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CHANGE OF ACCOUNTING PERIOD Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

		enue Service	► Information about F	orm 990-EZ a	nd its instruct	ions #	s at www.irs	.gov/form	990.	1	Inspectio	n
A	For the	2013 calenda	r year, or tax year beginning	JAN 1	, 2013		and ending	JU	N 3	0, 20	13	
В	heck if	C N	ame of organization	<u> </u>	<u>. </u>	_				•	tification numbe	r
Γ	i		ociety of Radiolo	rists in	n Ultras	oui	nd					
										2-023	1192	
F												
F	٦ .		o ACR 1891 Prest	on White	e Drive				(703)	858-921	n
\vdash	٦ .		or town, state or province, country, an							up Exempt		<u> </u>
\vdash	7	B	eston, VA 20191-		,					nber 📂	1011	
G		ation pending Retrieved:	·	ner (specify)							if the organizati	on is not
		•	.sru.org	ier (specify)	· •						ach Schedule B	011 13 1101
			seck only one) $= X 501(c)(3)$	501(c) () ◄ (insert no.)		1947(a)(1) or	527			0-EZ, or 990-PF)	
			Corporation Trust		ciation	Other	 ` ` ` ` `	321	(1 01	111 990, 99	0-L2, 01 330-F1)	
		-	b, to line 9 to determine gross receipt:					cate /Dart	11			
			\$500,000 or more, file Form 990 inste	_		01 11101	e, or ir total as	socio (Fari	'',	> \$	Q	579.
	art I	Revenue	e, Expenses, and Changes	in Net As	sets or Fun	d Ra	lances (se	e the instri	ictions		<u>, , , , , , , , , , , , , , , , , , , </u>	373.
בבו	21 (1	ال.	· · ·			u Du	11003 (36)	5 til6 lil3u t	ictions	101 1 411 1)		\mathbf{x}
_	1 4		organization used Schedule 0 to response		ion in this Part I					• 1	0	575.
	1 2	-	gifts, grants, and similar amounts reco ce revenue including government fees						}	2	<u> </u>	5 / 5 •
		_	ues and assessments	and contracts					- 1	3		
	3				Ç,		Schedul	ا ما	- 1	4	· ·	4.
	4	Investment inc			D.	1 _	l Pomenni	re o	- 1	-		
	5a		from sale of assets other than invento	у		5a	+					
o`	"		other basis and sales expenses	(Cubtract line	Eb from line En	5b	J			_		
	ا ا	, ,	from sale of assets other than inventor	y (Subtract line	ob irom line oa)				-	5c		
	6	•	indraising events	-446						DEC	PENISO	
Ŗĕvehűe (VOS)	a		from gaming (attach Schedule G if gre	ater than		۱	1			NE C	CEIVED	
Ž.	١.	\$15,000)		C		6a			₩œ			RS-OSC
æ	"		from fundraising events (not including		f h	- 01 61	ontributions		1045	MAY	1 5 2014	121
<u>_</u>			ng events reported on line 1) (attach S	chedule G II the	Sum of Such	l es	1		₹	ירוייו	1 6 5014	8
SIS	١.	-	and contributions exceeds \$15,000)	anta		6b 6c	+		1- 1		JEM, UT	
<u>-</u>			penses from gaming and fundraising (Co and Ch and a					60		
(9	1		(loss) from gaming and fundraising ev	•	oa anu ob anu su	1	1 '			- 60	····	
	1	Less: cost of	inventory, less returns and allowances	•		7a 7b	1					
2014	1	-		at line 7h from li	.no 7o)	70				7.		
ಭವಾ	8		(loss) from sales of inventory (Subtra (describe in Schedule 0)	ct line 70 iroin ii	ine raj					7c		
	1		· ·							9	<u> </u>	579.
	10		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 nilar amounts paid (list in Schedule 0)							10	٠, ر	313.
	111		o or for members							11		
	1	· ·	compensation, and employee benefits									
Expenses	12	•	, , , , , ,							12		
)en	13		ees and other payments to independen nt, utilities, and maintenance	Contractors						13	·	
Ä	14		•							15		
	15 16		cations, postage, and shipping s (describe in Schedule 0)		C.	30	Schedul	100		16		81.
	17		es Add lines 10 through 16		5.		ocnedu.	re o		17		81.
_	+			line (I)				 		18	0	$\frac{31.}{498.}$
ets	18 19	•	icit) for the year (Subtract line 17 from fund balances at beginning of year (fro	-	ng (Δ\)					10	<u> </u>	490.
lss('3		with end-of-year figure reported on prio	•	··· (<i>^))</i>					10	76	518.
Net Assets	20	, -	in net assets or fund balances (explai	•						19 20	,,,	210.
ž	21	-	fund balances at end of year. Combine							21	86	$\frac{0.}{016.}$
<u></u>	1		duction Act Notice, see the separate		120					21	Form 990-E 2	
- "			no meneel and me achainer									= (EU (J)

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	•	Society of Radiologists i	ın Ultrasou	na						
	n 990-EZ					<u> 32 -</u>	02	311	<u>92 </u>	Page 2
P	art II	Balance Sheets (see the instructions for Part II)								
		Check if the organization used Schedule O to res	pond to any ques	stion	ın this Part II					X
				(A)	Beginning of year	I^-		(B) Er	nd of yea	ır
22	Cash,	savings, and investments			58,719	- 22			141,	550.
23	Land a	and buildings				23				
24	Other	assets (describe in Schedule 0) See Schedule ()		17,799	• 24				0.
25	Total	assets			76,518	• 25			141,	550.
26	Total	liabilities (describe in Schedule 0) See Schedule ()		0	- 26			55,	534.
27	Net as	ssets or fund balances (line 27 of column (B) must agree with line 21)			76,518	• 27	\vdash			016.
P	art III	Statement of Program Service Accomplishme	nts (see the instr	uctio		1	┢	Ex	penses	
		Check if the organization used Schedule O to res	•		•	X	1 1	quired (for section	
Wha	at is the c	organization's primary exempt purpose? See Schedule (and rait m				and 501(ons and s	
		rganization's program service accomplishments for each of its three largest program		VDOBEOG	In a clear and concess) trusts; (
		be the services provided, the number of persons benefited, and other relevant inform			in a clear and concise			others.		•
28	Educ	cational programs: Educating the	nublic ab	out	the use		\vdash			
		iltrasound in radiology, and eng					1 !			
		science of ultrasound in radio		CBC	ar cir Tirco		1 !			
						$\overline{}$	200			
00	(Grants) If this amount includes foreign	grants, check here			<u> </u>	28a			
29										
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	(Grants) If this amount includes foreign	grants, check here		<u> </u>	<u> </u>	29a			-
30								ĺ		
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	(Grants) If this amount includes foreign	grants, check here		<u> </u>	<u> </u>	30a	<u> </u>		
31	Other p	program services (describe in Schedule O)				_		1		
	(Grants) If this amount includes foreign	grants, check here			Ш	31a	<u> </u>		
32	Total p	program service expenses (add lines 28a through 31a)				<u> </u>	32	<u> </u>		0.
P	art IV	List of Officers, Directors, Trustees, and Key I				see the	ınstru	ictions f	or Part IV)	
		Check if the organization used Schedule O to res	spond to any que	<u>stion</u>	in this Part IV					
			(b) Average hour		(C) Reportable compensation (Forms	(d) He	ealth b	enefits,		timated
		(a) Name and title	per week devoted	to	W-2/1099-MISC)	empl	loyee b			of other
			position		(if not paid, enter -0-)		npensa		Compe	ensation
	lrike									
	cesio		1.00							
		as L. Brown, MD							l	
		lent-Elect	1.00							
Jo	ohn (J. Cronan, MD								
		ırer	1.00					3	ĺ	
M	tche	ell E. Tublin, MD								
Se	ecret	ary	1.00						ĺ	
Pε	eter	M. Doubilet, MD								
In	med:	iate Past President	1.00						ĺ	
Be	ever	ly G. Coleman, MD	†							
	rect		1.00			İ			ĺ	
		rd D. Greenbaum, MD								
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		R. Benacerraf, MD	+						\vdash	
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Section 501(c)(3) and 501(c)(4) epinications. Either amount of tax imposed on the organization designed (F)(3) and 501(c)(4) epinications. Either amount of tax imposed on the organization apart is a the state of the organization. Either amount of tax imposed on the organization of tax imposed on the organization for the first of the organization. First amount of tax imposed on the organization the amount of tax imposed on the organization of tax imposed on the organization of tax imposed on the organization. Section 501(c)(4) so for (c)(4), 501(c)(5), or 501(c)(6) organization is subject to section 603(e) notice, reporting, and proxy tax requirements seak has been organization as excelled as the organization as excelled to the organization as certain the organization as certain the organization as certain the organization as of the organization as certain the organization as of the organization is form 190-10 for the year? If 170c, provide an explanation in Schedule 0 (see instructions) 35		instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	X						
activity in Schedule 0 A Were any sepiritient changes made to the organizary or governing documents? If "Yes, attach a conformed copy of the amended documents if they reflect a change to the organization is aims. Otherwise, explain the change on Schedule 0 (see instructions) a Did the organization have carefuld business goos income of \$1,000 or more during the year from business activities (such as those reported on these 2, St., and 7a, among others)? b If "Yes" to line 35s, has the organization bled a Form 990-T for the year? If "No," provide an explanation in Schedule 0 (see in 1975). The second of \$1,000 or more during the year from business activities (such as those reported on these 2, St., and 7a, among others)? b If "Yes" to line 35s, has the organization bled a Form 990-T for the year? If "No," provide an explanation in Schedule 0 (see in 1975). The second of \$1,000 or more during the year from the year (see in 1975). The second of \$1,000 or more during the year from the year (see in 1975). The second of \$1,000 or more during the year from the year (see in 1975). The second of \$1,000 or more during the year from the year (see in 1975). The second of \$1,000 or more during the year from the year (see in 1975). The second of \$1,000 or more during the year from the year (see in 1975). The second of \$1,000 or more during the year of the second of \$1,000 or more during the year of the second of \$1,000 or more during the year of the second of \$1,000 or more during the year of the second of \$1,000 or more during the year of the second of \$1,000 or more during the year of the second of \$1,000 or more during the year of the second of \$1,000 or more during the year of the second of \$1,000 or more during the year of the second of \$1,000 or more during the year of the section \$1,000 or more during the year of the section \$1,000 or more during the year of the section \$1,000 or more during the year of the section \$1,000 or more during the year of the section \$1,000 or more during the year of the section \$1,000 o			_	Yes	_						
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34 X 35 b. Of the organization has meritally discussed sports comed of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 6 If Yes' 10 line 35a, has the organization field a Form 990-T for the year? If Yes', provide an explanation in Schedule 0 6 Was the organization assection 501c(16), 501c(15), or 501c(16) organization subject to section 603t(2) oloica, reporting, and proxy tax requirements during the year? If Yes', complete spheroidal parts of Schedule 9, 7ar 111 organization industry of the year? If Yes', complete applicable parts of Schedule 9, 7ar 111 organization organization organization industry of the year of the organization organization organization of the schedule 9, 7ar 111 organization . Enter amount of tex imposed on the organization disposed organization organization organizations. Enter amount of tex imposed on organization managers or decipitation organizations. Enter amount of tex imposed on organization managers or decipitation organizations. Enter amount of tex imposed on organization managers or decipitation organizations. Enter amount of tex imposed on organization managers or decipitation organizations. Enter amount of tex organization appropriate organization organ		activity in Schedule 0	33		Х						
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sequerements during the year? If Yes, complete Schedule C, Part II 50 Did the organization undergo a supplicional expenditures, direct or indirect, as discribed in the instructions 51 Did the organization flat Front 1120 Pol. List in this year? 52 Did the organization flat Front 1120 Pol. List in this year? 53 Did the organization flat Front 1120 Pol. List in this year? 54 Did the organization flat Front 1120 Pol. List in this year over early flat the organization flat Front 1120 Pol. List in the state year overed by this return? 54 If Yes, complete Schedule L, Part II and eart the total amount involved 55 Section 501 (c)(3) organizations. Enter: 56 If Yes, complete Schedule L, Part II and eart the total amount involved 57 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 58 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E2? 57 If Yes, complete Schedule L, Part II 58 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disquisited persons during the year under sections 491 (2,495s, and 4958) 58 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax in line 40c reimbursed by the organization organization or disquisited persons during the year under sections 491 (2,495s, and 4958) 59 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or disquisited persons during the year under sections 491 (2,495s, and 4958) 50 All organizations (2,495s, and 4958) 51 All organizations (2,495s, and 495s) 52 All organizations (2,495s, and 495s) 53 All organizations (2,495s, and 495s) 54 All organizations (2,495s, and 495s) 55 All organizations (2,495s, and 495s) 56 All organizations (2,495s, and 495s) 57 All organizations (2,495s, and 495s) 58 All or											
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37 a Intra amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1129-P0L for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by the return? If I'Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations, Enter: Indiation fees and capatils contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities Section 491(**) organizations. Enter amount of tax imposed on the organization during the year under: section 491(**) organizations. Enter amount of tax imposed on the organization during the year under: section 491(**) organizations. Enter amount of tax imposed on the organization during the year under: section 491(**) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organizations. All any time during the later year, was the organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 886-1 Lat the states with which a copy of this return is filed ▶ None 21 The organizations books are nice or ▶ Election Parkkin Telephone no. ▶ (70.3) 858-9.210 Located at ▶ C/O ACR 1891 Preston White Drive, Reston, VA ZIP+4 ▶ 20191-4397 by All any time during the learned year, did the organization have an interest in or a signature or other sulphorry over a financial account in a foreign country; (such as a bank account, securities account, or other financial Accounts. A tay in the unique the calendary ear, d			36		x						
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42a The organization's books are in care of ▶ Elena Parkin Telephone no. ▶ (703) 858-9210 Located at ▶ C/O ACR 1891 Preston White Drive, Reston, VA 2 P+4 ▶ 20191-4397 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account;? If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 442 N/A 443 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation In Schedule O 446 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 450 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	41										
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332173 Form 990-EZ (2013)		512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	! !							
	3321	73	Form 9	90-EZ	(2013)						

332174

Suite

Firm's address ▶ 8300 Boone Boulevard,

May the IRS discuss this return with the preparer shown above? See instructions

Vienna, VA 22182

(703) 893-0300

► X Yes

Form 990-EZ (2013)

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

OMB No 1545-0047

Open to Public Inspection

Society of Radiologists in Ultrasound Name of the organization Employer identification number 32-0231192 Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III · Functionally integrated d Type III - Non-functionally integrated a X Type I b Type II e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) Х the governing body of the supported organization? X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (v) Did you notify the (iv) is the organization (vi) Is the (i) Name of supported (iii) Type of organization (vii) Amount of monetary (ii) EIN organization in col. (i) organized in the in col. (i) listed in your organization in col. (described on lines 1-9) organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No Society of Radiologists|54-1609011|501(C)(6) Х Х X 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		L				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included			·			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		İ		1		
	column (f)						
	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					1	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	L	ļ		<u> </u>		
12	Gross receipts from related activities	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	
<u> </u>	organization, check this box and stoction C. Computation of Publ	here	roontogo				<u>▶</u> L
	<u> </u>					1	
	Public support percentage for 2013 (column (f))		14	<u>%</u>
	Public support percentage from 2012				44 00 4/00/	15	<u>%</u>
168	33 1/3% support test - 2013. If the	•			14 IS 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies		_		d line 15 in 22 1/20	V or more check t	-
r	33 1/3% support test - 2012. If the and stop here. The organization qua	•			u iine 15 is 33 1/3%	o of more, check t	THIS DOX
47.	•	• •	• • •		no 12 16a or 16b	and line 14 is 1006	or more
1/6	10% -facts-and-circumstances tes		-				
	and if the organization meets the "facts-and-circumstances"					ait iv now the orga	1112ation
	10% -facts-and-circumstances tes	•	•		_	17a and line 15 is	10% or
	more, and if the organization meets t		_				
	organization meets the "facts-and-cir				•		` ▶□
18	Private foundation. If the organization						
	The second of the organization	S.C T.C. OFFICIA		,,,			0 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	o.o.v., p.oaoo oo.v.	<u> </u>	·			
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received (Do not						
	include any "unusual grants.")			<u></u>		<u> </u>	<u> </u>
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	[1		
	organization's tax-exempt purpose			l	1 .		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		1		1		<u> </u>
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf				L		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and			ļ	1		
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year			l		1	
(Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						·- <u>-</u> -
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						1
10	Gross income from interest,	-					
	dividends, payments received on securities loans, rents, royalties					1	
	and income from similar sources					1	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses]					ļ
	acquired after June 30, 1975						
(Add lines 10a and 10b		<u> </u>				
11							
	activities not included in line 10b, whether or not the business is	j					
	regularly carned on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)				1	<u> </u>	<u> </u>
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization'	's fırst, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organ	ization,
	check this box and stop here						▶└
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
15	Public support percentage for 2013 (line 8, column (f) c	divided by line 13,	column (f))		15	%
16				<u></u>		16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	ne Percentage			,	
17	, 5			ne 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A,	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
ı	o 33 1/3% support tests - 2012. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The org	anızatıon qualifies	as a publicly supp	ported organization	n ▶ □
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶□_
3320	23 09-25-13				Sc	hedule A (Form 9	90 or 990-EZ) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Society of Radiologists in Ultrasound

Employer identification number 32-0231192

Foundation Form 990-EZ, Part I, Line 4, Other Investment Income: Description of Property: Amount: Interest 4. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Telephone 63. Bank charges 18. Total to Form 990-EZ, line 16 81. Form 990-EZ, Part II, Line 24, Other Assets: Description Beg. of Year End of Year Due from SRU 17,799. 0. Form 990-EZ, Part II, Line 26, Other Liabilities: Description Beg. of Year End of Year Due to SRU 0. 55,534. Form 990-EZ, Part III, Primary Exempt Purpose - The Society of Radiologists in Ultrasound Foundation ("the Foundation") is a nonprofit corporation established in 2009 for charitable, scientific, research, and educational purposes within the field of ultrasound and radiology. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.us.gov/torm990 Society of Radiologists in Ultrasound Emplo Foundation 32

Employer identification number 32-0231192

			<u> </u>	1000011								0231172	
The	organizati	on,	đi	id not,	duri	ng th	e year,	pay	any	premiu	ms,	directly,	
or	indirectly,	on	a	persona	ıl be	nefit	contra	ct.					
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Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

 $ightharpoons \overline{\mathbf{X}}$

- 11 yo	d are living for all Additional (Not Adtornatic) 3-Month Ex	tension, t	complete only Part II (on page 2 or	uns ionii).			
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	m 8868.		
	onic filing (e-file). You can electronically file Form 8868 if y						
	ed to file Form 990-T), or an additional (not automatic) 3-mor		•		•		
	to file any of the forms listed in Part I or Part II with the exc						
	nal Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details of	on the elec	ctronic filing of	this form,	
Part	ww.irs.gov/efile and click on e-file for Charities & Nonprofits		whent original (no popies no	- al a al\			
Part I d	oration required to file Form 990-T and requesting an auton	nauc o-me	onth extension - check this box and	complete		▶ □	
	er corporations (including 1120-C filers), partnerships, REM	UCs and t	rusts must use Form 7004 to reques	t on oxton	ouen of time		
	ncome tax returns	ios, and t	rusts must use romi roo4 to reques	t an exten	sion or time		
Туре	Name of exempt organization or other filer, see instru	ctions		Employe	ridentification	number (EIN) or	
print	Society of Radiologists in		asound	Linploye	icontinoation,	ridinizor (Eliv) or	
	Foundation				32-023	1192	
File by th due date		ee instruc	tions.	Social se	curity number		
filing you return S	c/o ACR 1891 Preston White				,	(00)	
instruction		oreign add	fress, see instructions				
	Reston, VA 20191-4397	_					
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			[0]1	
	******	_					
Applic	ation	Return	Application			Return	
Is For	-	Code	Is For	Coc			
	990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	** - V - V - V - V - V - V - V - V - V -	02	Form 1041-A			08	
	1720 (individual)	03	Form 4720			09	
Form 9		04	Form 5227			10	
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form s	990-T (trust other than above) Elena Han	06	Form 8870			12	
■ The	books are in the care of C/O ACR 1891 Pi	resto	n White Drive - Re	gton	ፕፖኳ 2በ1	91_1397	
	ephone No. ► (703) 858-9210	CBCO	FAX No. ▶	BCOII,	VA ZUI	71 4391	
	the organization does not have an office or place of business	e in the l li				ightharpoonup	
	ils is for a Group Return, enter the organization's four digit			f this is fo	r the whole ar	oup check this	
box Þ		1			_	•	
	request an automatic 3-month (6 months for a corporation		···		CIS THE EXTERN	301113 101	
	February 15, 2014, to file the exemp				The extension	1	
	s for the organization's return for:	J					
1	calendar year or						
١	X tax year beginning JAN 1, 2013	, an	nd ending JUN 30, 2013				
2	f the tax year entered in line 1 is for less than 12 months, c	heck reas	ion Initial return	Final retur	n		
	Change in accounting period						
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	enter the tentative tax, less any			_	
	nonrefundable credits. See instructions.			3a	\$	0.	
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	-				•	
-	estimated tax payments made Include any prior year overp			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa	•	· · · ·			0	
	NULLEUM EELES IEIGCITODIC EGGOTOLLOV Dovesoot Suctors)	-000 Inct-	ICTIONS	1 77	. 42		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Form 8868 (Rev. 1-2014)					Page 2			
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this	box		► X			
Note. Only complete Part II if you have already been granted an a	•	•		8868	- —			
If you are filing for an Automatic 3-Month Extension, complet		•						
Part II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the origina	al (no co	pies neede	ed).			
		Enter filer's	identifyin	ig number, se	ee instructions			
Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN)								
print Society of Radiologists in Ultrasound								
File by the Foundation				32-023	1192			
due date for filling your return See C/O ACR 1891 Preston White Drive Social security number (SSN)								
Instructions City, town or post office, state, and ZIP code. For a fo		ress see instructions						
Reston, VA 20191-4397	0.9.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
Application	Return	Application			Return			
Is For	Code	Is For			Code			
Form 990 or Form 990-EZ	01							
Form 990-BL	02	Form 1041-A			08			
Form 4720 (individual)	03	Form 4720 (other than individual)			09			
Form 990-PF	04	Form 5227			10			
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12			
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 8868				
The books are in the care of ► C/O ACR 1891 Proceedings of the organization does not have an office or place of business. If the organization does not have an office or place of business. If this is for a Group Return, enter the organization's four digit of the box ► If it is for part of the group, check this box ► If request an additional 3-month extension of time until for calendar year, or other tax year beginning of the tax year entered in line 5 is for less than 12 months, contact the compact of the calendar which is contact the compact of the compact of the compact of the compact of the calendar which is contact of the compact of the compact of the compact of the compact of the calendar which is contact of the calendar of the calen	s in the Ur Group Exe and atta May JAN 1 heck reas	Fax No. Inted States, check this box emption Number (GEN) In the list with the names and EINs of 15, 2014, and ending on: Initial return	f this is fo all memb	r the whole greers the extenses 30, 20	oup, check this sion is for			
file a complete and accruate i	retur	n.						
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			0			
nonrefundable credits. See instructions.			8a	\$	0.			
b If this application is for Forms 990 PF, 990 T, 4720, or 6069	•	•	i					
tax payments made. Include any pnor year overpayment all	lowed as a	a credit and any amount paid			0			
previously with Form 8868.			8b	\$	0.			
C Balance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using		_	0			
EFTPS (Electronic Federal Tax Payment System). See instru		at he completed for Dort II a	8c	\$	0.			
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct and complete, and that I am authorized to prepare this fo	ing accomp orm.	st be completed for Part II of panying schedules and statements, and to	the best o					
Signature ► Mcole Prince Title ► C	CPA		Date	▶ 2/5/				
				Form 88	368 (Rev 1-2014)			