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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

**2010**

For calendar year 2010, 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

Name of foundation <b>JEFF DAVIS DIAGNOSTIC CENTER, INC</b>		A Employer identification number <b>72-1202500</b>
Number and street (or P O box number if mail is not delivered to street address) <b>P O BOX 1128</b>	Room/suite	B Telephone number (see page 10 of the instructions) <b>337-824-1655</b>
City or town, state, and ZIP code <b>JENNINGS LA 70546</b>		C If exemption application is pending, 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		D 1. Foreign organizations, check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 2,012,344</b>	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)	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"/>

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)				
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	874	874		
	4 Dividends and interest from securities	76,836	76,836		
	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	-144,184			
	b Gross sales price for all assets on line 6a	56,933			
	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)	1,759	0	0		
12 Total. Add lines 1 through 11	-64,715	77,710	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	13,400	3,350		10,050
	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)	6,000	6,000	0	0
	c Other professional fees (attach schedule)	18,000	0	0	18,000
	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)	468	468	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	37,868	9,818	0	28,050
	25 Contributions, gifts, grants paid	49,408			49,408
26 Total expenses and disbursements. Add lines 24 and 25	87,276	9,818	0	77,458	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-151,991				
b Net investment income (if negative, enter -0-)		67,892			
c Adjusted net income (if negative, enter -0-)			0		

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

Form **990-PF** (2010)

(HTA)

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<b>Part II Balance Sheets</b>		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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing			7,241	61,886	61,886
	<b>2</b> Savings and temporary cash investments			2,456,068	2,247,742	1,950,458
	<b>3</b> Accounts receivable <input type="checkbox"/>	0				
	Less allowance for doubtful accounts <input type="checkbox"/>	0		0	0	0
	<b>4</b> Pledges receivable <input type="checkbox"/>	0				
	Less allowance for doubtful accounts <input type="checkbox"/>	0		0	0	0
	<b>5</b> Grants receivable					
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			0	0	0
	<b>7</b> Other notes and loans receivable (attach schedule) <input type="checkbox"/>	0				
	Less allowance for doubtful accounts <input type="checkbox"/>	0		0	0	0
	<b>8</b> Inventories for sale or use					
	<b>9</b> Prepaid expenses and deferred charges					
	<b>10 a</b> Investments—U S and state government obligations (attach schedule)			0	0	0
	<b>b</b> Investments—corporate stock (attach schedule)			0	0	0
	<b>c</b> Investments—corporate bonds (attach schedule)			0	0	0
	<b>11</b> Investments—land, buildings, and equipment basis <input type="checkbox"/>	0				
	Less accumulated depreciation (attach schedule) <input type="checkbox"/>	0		0	0	0
	<b>12</b> Investments—mortgage loans					
	<b>13</b> Investments—other (attach schedule)			0	0	0
	<b>14</b> Land, buildings, and equipment basis <input type="checkbox"/>	0				
	Less accumulated depreciation (attach schedule) <input type="checkbox"/>	0		0	0	0
	<b>15</b> Other assets (describe <input type="checkbox"/> )			0	0	0
	<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)			2,463,309	2,309,628	2,012,344
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses					
	<b>18</b> Grants payable					
	<b>19</b> Deferred revenue					
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			0	0	
	<b>21</b> Mortgages and other notes payable (attach schedule)			0	0	
	<b>22</b> Other liabilities (describe <input type="checkbox"/> Med Q )			0	0	
	<b>23 Total liabilities</b> (add lines 17 through 22)			0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.</b> <input type="checkbox"/>					
	<b>24</b> Unrestricted					
	<b>25</b> Temporarily restricted					
	<b>26</b> Permanently restricted					
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input checked="" type="checkbox"/>					
	<b>27</b> Capital stock, trust principal, or current funds				0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund					
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			2,463,309	2,309,628	
	<b>30 Total net assets or fund balances</b> (see page 17 of the instructions)			2,463,309	2,309,628	
	<b>31 Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)			2,463,309	2,309,628	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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)	<b>1</b>	2,463,309
<b>2</b> Enter amount from Part I, line 27a	<b>2</b>	-151,991
<b>3</b> Other increases not included in line 2 (itemize) <input type="checkbox"/>	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	2,311,318
<b>5</b> Decreases not included in line 2 (itemize) <input type="checkbox"/> See Attached Statement	<b>5</b>	1,690
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	<b>6</b>	2,309,628

**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 General Motors Corp SR 8.25%	P	7/24/2003	6/2/2010
b General Motors Corp	P	7/2/2003	2/17/2010
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 30,405	0	102,120	-71,715
b 26,528	0	98,997	-72,469
c 0	0	0	0
d 0	0	0	0
e 0	0	0	0

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a 0	0	0	-71,715
b 0	0	0	-72,469
c 0	0	0	0
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	-144,184
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	0

**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))
2009			0.000000
2008			0.000000
2007			0.000000
2006			0.000000
2005			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 2010 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	1,358	
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	1,358	
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	1,358	
6 Credits/Payments				
a 2010 estimated tax payments and 2009 overpayment credited to 2010	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	32		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1,390		
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 2011 estimated tax <input type="checkbox"/> 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 2010 or the taxable year beginning in 2010 (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 <b>▶</b> N/A				
14	The books are in care of <b>▶</b> Gregory N. Marcantel, CPA	Telephone no <b>▶</b> (337) 824-7000		
Located at <b>▶</b> 518 W. Nezpigue Street Jennings LA		ZIP+4 <b>▶</b> 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 <b>▶</b> 15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country <b>▶</b>				X

**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 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here <b>▶</b>	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 2010?	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years <b>▶</b> 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 22 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 <b>▶</b> 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 2010 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 2010)	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 2010?	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**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**6b**

X

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

☐ Yes ☒ No**7b****7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?**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	3,400	0	0
DR CHARLES E. RAY 2701 E ACADEMY JENNINGS LA 70546	VICE PRES 5.00	3,400	0	0
DR JACQUELYN ANCELET 406 CLARA STREET JENNINGS LA 70546	BOARD 5.00	3,200	0	0
DR JOSEPH HARGRODER PO BOX 1049 JENNINGS LA 70546	SEC/BOARD 5.00	3,400	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

☐

**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
<b>Total number of others receiving over \$50,000 for professional services</b>		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
<b>1</b> 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 2010, we awarded 28 students with scholarship funds for medical education and 30 new scholarships were approved.	37,908
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments See page 24 of the instructions	
<b>3</b>	0
<b>Total. Add lines 1 through 3</b>	0



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	1,903,715
<b>b</b>	Average of monthly cash balances	<b>1b</b>	51,218
<b>c</b>	Fair market value of all other assets (see page 25 of the instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	1,954,933
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	1,954,933
<b>4</b>	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	<b>4</b>	29,324
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	1,925,609
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	96,280

**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)

<b>1</b>	Minimum investment return from Part X, line 6		<b>1</b>	96,280
<b>2a</b>	Tax on investment income for 2010 from Part VI, line 5	<b>2a</b>	1,358	
<b>b</b>	Income tax for 2010 (This does not include the tax from Part VI)	<b>2b</b>	0	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1,358	
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1	<b>3</b>	94,922	
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>		
<b>5</b>	Add lines 3 and 4	<b>5</b>	94,922	
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions)	<b>6</b>		
<b>7</b>	<b>Distributable amount as adjusted</b> Subtract line 6 from line 5 Enter here and on Part XIII, line 1	<b>7</b>	94,922	

**Part XII Qualifying Distributions** (see page 25 of the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<b>1a</b>	77,458
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	77,458
<b>5</b>	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)	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	77,458

**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 2009	(c) 2009	(d) 2010
<b>1</b> Distributable amount for 2010 from Part XI, line 7				94,922
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only			11,052	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2010				
<b>a</b> From 2005	0			
<b>b</b> From 2006	0			
<b>c</b> From 2007	0			
<b>d</b> From 2008	0			
<b>e</b> From 2009	0			
<b>f</b> Total of lines 3a through e	0			
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 77,458				
<b>a</b> Applied to 2009, but not more than line 2a			11,052	
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
<b>d</b> Applied to 2010 distributable amount				66,406
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0		
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions		0		
<b>e</b> Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
<b>f</b> Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				28,516
<b>7</b> 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)				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	0			
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2006	0			
<b>b</b> Excess from 2007	0			
<b>c</b> Excess from 2008	0			
<b>d</b> Excess from 2009	0			
<b>e</b> Excess from 2010	0			

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling



**b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

**2 a** 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

Tax year	Prior 3 years			(e) Total
(a) 2010	(b) 2009	(c) 2008	(d) 2007	
0	0			0
0	0	0	0	0
0	0			0
				0
0	0	0	0	0
				0
0	0			0
				0
0	0			0
				0
				0
				0
				0

**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

CONNIE SCHEXNAYDER 518 W NEZPIQUE STREET JENNINGS LA 70546 (337) 824-7000

**b** The form in which applications should be submitted and information and materials they should include

See attached

**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

**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
<b>a</b> <i>Paid during the year</i> JENNINGS AMERICAN LEGION HOSPITAL 1634 ELTON RD JENNINGS LA 70546 ASHLEY BATISTE PO BOX 291 ROANOKE LA 70581 LAUREN BOUDREAUX 6303 MORGAN SHORES RD LAKE ARTHUR LA 70549 JESSICA BOUTTE 444 APT A MOUTON DR JENNINGS LA 70546 CRYSTAL BROUSSARD 1208 DEROUEN ST WELSH LA 70591 KELLY GUIDRY 6656 HWY 14 LAKE ARTHUR LA 70549 LAUREN GUIDRY 509 S LOUISE ST JENNINGS LA 70546 JADE HENNINGS 459 MCCOWN RD WELSH LA 70591 LANCE HULSEY 111 GRANGER ST JENNINGS LA 70546 JILL JOHNSON 11545 HWY 99 WELSH LA 70591 LASHARON KATELY 1034 MCKINLEY APT B JENNINGS LA 70546			TO ENHANCE PATIENT CARE OFFERED BY HOSPITAL SCHOLARSHIP FOR MEDICAL EDUCATION  SCHOLARSHIP FOR MEDICAL EDUCATION  SCHOLARSHIP FOR MEDICAL EDUCATION  SCHOLARSHIP FOR MEDICAL EDUCATION  SCHOLARSHIP FOR MEDICAL EDUCATION  SCHOLARSHIP FOR MEDICAL EDUCATION  SCHOLARSHIP FOR MEDICAL EDUCATION  SCHOLARSHIP FOR MEDICAL EDUCATION  SCHOLARSHIP FOR MEDICAL EDUCATION  SCHOLARSHIP FOR MEDICAL EDUCATION	11,500 3,000 3,000 1,474 1,181 1,522 1,000 1,681 1,500 500 934
<b>Total</b> See Attached Statement			▶ <b>3a</b>	49,408
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b>			▶ <b>3b</b>	0



Form **990-PF** (2010)

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

Recipient(s) paid during the year

Name

JORDAN LEWIS

Street

206 N ANDREW ST

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

1,428

Name

KIM OLIVER

Street

1730 N CUTTING AVE

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

1,000

Name

MALLORY ROBICHEAUX

Street

718 COMFORT LANE

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

2,997

Name

CHRISTA STRODER

Street

103 W GROVE ST

City

WELSH

State

LA

Zip Code

70591

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

1,323

Name

CHRISTIAN THERIOT

Street

1215 SOUTH AVE J

City

CROWLEY

State

LA

Zip Code

70526

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

1,191

Name

TOBY VIATOR

Street

5366 KOLL ROAD

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

3,000

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

Recipient(s) paid during the year

Name

TIFFANY VINCENT

Street

1408 FIRST ST APT 22

City

LAKE ARTHUR

State

LA

Zip Code

70549

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

1,350

Name

MARLIN WHITE

Street

1214 CATHY

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

3,000

Name

SAIDI WOODS

Street

4515 GUIDRY RD

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

1,000

Name

ASHLEE BROWN

Street

PO BOX 269

City

LAKE ARTHUR

State

LA

Zip Code

70549

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

750

Name

JENNIFER DUFRENE

Street

4193 KOLL ROAD

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

638

Name

KARLA FOSTER

Street

214 FRANK ST

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

1,050



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

Recipient(s) paid during the year

Name

SHALYN LABAUVE

Street

1818 AIRPORT RD

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

1,000

Name

GEOFFREY LAFARGUE

Street

311 GOODWIN ST

City

WELSH

State

LA

Zip Code

70591

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

1,000

Name

DONNA MENARD

Street

2309 SECOND AVE

City

ROANOKE

State

LA

Zip Code

70581

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

89

Name

CHELMIKA PALFREY

Street

211 S CRAIG

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

638

Name

TANA WHITE

Street

1214 KATHY LANE

City

JENNINGS

State

LA

Zip Code

70546

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

200

Name

YOLLANDA LEMONIA

Street

14172 WEST END RD

City

WELSH

State

LA

Zip Code

70591

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP FOR MEDICAL EDUCATION

Amount

462



**Line 11 (990-PF) - Other Income**

		1,759	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	REIMBURSEMENT OF SCHOLARSHIPS	930	0	
2	MEDICAL SERVICE REVENUE	232	0	
3	MISCELLANEOUS INCOME	597	0	
4			0	
5			0	
6			0	
7			0	
8			0	
9			0	
10			0	

**Line 16b (990-PF) - Accounting Fees**

		6,000	6,000	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	6,000	6,000		
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Line 16c (990-PF) - Other Fees**

		18,000	0	0	18,000
	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	18,000			18,000
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Line 23 (990-PF) - Other Expenses**

		468	468	0	0
	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	468	468		
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Part III (990-PF) - Changes in Net Assets or Fund Balances**

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**Line 5 - Decreases not included in Part III, Line 2**

<b>1</b>	NON DEDUCTIBLE PARTNERSHIP EXPENSE	<b>1</b>	1
<b>2</b>	FEDERAL INCOME TAX	<b>2</b>	1,688
<b>3</b>	ROUNDING	<b>3</b>	1
<b>4</b>	<b>Total</b>	<b>4</b>	<b>1,690</b>

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

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Average Hours
1	DR ROBERT C. SCHUMACHER		PO BOX 1128	JENNINGS	LA	70546		PRESIDENT	5
2	DR CHARLES E RAY		2701 E. ACADEMY	JENNINGS	LA	70546		VICE PRES	5
3	DR JACQUELYN ANCELET		406 CLARA STREET	JENNINGS	LA	70546		BOARD	5
4	DR JOSEPH HARGRODER		PO BOX 1049	JENNINGS	LA	70546		SEC/BOARD	5
5									
6									
7									
8									
9									
10									



**Part**

	13,400	0	0
	Compensation	Benefits	Expense Account
	Explanation		
1	3,400		
2	3,400		
3	3,200		
4	3,400		
5			
6			
7			
8			
9			
10			

[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.