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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization's mission

SOUTH BEND MEDICAL FOUNDATION EXISTS FOR THE PURPOSE OF PROVIDING QUALITY AND COST EFFECTIVE LABORATORY AND BLOOD BANKING SERVICES TO HOSPITALS, PHYSICIANS, AND PATIENTS (CONTINUED IN SCHEDULE O)

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 84,560,492 including grants of \$ 3,154,999) (Revenue \$ 100,168,828)

SOUTH BEND MEDICAL FOUNDATION'S (SBMF) MORE THAN 750 EMPLOYEES PROVIDE A WIDE RANGE OF TOP-QUALITY, COST-EFFECTIVE HEALTH CARE SERVICES FOR COMMUNITIES IN INDIANA, MICHIGAN, KENTUCKY, OHIO, AND ILLINOIS BY WORKING TOGETHER WITH LOCAL HEALTH CARE PROVIDERS, SBMF PRESERVES THE CRITICAL RELATIONSHIP BETWEEN LABORATORY, PHYSICIAN AND PATIENT UNLIKE MANY LARGE COMMERCIAL LABORATORIES, SBMF OFFERS ITS SERVICES 24 HOURS A DAY, 365 DAYS A YEAR SBMF PERSONNEL ARE DEDICATED TO BEING A TRUSTED PHYSICIAN RESOURCE, HANDLING EVERYTHING FROM ROUTINE OUTPATIENT ORDERS TO PROVIDING INPATIENT SERVICES AT HOSPITAL AND OTHER HEALTH CARE FACILITIES THROUGHOUT THE REGION SBMF'S COMMITMENT TO DELIVERING CONSISTENT, RELIABLE, QUALITY MEDICAL CARE HAS PLAYED AN INSTRUMENTAL ROLE IN HELPING THE FOUNDATION ACHIEVE ITS POSITION OF LEADERSHIP AMONG THE NATION'S DIAGNOSTIC LABORATORIES (CONTINUED IN SCHEDULE O)

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)






(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 84,560,492

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization James B Myers 118 W Edison Road Mishawaka, IN 46545 (574) 204-5206	

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	7,811,103	0	1,084,978

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 31

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ASSOC REG AND UNIV PATHOLOGISTS PO BOX 27964 SALT LAKE CITY UT 84127	REFERENCE LAB	2,602,725
CERNER CORPORATION PO BOX 412702 KANSAS CITY MO 64141	EQUIPMENT MAINTENANCE / REPAIR	1,005,731
THERMO ASSET MANAGEMENT SERVICES INC PO BOX 712224 CINCINNATI OH 452712224	EQUIPMENT MAINTENANCE / REPAIR	816,595
PARKVIEW PROFESSIONAL PROGRAMS PO BOX 2504 FORT WAYNE IN 468012504	REFERENCE LAB	785,269
MICHIANA HEALTH INFORMATION NETWORK PO BOX 6471 SOU H BEND IN 46660	COMMUNITY BASED CLINICAL INFO SYSTEM	733,511

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►16

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,736				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		1,736				
Program Service Revenue	2a	NET OPERATING REVENUES	Business Code 621500	99,699,838	99,699,838			
	b			0				
	c			0				
	d			0				
	e			0				
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f		99,699,838				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		302,005			302,005
		4	Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0				
6a		(i) Real						
		(ii) Personal						
b		Less rental expenses						
c		Rental income or (loss)		0	0			
d		Net rental income or (loss)		0				
7a		(i) Securities						
		(ii) Other						
b		Less cost or other basis and sales expenses			17,100			
c		Gain or (loss)		0	353,606			
d		Net gain or (loss)		353,606			353,606	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
b		Less direct expenses		b				
c		Net income or (loss) from fundraising events			0			
9a	Gross income from gaming activities See Part IV, line 19		a					
b	Less direct expenses		b					
c	Net income or (loss) from gaming activities			0				
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code						
11a	CLINICAL PATHOLOGY FEES	621500	468,990	468,990				
b	TEACHING FEES	611430	76,407			76,407		
c	RECORDS RETREIVAL FEES	900099	4,173			4,173		
d	All other revenue		302,487	0	0	302,487		
e	Total. Add lines 11a-11d		852,057					
12	Total revenue. See Instructions		101,209,242	100,168,828	0	1,038,678		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	101,346	101,346		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	3,053,653	3,053,653		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	8,809,153	6,926,774	1,882,379	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	26,566,362	21,716,049	4,850,313	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	392,000	320,421	71,579	
9	Other employee benefits.	7,848,518	6,415,379	1,433,139	
10	Payroll taxes.	2,274,362	1,843,279	431,083	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	97,692		97,692	
c	Accounting.	77,773		77,773	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,207,059	1,370,650	836,409	0
12	Advertising and promotion.	0			
13	Office expenses.	2,637,455	1,255,904	1,381,551	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	1,941,501	1,806,301	135,200	
17	Travel.	117,299	81,772	35,527	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	642,225	7,319	634,906	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	3,323,199	2,871,613	451,586	
23	Insurance.	783,555	128,773	654,782	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL LAB	23,966,594	23,087,789	878,805	
b	REFERENCE LAB	4,913,997	4,913,997		
c	BAD DEBT	4,068,801	4,068,801		
d	BUILDING EQUIPMENT/MAINTENANCE	3,844,643	2,464,737	1,379,906	
e	All other expenses	2,755,703	2,125,935	629,768	0
25	Total functional expenses. Add lines 1 through 24e.	100,422,890	84,560,492	15,862,398	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		841	1	750
	2	Savings and temporary cash investments		9,566,851	2	7,205,574
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,110,618	4	12,336,442
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,117,948	8	1,638,673
	9	Prepaid expenses and deferred charges		1,566,976	9	1,419,645
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a95,589,071			
	b	Less accumulated depreciation	10b67,667,576	27,562,793	10c	27,921,495
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		571,791	13	809,890
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		141,693	15	123,046
	16	Total assets. Add lines 1 through 15 (must equal line 34)		52,639,511	16	51,455,515
Liabilities	17	Accounts payable and accrued expenses		9,693,485	17	9,997,427
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		10,615,000	20	9,585,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		27,261,096	25	15,118,382
	26	Total liabilities. Add lines 17 through 25		47,569,581	26	34,700,809
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		5,069,930	27	16,754,706
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,069,930	33	16,754,706
	34	Total liabilities and net assets/fund balances		52,639,511	34	51,455,515

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	101,209,242
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,422,890
3	Revenue less expenses Subtract line 2 from line 1	3	786,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,069,930
5	Net unrealized gains (losses) on investments	5	591,971
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,306,453
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,754,706

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 35-0868178
Name: SOUTH BEND MEDICAL FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BILAL ANSARI MD CHAIRMAN	1 00	X		X				0	0	0
CHARLES E PETERSON MD VICE CHAIRMAN	1 00	X		X				0	0	0
ALAN B ENGEL MD BOARD MEMBER	1 00	X						0	0	0
BARBARA L WILLIAMS MD BOARD MEMBER - PARTIAL YEAR	1 00	X						0	0	0
BRIAN SUCHARETZA MD BOARD MEMBER	1 00	X						0	0	0
DANIEL E SCHERB MD BOARD MEMBER - PARTIAL YEAR	1 00	X						0	0	0
ERIC D KNAPP DO BOARD MEMBER - PARTIAL YEAR	1 00	X						0	0	0
HENRY KIM MD BOARD MEMBER	1 00	X						0	0	0
JOHN T RICE MD BOARD MEMBER	1 00	X						0	0	0
MICHELLE A MIGLIORE DO BOARD MEMBER - PARTIAL YEAR	1 00	X						0	0	0
SAMUEL BORRELLI MD BOARD MEMBER	1 00	X						0	0	0
SLOAN S SHAH MD BOARD MEMBER	1 00	X						0	0	0
STARLA D GRABER MD BOARD MEMBER - PARTIAL YEAR	1 00	X						0	0	0
WALTER H HALLORAN MD BOARD MEMBER - PARTIAL YEAR	1 00	X						0	0	0
ANN SULLIVAN VP OF FINANCE	40 00			X				242,607	0	43,549
DIANE JANOWIAK VP OF CENTRAL LAB OPERATIONS	40 00			X				240,976	0	30,828
JAMES FRAIN VP OF HUMAN RESOURCES	40 00			X				244,273	0	40,922
ROBERT KING SENIOR VP	40 00			X				280,613	0	34,765
ROBERT TOMEC MD PRESIDENT/EXECUTIVE VP	40 00			X				383,991	0	37,697
WILLIAM KALINEY MD VICE PRESIDENT/EXECUTIVE VP	40 00			X				383,763	0	42,823
ALFONSO CARDENAS MD PATHOLOGIST	40 00				X			238,227	0	40,289
AMOBI EZENEKWE MD PATHOLOGIST	40 00				X			263,569	0	45,908
BLAIR CHRENKA MD PATHOLOGIST	40 00				X			259,733	0	45,768
BOBBIE SUTTON MD PATHOLOGIST	40 00				X			293,776	0	33,321
C K KIM MD PATHOLOGIST	40 00				X			366,046	0	41,872

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID JENTZ MD PATHOLOGIST	40 00				X			366,570	0	37,901
DERRICK FORCHETTI MD PATHOLOGIST	40 00				X			271,943	0	39,520
FRANCISCO DEOGRACIAS MD PATHOLOGIST	40 00				X			354,468	0	37,868
FRED BUSSE MD PATHOLOGIST	40 00				X			269,756	0	38,224
JAMES DYER MD PATHOLOGIST	40 00				X			260,495	0	21,584
JOHN LANDGRAF MD PATHOLOGIST	40 00				X			271,719	0	35,724
JOSEPH PRAHLOW MD PATHOLOGIST	40 00				X			281,457	0	41,153
JOYCE SIMPSON MD PATHOLOGIST	40 00				X			155,811	0	10,220
KRISTEN JACOBS MD PATHOLOGIST	24 00				X			219,491	0	41,362
LUIS GALUP MD PATHOLOGIST	40 00				X			366,099	0	41,415
NICOLE ANEST MD PATHOLOGIST	40 00				X			237,593	0	33,745
NITA GERIG MD PATHOLOGIST	32 00				X			285,555	0	44,885
ODETA LAPKUS MD PATHOLOGIST	40 00				X			266,690	0	37,247
RICKY HOOVER MD PATHOLOGIST	40 00				X			348,239	0	44,065
CARRIE ROBINSON REGIONAL MARKETING DIRECTOR	40 00					X		106,412	0	33,879
JANET AGLER REGIONAL MARKETING MANAGER	40 00					X		102,032	0	28,628
PRENTISS JONES DIRECTOR - TOXICOLOGY	40 00					X		153,989	0	28,185
QING LI DIRECTOR - NEW TEST DEVELOPMENT	40 00					X		140,957	0	28,525
THOMAS LIDDELL VP - INFORMATION SYSTEMS	40 00					X		154,253	0	23,106

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization SOUTH BEND MEDICAL FOUNDATION INC	Employer identification number 35-0868178
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Part I

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)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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 _____
5	<input type="checkbox"/>	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)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	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)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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)
f	<input type="checkbox"/>	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
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support						
Calendar 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 organization's benefit and either paid to or expended on its behalf						
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 governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar 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						
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 assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶						

Part IIISupport 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.)

Section A. Public Support						
Calendar 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.")				429,028	1,736	430,764
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	94,545,973	94,079,057	97,034,819	99,026,282	99,699,838	484,385,969
3 Gross receipts from activities that are not an unrelated trade or business under section 513	238,981	195,040	169,918	170,096	383,067	1,157,102
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	94,784,954	94,274,097	97,204,737	99,625,406	100,084,641	485,973,835
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	15,082	0	15,082
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	15,082	0	15,082
8 Public support (Subtract line 7c from line 6.)						485,958,753

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	94,784,954	94,274,097	97,204,737	99,625,406	100,084,641	485,973,835
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-108,281	-69,086	60,573	123,674	302,005	308,885
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	-108,281	-69,086	60,573	123,674	302,005	308,885
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	334,004	338,675	415,690	497,425	468,990	2,054,784
13 Total support. (Add lines 9, 10c, 11, and 12.)	95,010,677	94,543,686	97,681,000	100,246,505	100,855,636	488,337,504
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.510%	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.580%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.060%	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.010%	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
Schedule A, Part III, Line 12, Other Income	DESCRIPTION - CLINICAL PATHOLOGY FEES, COLUMN A - 334004, COLUMN B - 338675, COLUMN C - 415690, COLUMN D - 451445, COLUMN E - 468990, COLUMN F - 2008804, DESCRIPTION - FUNDRAISING GROSS RECEIPTS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 45980, COLUMN E - 0, COLUMN F - 45980,

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization SOUTH BEND MEDICAL FOUNDATION INC	Employer identification number 35-0868178
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,115,907		1,115,907
b Buildings		43,410,451	27,108,798	16,301,653
c Leasehold improvements		812,628	471,688	340,940
d Equipment		46,762,045	40,087,090	6,674,955
e Other		3,488,040		3,488,040
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,921,495

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	104,985,212
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains on investments	2a	591,971
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	10,306,453
e	Add lines 2a through 2d	2e	10,898,424
3	Subtract line 2e from line 1	3	94,086,788
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	7,122,454
c	Add lines 4a and 4b	4c	7,122,454
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	101,209,242

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	93,300,436
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	93,300,436
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	7,122,454
c	Add lines 4a and 4b	4c	7,122,454
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	100,422,890

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION PURSUANT TO SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES PURSUANT TO SECTION 501(A). ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR THE YEARS ENDED DECEMBER 31, 2010 THROUGH 2013. THE FOUNDATION FOLLOWS GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. A TAX POSITION IS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED. MANAGEMENT HAS DETERMINED THAT THERE IS NO LIABILITY FOR UNCERTAIN TAX POSITIONS AND DOES NOT EXPECT THIS TO CHANGE OVER THE NEXT 12 MONTHS.
Schedule D, Part XI, Line 2d, Other revenues in audited financial statements not in form 990	2013 GALA RECEIPTS RECORDED IN 2012 - 103125, PENSION AND POSTRETIREMENT BENEFIT-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST - 10203328,
Schedule D, Part XI, Line 4b, Other revenues in form 990 not in audited financial statements	INDIVIDUAL ASSISTANCE - 3053653, BAD DEBT - 4068801,
Schedule D, Part XII, Line 4b, Other expenses in form 990 not in audited financial statements	INDIVIDUAL ASSISTANCE - 3053653, BAD DEBT - 4068801,

[illegible]

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTH BEND MEDICAL FOUNDATION INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493321028744

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
35-0868178

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOYS AND GIRLS CLUBS OF ST JOSEPH COUNTY 502 E SAMPLE STREET SOUTH BEND,IN 46601	35-1329625	501(C)(3)	5,000				GENERAL SUPPORT
(2) NORTHERN INDIANA HISTORICAL SOCIETY (CENTER FOR HISTORY) 808 W WASHINGTON STREET SOUTH BEND,IN 46601	35-1124156	501(C)(3)	5,000				GENERAL SUPPORT
(3) HOSPICE FOUNDATION 4220 EDISON LAKES PARKWAY STE 210 MISHAWAKA,IN 46545	30-0433147	501(C)(3)	5,000				GENERAL SUPPORT
(4) INDIANA UNIVERSITY FOUNDATION PO BOX 660245 INDIANAPOLIS,IN 46266	35-6018940	501(C)(3)	5,000				GENERAL SUPPORT
(5) LOGAN COMMUNITY RESOURCES INC 2505 E JEFFERSON BLVD SOUTH BEND,IN 46615	35-0965639	501(C)(3)	7,600				GENERAL SUPPORT
(6) THE FOUNDATION OF ST JOSEPH REGIONAL MEDICAL CENTER 837 E CEDAR STREET SUITE 350 SOUTH BEND,IN 46617	35-1654543	501(C)(3)	7,500				GENERAL SUPPORT
(7) SAINT MARY'S COLLEGE 110 LE MANS HALLS NOTRE DAME,IN 46556	35-0868158	501(C)(3)	5,000				GENERAL SUPPORT
(8) ST JOSEPH REGIONAL MEDICAL CENTER 5215 HOLY CROSS PARKWAY MISHAWAKA,IN 46545	35-0868157	501(C)(3)	10,000				GENERAL SUPPORT

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

3

Enter total number of other organizations listed in the line 1 table

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PATIENT MEDICAL ASSISTANCE		0	2,410,948	BOOK VALUE	FREE OR REDUCED MEDICAL CARE
(2) TIME OF SERVICE DISCOUNTS		0	642,705	BOOK VALUE	DISCOUNT PROVIDED AT TIME OF PAYMENT

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART III, COLUMN (B), NUMBER OF RECIPIENTS	CURRENTLY, SOUTH BEND MEDICAL FOUNDATION DOES NOT HAVE AN EFFECTIVE WAY TO TRACK THE UNDUPLICATED NUMBER OF PATIENTS THAT RECEIVE FREE OR REDUCED CARE AND TIME OF SERVICE DISCOUNTS
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	SOUTH BEND MEDICAL FOUNDATION (SBMF) PROVIDES FUNDING TO OTHER COMMUNITY NOT-FOR-PROFIT ORGANIZATIONS GENERALLY, THESE ARE UNRESTRICTED CONTRIBUTIONS THAT THE RECEIVING ORGANIZATION CAN USE TO FURTHER THEIR MISSION AND PROGRAMS AT THEIR DISCRETION THE USE OF THESE CONTRIBUTIONS IS NOT MONITORED SBMF ALSO PROVIDES ASSISTANCE TO INDIVIDUALS IN THE FORM OF FREE OR REDUCED FEE MEDICAL CARE AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITIES SERVED THESE INDIVIDUALS MEET SBMF'S CHARITY CARE ELIGIBILITY REQUIREMENTS, OR THE REQUIREMENTS OF THE REFERRING HEALTH CARE PROVIDER DETERMINATION AND MONITORING OF CHARITY CARE IS PERFORMED ON A CASE-BY-CASE BASIS SBMF ALSO PROVIDES DISCOUNTS FOR PAYMENT AT TIME OF SERVICE TO PATIENTS WHO DO NOT HAVE GOVERNMENT PROVIDED INSURANCE COVERAGE OR DO NOT WISH TO HAVE A CLAIM FILED WITH THEIR COMMERCIAL INSURANCE CARRIER THERE IS NO ACTUAL EXCHANGE OF FUNDS, AS THE DISCOUNTS ARE CREDITED DIRECTLY TO THE PATIENTS' ACCOUNTS TIME OF SERVICE DISCOUNTS ARE MONITORED AT THE ORGANIZATION LEVEL, IN THE AGGREGATE

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 35-0868178
Name: SOUTH BEND MEDICAL FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF ST JOSEPH COUNTY 502 E SAMPLE STREET SOUTH BEND,IN 46601	35-1329625	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN INDIANA HISTORICAL SOCIETY (CENTER FOR HISTORY) 808 W WASHINGTON STREET SOUTH BEND,IN 46601	35-1124156	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE FOUNDATION 4220 EDISON LAKES PARKWAY STE 210 MISHAWAKA,IN 46545	30-0433147	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY FOUNDATION PO BOX 660245 INDIANAPOLIS,IN 46266	35-6018940	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOGAN COMMUNITY RESOURCES INC 2505 E JEFFERSON BLVD SOUTH BEND,IN 46615	35-0965639	501(C)(3)	7,600				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOUNDATION OF ST JOSEPH REGIONAL MEDICAL CENTER 837 E CEDAR STREET SUITE 350 SOUTH BEND,IN 46617	35-1654543	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT MARY'S COLLEGE 110 LE MANS HALLS NOTRE DAME, IN 46556	35-0868158	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH REGIONAL MEDICAL CENTER 5215 HOLY CROSS PARKWAY MISHAWAKA,IN 46545	35-0868157	501(C)(3)	10,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SOUTH BEND MEDICAL FOUNDATION INC

Employer identification number
35-0868178

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	THE ORGANIZATION HAS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THAT WAS DESIGNED TO REPLACE RETIREMENT BENEFITS LOST BY INDIVIDUALS DUE TO 1998 CHANGES IN PENSION LAWS AND A REDESIGN OF THE PENSION PLAN TO MAXIMIZE BENEFITS FOR LOWER COMPENSATED EMPLOYEES. THE ORGANIZATION'S BOARD OF DIRECTORS ELECTED TO FREEZE THIS PLAN, AND THEREFORE NO BENEFITS WERE PROVIDED DURING 2013.

Additional Data

Software ID: 13000248

Software Version: 2013v3.1

EIN: 35-0868178

Name: SOUTH BEND MEDICAL FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DIANE JANOWIAK VP OF CENTRAL LAB OPERATIONS	(i) (ii)	235,694 0	5,000 0	282 0	7,119 0	23,709 0	271,804 0	0 0
ODETA LAPKUS MD PATHOLOGIST	(i) (ii)	261,690 0	5,000 0	0 0	5,000 0	32,247 0	303,937 0	0 0
NITA GERIG MD PATHOLOGIST	(i) (ii)	260,067 0	5,000 0	20,488 0	7,550 0	37,335 0	330,440 0	0 0
DERRICK FORCHETTI MD PATHOLOGIST	(i) (ii)	266,943 0	5,000 0	0 0	7,550 0	31,970 0	311,463 0	0 0
DAVID JENTZ MD PATHOLOGIST	(i) (ii)	358,543 0	5,000 0	3,027 0	7,550 0	30,351 0	404,471 0	0 0
JAMES FRAIN VP OF HUMAN RESOURCES	(i) (ii)	234,076 0	5,000 0	5,197 0	7,033 0	33,889 0	285,195 0	0 0
PRENTISS JONES DIRECTOR - TOXICOLOGY	(i) (ii)	150,989 0	3,000 0	0 0	4,498 0	23,687 0	182,174 0	0 0
BOBBIE SUTTON MD PATHOLOGIST	(i) (ii)	288,776 0	5,000 0	0 0	7,550 0	25,771 0	327,097 0	0 0
JOHN LANDGRAF MD PATHOLOGIST	(i) (ii)	246,279 0	5,000 0	20,440 0	7,550 0	28,174 0	307,443 0	0 0
JAMES DYER MD PATHOLOGIST	(i) (ii)	252,575 0	5,000 0	2,920 0	6,856 0	14,728 0	282,079 0	0 0
ALFONSO CARDENAS MD PATHOLOGIST	(i) (ii)	233,227 0	5,000 0	0 0	6,659 0	33,630 0	278,516 0	0 0
JOSEPH PRAHLOW MD PATHOLOGIST	(i) (ii)	273,518 0	5,000 0	2,939 0	7,550 0	33,603 0	322,610 0	0 0
WILLIAM KALINEY MD VICE PRESIDENT/EXECUTIVE VP	(i) (ii)	357,502 0	5,000 0	21,261 0	7,550 0	35,273 0	426,586 0	0 0
ROBERT KING SENIOR VP	(i) (ii)	259,178 0	5,000 0	16,435 0	7,306 0	27,459 0	315,378 0	0 0
RICKY HOOVER MD PATHOLOGIST	(i) (ii)	340,213 0	5,000 0	3,026 0	7,550 0	36,515 0	392,304 0	0 0
ANN SULLIVAN VP OF FINANCE	(i) (ii)	225,040 0	5,000 0	12,567 0	7,119 0	36,430 0	286,156 0	0 0
ROBERT TOMEK MD PRESIDENT/EXECUTIVE VP	(i) (ii)	357,960 0	5,000 0	21,031 0	7,550 0	30,147 0	421,688 0	0 0
FRANCISCO DEOGRACIAS MD PATHOLOGIST	(i) (ii)	346,441 0	5,000 0	3,027 0	7,550 0	30,318 0	392,336 0	0 0
KRISTEN JACOBS MD PATHOLOGIST	(i) (ii)	194,692 0	5,000 0	19,799 0	6,597 0	34,765 0	260,853 0	0 0
FRED BUSSE MD PATHOLOGIST	(i) (ii)	244,268 0	5,000 0	20,488 0	7,550 0	30,674 0	307,980 0	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LUIS GALUP MD PATHOLOGIST	(i)	358,474	5,000	2,625	7,550	33,865	407,514	0
	(ii)	0	0	0	0	0	0	0
AMOBI EZENEKWE MD PATHOLOGIST	(i)	238,226	5,000	20,343	7,550	38,358	309,477	0
	(ii)	0	0	0	0	0	0	0
C K KIM MD PATHOLOGIST	(i)	358,020	5,000	3,026	7,550	34,322	407,918	0
	(ii)	0	0	0	0	0	0	0
BLAIR CHRENKA MD PATHOLOGIST	(i)	252,176	5,000	2,557	4,674	41,094	305,501	0
	(ii)	0	0	0	0	0	0	0
JOYCE SIMPSON MD PATHOLOGIST	(i)	152,523	3,288	0	1,546	8,674	166,031	0
	(ii)	0	0	0	0	0	0	0
NICOLE ANEST MD PATHOLOGIST	(i)	229,830	5,000	2,763	5,513	28,232	271,338	0
	(ii)	0	0	0	0	0	0	0
QING LI DIRECTOR - NEW TEST DEVELOPMENT	(i)	124,867	16,090	0	1,326	27,199	169,482	0
	(ii)	0	0	0	0	0	0	0
THOMAS LIDDELL VP - INFORMATION SYSTEMS	(i)	147,452	5,000	1,801	1,536	21,570	177,359	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

Name of the organization
SOUTH BEND MEDICAL FOUNDATION INC

Employer identification number
35-0868178

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MICHIANA HEMATOLOGY ONCOLOGY PC (MHO)	B ANSARI (SBMF BOARD MEMBER) IS AN OFFICER/DIRECTOR OF MHO	101,635	SBMF MADE \$101,635 IN PAYMENTS (AT FMV) TO MHO FOR RENTAL OF SPACE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013**Open to Public
Inspection**Name of the organization
SOUTH BEND MEDICAL FOUNDATION INC

Employer identification number

35-0868178

Return Reference	Explanation
FORM 990, PART III, LINE 1, ORGANIZATION'S MISSION (CONTINUED FROM PART III)	TO FULFILL OUR MISSION WE SHALL (I) PROVIDE THE HOSPITALS WE SERVICE WITH THE HIGHEST QUALITY LABORATORY RESOURCES AND--TAKING INTO ACCOUNT THAT LENGTH OF STAY IS CRUCIAL FOR INPATIENT CARE--WITH THE SHORTEST RESPONSE TIME WHILE ACHIEVING A HIGH DEGREE OF COST EFFECTIVENESS (II) PROVIDE OUR PHYSICIAN CUSTOMERS WITH THE HIGHEST QUALITY LABORATORY RESULTS UTILIZING THE LATEST TECHNOLOGY AND MAKING AVAILABLE TO THEM READILY ACCESSIBLE CONSULTATIVE OPPORTUNITIES IN THE MEDICAL AND ADMINISTRATIVE ASPECTS OF THEIR PRACTICES (III) CREATE AND MAINTAIN A WORK ENVIRONMENT WHERE EMPLOYEES CAN GROW PERSONALLY AND PROFESSIONALLY WITH COMPENSATION AND BENEFIT SYSTEMS THAT ARE COMPETITIVE, EQUITABLE AND COST EFFECTIVE AS WELL AS AN ENVIRONMENT WHERE EMPLOYEES ARE PROVIDED STABLE EMPLOYMENT AND EACH INDIVIDUAL IS TREATED WITH RESPECT AND DIGNITY (IV) PROVIDE TO THE PATIENT POPULATION IN THE COMMUNITIES WE SERVE READILY ACCESSIBLE, REASONABLY PRICED LABORATORY SERVICES, WITH AS WIDE A SCOPE AND VARIETY AS POSSIBLE TO MEET ALL THEIR NEEDS LOCALLY (V) RECOGNIZING OUR SOCIAL RESPONSIBILITIES TO THE COMMUNITY, PROVIDE SERVICES WITHIN OUR MEANS TO THOSE LESS FORTUNATE, AND SUPPORT PUBLIC AND PRIVATE EFFORTS DIRECTED TO IMPROVE OUR HEALTH CARE ENVIRONMENT

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED FROM PART III)	THE ALTRUISTIC ACTIVITIES OF THE ORGANIZATION ARE INTENDED TO RELIEVE DISEASE, SUFFERING, AND CONSTRAINT. MANY SERVICES ARE PROVIDED AS CHARITY OR PRO BONO. THE AMOUNT OF CHARITY CARE, PROVIDED AT SBMF'S ESTABLISHED RATES, WAS APPROXIMATELY \$1,100,000 FOR THE YEAR ENDED DECEMBER 31, 2013.

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	THE ADMINISTRATIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE CORPORATION SUBJECT TO THE CONTROL OF THE BOARD OF DIRECTORS, THE ADMINISTRATIVE COMMITTEE SHALL HAVE FULL AUTHORITY TO ACT FOR AND ON BEHALF OF THE CORPORATION AND EXERCISE ALL OF THE POWERS OF THE BOARD OF DIRECTORS THAT MAY BE LAWFULLY DELEGATED BY SUCH BOARD TO SUCH COMMITTEE EXCEPT, HOWEVER, THE ADMINISTRATIVE COMMITTEE SHALL HAVE NO POWER TO DONATE ANY PART OF THE ASSETS OF THE CORPORATION THE ADMINISTRATIVE COMMITTEE SHALL RECEIVE STATUS REPORTS ON OTHER COMMITTEE ACTIVITIES AND DISCUSS ITEMS OF INTEREST TO THE GROUP AS A WHOLE OR TO INDIVIDUAL OFFICERS FOR THE PERFORMANCE OF THEIR DUTIES THE ADMINISTRATIVE COMMITTEE SHALL KEEP MINUTES OF ITS MEETINGS

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 2, Family/business relationships amongst interested persons	BOB SUTTON (HUSBAND OF BOBBIE SUTTON) AND FRED BUSSE - BUSINESS RELATIONSHIP, ANA CARDENAS (WIFE OF ALFONSO CARDENAS) AND JOHN JACOBS (HUSBAND OF KRISTEN JACOBS) - BUSINESS RELATIONSHIP

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	PRIOR TO NOVEMBER 17, 2014, EACH BOARD MEMBER WAS PROVIDED A COPY OF THE RETURN FOR THEIR REVIEW AND INSTRUCTED TO SUBMIT ANY QUESTIONS OR COMMENTS TO THE VP OF FINANCE. AFTER COMMENTS AND QUESTIONS ARE REVIEWED, THE RETURN WAS COMPLETED AND FILED WITH THE IRS ON OR BEFORE NOVEMBER 17, 2014

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES ARE COMPLETED BY ALL BOARD MEMBERS, OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES THE ORGANIZATION'S VICE PRESIDENT OF FINANCE AND TAX ADVISERS REVIEW ALL RESPONSES TO DETERMINE WHETHER OR NOT A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS IF AN ACTUAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, PERSONS WITH A CONFLICT ARE RECUSED FROM VOTING ON THE CONFLICTING ISSUE

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	ON AN ANNUAL BASIS, THE ORGANIZATION'S COMPENSATION COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/EXECUTIVE VICE PRESIDENT, AS WELL AS OTHER OFFICERS, ADMINISTRATORS, AND PROFESSIONAL STAFF, INCLUDING KEY EMPLOYEES. THE COMMITTEE REVIEWS CURRENT SALARIES AND PAY STRUCTURES AGAINST VARIOUS SOURCES OF COMPARABILITY DATA, INCLUDING THE COLLEGE OF AMERICAN PATHOLOGY PATHOLOGISTS COMPENSATION SURVEY, PATHOLOGY COMPENSATION DATA FOR PATHOLOGISTS, WHICH OUTLINES PATHOLOGY AND PHYSICIAN SALARIES BY SPECIALTY, PROVIDED FROM MERRITT HAWKINS AND ASSOCIATES, THE GUIDESTAR NATIONAL COMPENSATION REPORT, AND COMPENSATION REPORTED ON LOCAL AREA HOSPITALS' FORMS 990. AFTER REVIEWING THE COMPARABILITY DATA, THE COMMITTEE DISCUSSES THE CURRENT ECONOMY AND FINANCIAL POSITION OF THE ORGANIZATION TO DETERMINE THE AMOUNT OF ANY COMPENSATION INCREASES AND/OR DECREASES, IF ANY, THAT WILL BE GIVEN. THIS PROCESS IS DOCUMENTED IN THE COMPENSATION COMMITTEE'S MEETING MINUTES.

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	SEE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	WHEN REQUESTS FOR THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE, THE DATA IS PROVIDED ON SITE. WHEN REQUESTS FOR THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE, THE PERSON IS REFERRED TO WWW.IRS.GOV, WHERE COPIES ARE AVAILABLE. THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC ON SITE.

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	PENSION AND POSTRETIREMENT BENEFIT-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST - 10203328, 2013 GALA RECEIPTS RECORDED IN 2012 - 103125,