-PF) - Other Expenses

		798	749	0	49
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Amortization. See attached statement	0	0	0	0
2	Fund Raising				
3	BANK CHARGES	749	749	0	0
4	OFFICE EXPENSES	44			44
5	SECRETARY OF STATE FILING FEE	5			5
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

		Amount														
Long Term CG Distributions				0												
Short Term CG Distributions				0												
	Kind(s) of Property Sold	CUSIP #	How Acquired	Date Acquired	Date Sold	Totals	143,987	0	190,520	-46,533	0	0	0	0	Gains Minus Excess of FMV Over Adjusted Basis or Losses	
							Gross Sales Price	Depreciation Allowed	Cost or Other Basis Plus Expense of Sale	Gain or Loss	F M V as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adj Basis			
1	PROSHARES TR II		P	4/30/2009	6/3/2009		57,518	0	49,870	7,648			0	7,648	-46,533	
2	PROSHARES TR II		P	7/8/2009	9/8/2009		56,469	0	47,870	8,599			0	8,599		
3	FORD MOTOR CONTRA BOND	34599AQQ9	P	7/22/2003	4/8/2009		30,000	0	92,780	-62,780			0	-62,780		
4								0	0	0			0	0		
5								0					0	0		
6								0		0			0	0		
7								0		0			0	0		
8								0					0	0		
9								0		0			0	0		
10								0		0			0	0		
11								0	0	0			0	0		
12							0	0	0	0			0	0		
13								0	0	0			0	0		
14							0	0	0	0			0	0		
15							0	0	0	0			0	0		
16							0	0	0	0			0	0		
17								0	0	0			0	0		
18							0	0	0	0			0	0		
19								0	0	0			0	0		
20							0	0	0	0			0	0		

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers[illegible]

Part

	10,000	0	0
	Compensation	Benefits	Expense Account
	Explanation		
1	2,550		
2	2,350		
3	2,550		
4	2,550		
5			
6			
7			
8			
9			
10			

Part XVI-A, Lines 11a-11e (990-PF) - Other Revenue

		Unrelated Business Income		Excluded by Section 512, 513, or 514		
	Program Service Revenue	Business Code	Amount	Exclusion Code	Amount	Related or Exempt Function Income
1	REIMBURSEMENT OF SCHOLARS				0	6,600
2	MEDICAL SERVICE REVENUE					3,058
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

[illegible]

Jeff Davis Diagnostic Center, Inc.
EIN 72-1202500
Tax Year 2009
Attachment to Form 990-PF

Part XV, page 10, line 2b

A Scholarship Application is available for potential scholarship applicants to complete. To be considered for a scholarship, each applicant must complete the application and submit it for review along with information documenting academic merit and financial need. Extra-curricular activities of the applicant are considered. A letter of recommendation from a member of the medical community is also required from each applicant.

Part XV, page 10, line 2d

Priority is given to applicants of Jefferson Davis Parish. Applicants must be pursuing attendance of medical educational institution or establishment and must be graduated from high school.