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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , 2014, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Medical Staff of Memorial Hospital of South Bend Inc Number and street (or P O box, if mail is not delivered to street address) Room/suite 615 N Michigan St City or town, state or province, country, and ZIP or foreign postal code South Bend IN 46601
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ I Website: ▶ www.qualityoflife.org J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number 35-1947917 E Telephone number (574) 647-7188 F Group Exemption Number ▶
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 79,412.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	79,412.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c Less: direct expenses from gaming and fundraising events	6c	
	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	7b Less: cost of goods sold	7b	
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	79,412.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O) See L-10 Stmt	10	5,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	49,600.
	13 Professional fees and other payments to independent contractors	13	375.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	635.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	2,502.
	17 Total expenses. Add lines 10 through 16 ▶	17	58,112.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21,300.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	234,675.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	255,975.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	234,675.	255,975.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	0.	0.
25 Total assets	234,675.	255,975.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	234,675.	255,975.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☐

What is the organization's primary exempt purpose? Medical Education of Physician & Nursing staff
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 <u>Family Practice Residency Program</u>		
(Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	5,000.
29 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) <u>0.</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	5,000.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Richard H. Seall M.D. Officer	5.00	2,200.	0.	0.
Etta K. Nevel M.D. Officer	5.00	1,100.	0.	0.
John G. Mathis M.D. Officer	20.00	15,000.	0.	0.
Bernard J. Asdell Officer	5.00	1,900.	0.	0.
Philip R. Kavanagh Officer	10.00	10,000.	0.	0.
Hugh B. Hedman M.D. Officer	5.00	1,100.	0.	0.
Sandra R. Stackhouse M.D. Officer	5.00	1,000.	0.	0.
Alfred C. Cox M.D. Officer	5.00	1,000.	0.	0.
Ebonee L. Davis M.D. Officer	5.00	900.	0.	0.
Edward Durbin Officer	3.00	600.	0.	0.
John Jacobs M.D. Officer	15.00	5,000.	0.	0.
James P. Kelly M.D. Officer	5.00	1,100.	0.	0.
Bruce H. Swartz M.D. Officer	4.00	900.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed ▶ <u>Indiana</u>		

	Yes	No
42a The organization's books are in care of ▶ <u>Pamela Hall</u> Telephone no ▶ <u>(574) 647-7188</u> Located at ▶ <u>615 N Michigan St</u> <u>South Bend,</u> IN ZIP + 4 ▶ <u>46601</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If 'Yes,' enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		X
If 'Yes,' enter the name of the foreign country: ▶ _____		

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		
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b If 'Yes,' was the related organization a section 527 organization?

49 b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

<input type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Philip M. D. Philip Kavanagh, DO</u>	Date <u>05/13/15</u>			
	Type or print name and title <u>Philip Kavanagh, DO</u>	President			
Paid Preparer Use Only	Print/Type preparer's name <u>John M Nicklas CPA</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P01237941</u>
	Firm's name <u>JOHN M NICKLAS CPA PC</u>				Firm's EIN <u>35-1827716</u>
	Firm's address <u>212 PINE LAKE AVE</u>				Phone no <u>(219) 362-5266</u>
	<u>LA PORTE</u>	<u>IN 463503032</u>			

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

The Medical Staff of Memorial Hospital of South Bend Inc

35-1947917

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Recognition/Appreciation Gifts 1,802.
 Memorials 700.

Total 2,502.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compen- sation
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>George A Horwath M.D.</u> Title . Officer	4.00	900.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Alan B Engel M.D.</u> Title . Officer	3.00	600.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment Support of Residency Program

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Operations</u>	Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Residency Program</u>		
			5,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .
 Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined