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Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047
2012
 Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Maxis Medical Services		D Employer identification number 23-2577185
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 Lincoln Ave.		E Telephone number (570) 281-1000
	City, town, or post office, state, and ZIP code Carbondale, PA 18407-0000		G Gross receipts \$ 101,516.
F Name and address of principal officer: John Capasso 3805 West Chester Pike, Ste 100, Newtown Squ		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.mariancommunityhospital.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1989 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. Maxis Medical Services, part of Maxis Health System, is in the process of dissolution. Prior to the		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)		19
	4 Number of independent voting members of the governing body (Part VI, line 1b)		17
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		0
	6 Total number of volunteers (estimate if necessary)		17
	7a Total unrelated business revenue from Part VIII, column (C), line 12		0.
b Net unrelated business taxable income from Form 990-T, line 34		0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 0.	Current Year 0.
	9 Program service revenue (Part VIII, line 2g)	537,103.	101,439.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	271.	77.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	537,374.	101,516.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	546,132.	136,333.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	262,142.	29,328.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	808,274.	165,661.	
19 Revenue less expenses. Subtract line 18 from line 12	-270,900.	-64,145.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 59,702.	End of Year 15,368.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	59,702.	15,368.

Part II Signature Block

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 <i>John Capasso</i>	Date <i>11/11/13</i>		
	John Capasso, President/CEO Type of print name and title			
Paid Preparer Use Only	Print/Type preparer's name William J. Homer	Preparer's signature <i>William J. Homer</i>	Date NOV 12 2013	Check <input type="checkbox"/> PTIN self-employed P00994519
	Firm's name DELOITTE TAX LLP	Firm's EIN 86-1065772	Phone no. 215-246-2300	
	Firm's address 1700 MARKET STREET, 25TH FLOOR PHILADELPHIA, PA 19103-3984			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JAN 13 2014

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission:

Maxis Medical Services, part of Maxis Health System, is in the process of dissolution. Prior to the decision to dissolve, Maxis Medical Services provided direct medical care and promoted health for individuals in the rural areas surrounding Carbondale PA. Maxis Health

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

No Yes X

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 X 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 \$ 165,661. including grants of \$ 0.) (Revenue \$ 101,439.)

Maxis Medical Services ceased operations on February 29, 2012. Prior to ceasing operations, Maxis Medical Services provided direct medical care and promoted health for individuals in the rural areas surrounding Carbondale, PA.

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 165,661.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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 XI</i>		X
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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</i>		X
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>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X
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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding answers.

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

Check if Schedule O contains a response to any question 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. 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.		
			19
b	Enter the number of voting members included in line 1a, above, who are independent.		17
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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.	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?	X	
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?		X

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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: **Jenny Barnett - 610-355-2000**
3805 West Chester Pike, Suite 100, Newtown Square, PA 19073

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 of 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, and 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) William Boyle Trustee	0.50 0.50	X					0.	0.	0.	
(2) Harry Coleman, Esq. Trustee	0.50 1.00	X					0.	0.	0.	
(3) John Wiedman Trustee	0.50 1.00	X					0.	0.	0.	
(4) Jessica Whittington Trustee	0.50 1.00	X					0.	0.	0.	
(5) Sr. Kathleen Lunsmann, IHM Trustee	0.50 2.00	X					0.	0.	0.	
(6) Vincent Carilli, Ph.D. Trustee	0.50 0.50	X					0.	0.	0.	
(7) Thomas Chesnick Trustee	0.50 2.00	X					0.	0.	0.	
(8) Neal Davis, D.O. Trustee	0.50 2.00	X					0.	0.	0.	
(9) Matthew Haley, D.O. Trustee	0.50 2.00	X					0.	0.	0.	
(10) Sr. Maria Rose Kelly, IHM Trustee	0.50 1.50	X					0.	0.	0.	
(11) Joseph Marzacco, DPM Trustee	0.50 0.50	X					0.	0.	0.	
(12) Harold McGovern Trustee	0.50 0.50	X					0.	0.	0.	
(13) Scott Miskovsky Trustee	0.50 0.50	X					0.	0.	0.	
(14) J. Garry Wroblewski, D.O. Trustee	0.50 0.50	X					0.	0.	0.	
(15) Robert Non Trustee	0.50 0.50	X					0.	0.	0.	
(16) Sr. Theresa O'Rourke, IHM Trustee	0.50 0.50	X					0.	0.	0.	
(17) John Risboskin Trustee	0.50 0.50	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) Mary Theresa Vautrinot CEO	0.50 32.00	X						0.	730,291.	25,595.
(19) Sherry Walsh Trustee	0.50 1.00	X						0.	0.	0.
1b Sub-total								0.	730,291.	25,595.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	730,291.	25,595.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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
NONE		

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 **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	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				
	g	Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f							
Program Service Revenue	2 a	Physician Group Net Re	Business Code 753329	101,439.	101,439.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		101,439.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		Less: direct expenses	b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
		Less: cost of goods sold	b				
		Net income or (loss) from sales of inventory					
Miscellaneous Revenue				Business Code			
11 a	Interest Income	900099	77.			77.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		77.				
12	Total revenue. See instructions.		101,516.	101,439.	0.	77.	

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 to any question 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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	114,198.	114,198.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,642.	11,642.		
10 Payroll taxes	10,493.	10,493.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,376.	5,376.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	11,749.	11,749.		
17 Travel	113.	113.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,797.	1,797.		
23 Insurance				
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 Billing Services	5,332.	5,332.	0.	0.
b Medical and Drug suppli	1,477.	1,477.	0.	0.
c Dues	1,204.	1,204.	0.	0.
d				
e All other expenses	2,280.	2,280.		
25 Total functional expenses. Add lines 1 through 24e	165,661.	165,661.	0.	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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	25,547.	1	15,368.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	32,358.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,755.		
	b Less: accumulated depreciation	10b 77,755.	1,797.	10c 0.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	59,702.	16	15,368.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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		22	
	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		25	0.
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
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	59,702.	27	15,368.
	28 Temporarily restricted net assets		28	0.
	29 Permanently restricted net assets		29	0.
	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	59,702.	33	15,368.	
34 Total liabilities and net assets/fund balances	59,702.	34	15,368.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	101,516.
2	Total expenses (must equal Part IX, column (A), line 25)	165,661.
3	Revenue less expenses. Subtract line 2 from line 1	-64,145.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	59,702.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	19,811.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	15,368.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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		X
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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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.		
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?		X
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		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization **Maxis Medical Services** Employer identification number **23-2577185**

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 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

 - (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 Provide the following information about the supported organization(s).

(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									

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

Schedule A (Form 990 or 990-EZ) 2012

232021
12-04-12

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 <input type="checkbox"/>		
b 33 1/3% support test - 2011. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization **Maxis Medical Services** Employer identification number **23-2577185**

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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
- 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.

- 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.
- 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	▶ \$ _____
- 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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	(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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

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

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

Part VI Land, Buildings, and Equipment. 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				
b Buildings				
c Leasehold improvements		48,885.	48,885.	0.
d Equipment		28,870.	28,870.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Maxis Medical Services

Employer identification number

23-2577185

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 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:

- a** The organization? 5a
- b** Any related organization? 5b
- If "Yes" to line 5a or 5b, describe in Part III.

6 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:

- a** The organization? 6a
- b** Any related organization? 6b
- If "Yes" to line 6a or 6b, describe in Part III.

7 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 7

8 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 8

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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.

Part I, Line 3: The organization relied on a related organization that used one or more of the methods described below to establish the top management official's compensation:

- Compensation committee
- Independent compensation consultant
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

Part I, Lines 4a-b:
Line 4a: Marian Community Hospital ceased operations on February 29, 2012 and a severance payment was made to Mary Theresa Vautrinot in the amount of \$269,259.

Line 4b: Supplemental Executive Retirement Plan is provided to certain key executive employees. Contributions made to the plan on their behalf are vested and reflected in their compensation at the time of the contribution.

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Part I, Line 2e: Mary Theresa Vautrinot

Part I, Line 2e: Mary Theresa Vautrinot was the CEO of Marian Community Hospital and an officer of its related entities. In consideration for agreeing to help in the dissolution of the hospital and its related entities, Mary received a severance payment in the amount of \$269,259.

Part I, Line 3: No assets were distributed in liquidation as of 12/31/12.

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Maxis Medical Services

Employer identification number

23-2577185

Form 990, Part I, Line 1, Description of Organization Mission:

decision to dissolve, Maxis Medical Services provided direct medical
care and promoted health for individuals in the rural areas surrounding
Carbondale PA. Maxis Health System is a member of Catholic Health East
("CHE").

Form 990, Part III, Line 1, Description of Organization Mission:

System is a member of Catholic Health East ("CHE").

Form 990, Part III, Line 3, Changes in Program Services:

The organization ceased operations on February 29, 2012.

Form 990, Part VI, Section A, line 6: Maxis Health System is the sole
member.

Form 990, Part VI, Section A, line 7a: Yes, Maxis Health System ("Maxis")
approves the appointment of the members of the governing body.

Form 990, Part VI, Section A, line 7b: CHE and Maxis have limited reserved
powers to approve the decisions of the governing body.

Form 990, Part VI, Section B, line 11: The organization took steps to
educate management, members of the board and members of appropriate
subcommittees of the board on the compliance requirements mandated by the
Form 990. The form was reviewed by management and submitted to the board or
a subcommittee thereof which reported its findings to the board.

Name of the organization

Maxis Medical Services

Employer identification number

23-2577185

Form 990, Part VI, Section B, Line 12c: The Organization has adopted Maxis' conflict-of-interest policy and processes. Annually, all those serving the organization in a fiduciary capacity, including directors, officers, and key employees receive a copy of the policy and annual disclosure statement to be completed. Disclosures of financial interest or other reportable circumstances as defined in the policy are submitted and reviewed by the organization's CEO and Board Chair. Summary information is reported to the entire board and available to the board throughout the year as business comes before the board or management for action. The policy contains a continuing affirmative obligation on all affected individuals to disclose compensation or other circumstances throughout the year which may rise to the level of an actual or apparent conflict. The determination of whether a disclosed financial or other interest constitutes a conflict of interest is made by the board or an appropriate committee thereof comprised of disinterested persons and without the participation of the affected individual except to respond to questions about the disclosure. The policy further addresses the procedure for the board's further consideration of the proposed transaction/matter without the participation of the affected person and the documentation of the proceedings. Lastly, the policy addresses potential disciplinary action for violations of the policy. The policy is available to the public upon request.

Form 990, Part VI, Section B, Line 15: As described in Schedule J, Part III, compensation for the organization's top management official is determined by CHE. For other employees the organization has adopted Maxis Health System's process for determining compensation which includes the following: The board has an independent committee review and approve all

Name of the organization

Maxis Medical Services

Employer identification number

23-2577185

elements of remuneration for all disqualified parties, as well as other key management. The board/committee has an established compensation philosophy which details the objectives of market positioning and pay elements. The committee engages with external consultants to provide market data comparing the organization's roles to similarly sized health systems utilizing both title and job content comparisons. The committee reviews the market analysis, approves any salary adjustments for the executive population, considers both reasonableness and effectiveness of all remunerative programs and establishes the detailed performance expectations which are incorporated into the incentive plan. All of these discussions and decisions are documented through the provision of meeting minutes.

Form 990, Part VI, Section C, Line 19: Organizational Articles of Incorporation, Corporate Bylaws, governance policies believed to be of interest to the public, conflict-of-interest policy, and IRS Form 990 are available to the public upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Transfer from Affiliate	19,811.
Total to Form 990, Part XI, Line 9	19,811.

Disclosure Statement Related to Form 5471 Filed by Catholic Health East and Saint Michael's Medical Center

Under the constructive ownership rule of Internal Revenue Code Sections 318(a) and 958(b), the organization is required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, as a Category 4 and/or Category 5 filer with respect to

Name of the organization Maxis Medical Services	Employer identification number 23-2577185
--	--

Stella Maris Insurance Company Limited and Chestnut Risk Services, LTD
 (collectively, the "foreign corporations"). This filing requirement
 is, or will be, satisfied through the filing of Forms 5471 with respect
 to the foreign corporations on the organization's behalf by the U.S.
 organizations identified below.

Foreign Corporation: Stella Maris Insurance Company

U.S. Organization: Catholic Health East

Address: 3805 West Chester Pike, Suite 100, Newtown Square,
 Pennsylvania 19073

Identifying Number of U.S. Tax Return with Which Form 5471 was filed:
 23-2929748

IRS Service Center Where U.S. Return Was Filed: Ogden, UT

Foreign Corporation: Chestnut Risk Services, LTD

U.S. Organization: Saint Michael's Medical Center

Address: 111 Central Avenue, Newark, New Jersey 07102

Identifying Number of U.S. Tax Return with Which Form 5471 was filed:
 26-2616046

IRS Service Center Where U.S. Return Was Filed: Ogden, UT

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **Maxis Medical Services** Employer identification number **23-2577185**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Seton Real Estate Holdings - 32-0393870 1300 Massachusetts Avenue Troy, NY 12180	Management Real Estate	New York			Seton Health System, Inc.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Catholic Health East - 23-2929748							
3805 West Chester Pike, Suite 100 Newtown Square, PA 19073	Management Services	Pennsylvania	501(c)(3)	Line 11c, III-FI	NA		X
Continuing Care Management Services Network - 35-2336834, 3805 West Chester Pike, Suite 100, Newtown Square, PA 19073	Management & Support Services	Pennsylvania	501(c)(3)	Line 11b, II East	Catholic Health		X
VNA Home Health & Hospice - 01-0246804 50 Foden Road South Portland, ME 04106	Home Health & Hospice	Maine	501(c)(3)	Line 11a, I	Mercy Health System of Maine		X
Mercy Hospital - 01-0211534 144 State Street Portland, MA 04101	Hospital	Maine	501(c)(3)	Line 3	Mercy Health System of Maine		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
See Part VII for Continuations

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Mercy Health System of Maine - 01-0484074 144 State Street Portland, MA 04101	Management & Support Services	Maine	501(c)(3)	Line 11c, III-FI	Catholic Health East		X
Sunnyview Hospital & Rehabilitation Center Foundation - 22-2505127, 1270 Belmont Ave., Schenectady, NY 12308	Supporting foundation	New York	501(c)(3)	Line 11a, I	Sunnyview Hospital & Rehabilitation		X
St. Mary's Woodland Village, Inc. - 14-1675183, 1300 Massachusetts Avenue, Troy, NY 12180	Discontinued Operations	New York	501(c)(3)	Line 9	Seton Health System, Inc.		X
Mercy Care for Kids, Inc. - 14-1717564 310 South Manning Blvd Albany, NY 12208	Day care center	New York	501(c)(3)	Line 9	St. Peter's Health Care Services		X
Our Lady of Mercy Life Center - 14-1743506 2 Mercycare Lane Guilfordland, NY 12084	Nursing Home Facility	New York	501(c)(3)	Line 3	St. Peter's Health Care Services		X
St. Peter's Auxilliary - 22-2843206 315 South Manning Blvd Albany, NY 01228	Auxilliary	New York	501(c)(3)	Line 11a, I	St. Peter's Health Care Services		X
St. Peter's Health Care Services - 22-2702507, 315 South Manning Blvd, Albany, NY 12208	Management & Support Services	New York	501(c)(3)	Line 9	St. Peter's Health Partners		X
St. Peter's Hospital - 14-1348692 315 South Manning Blvd Albany, NY 12208	Hospital	New York	501(c)(3)	Line 3	St. Peter's Health Care Services		X
St. Peter's Hospital Foundation, Inc. - 22-2262982, 319 South Manning Blvd, Suite 309, Albany, NY 12208	Fundraising & Public Relations	New York	501(c)(3)	Line 7	St. Peter's Health Care Services		X
Eddy Licensed Home Care Agency - 14-1818568 433 River St Suite 3000 Troy, NY 12180	Home Health	New York	501(c)(3)	Line 3	LTC(Eddy), Inc.		X
The Community Hospice Foundation, Inc. - 22-2692940, 295 Valley View Blvd, Rensselaer, NY 12144	Fundraising & Public Relations	New York	501(c)(3)	Line 7	The Community Hospice, Inc.		X
The Community Hospice, Inc. - 14-1608921 295 Valley View Blvd Rensselaer, NY 12144	Serving seriously ill people & their families	New York	501(c)(3)	Line 3	St. Peter's Health Care Services		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Villa Mary Immaculate - 14-1438749 301 Hackett Blvd Albany, NY 12208	Nursing Home & Physical Rehab	New York	501(c)(3)	Line 3	St. Peter's Hospital		X
Warde Service Corporation, Inc. - 14-1732097 159 Wolf Road, 3rd Floor Albany, NY 12205	Supporting & strengthening the ministries of rel. sr. mercy	New York	501(c)(3)	Line 9	St. Peter's Health Care Services		X
Northeast Health, Inc. - 04-2450756 2212 Burdett Ave. Troy, NY 12180	Supporting Organization	New York	501(c)(3)	Line 11b, II	St. Peter's Health Partners		X
Memorial Hospital, Albany, N.Y. - 14-1338457 600 Northern Blvd. Albany, NY 12204	General Hospital	New York	501(c)(3)	Line 3	Northeast Health, Inc.		X
Samaritan Hospital of Troy, New York - 14-1338544, 2215 Burdett Ave., Troy, NY 12180	General hospital	New York	501(c)(3)	Line 3	Northeast Health, Inc.		X
The Northeast Health Foundation, Inc. - 22-2743478, 2224 Burdett Ave., Troy, NY 12180	Supporting foundation	New York	501(c)(3)	Line 7	Northeast Health, Inc.		X
Samaritan Child Care Center, Inc. - 14-1710225, 2213 Burdett Ave., Troy, NY 12180	Child day care	New York	501(c)(3)	Line 9	Northeast Health, Inc.		X
Shaker Properties, Inc. - 22-3119822 2212 Burdett Ave. Troy, NY 12180	Real Estate holding	New York	501(c)(2)	N/A	Northeast Health, Inc.		X
Sunnyview Hospital & Rehabilitation Ctr - 14-1338386, 1270 Belmont Ave., Schenectady, NY 12308	Rehabilitation hospital	New York	501(c)(3)	Line 3	LTC (Eddy), Inc.		X
James A. Eddy Memorial Geriatric Center, Inc. - 22-2570478, 2256 Burdett Ave., Troy, NY 12180	Nursing home	New York	501(c)(3)	Line 9	LTC (Eddy), Inc.		X
Capital Region Geriatric Center, Inc. - 14-1701597, 421 West Columbia St., Cohoes, NY 12047	Nursing Home	New York	501(c)(3)	Line 9	LTC (Eddy), Inc.		X
Heritage House Nursing Center, Inc. - 14-1725101, 2920 Tibbits Ave, Troy, NY 12180	Nursing home	New York	501(c)(3)	Line 9	LTC (Eddy), Inc.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
The Marjorie Doyle Rockwell Center, Inc. - 14-1793885, 421 West Columbia St., Cohoes, NY 12047	Adult Home/Alzheimers	New York	501(c)(3)	Line 9	LTC (Eddy), Inc.		X
Beverwyck, Inc. - 14-1717028 40 Autumn Drive Slingerlands, NY 12159	Independent/Assisted Living Retirement Community	New York	501(c)(3)	Line 9	LTC (Eddy), Inc.		X
Hawthorne Ridge, Inc. - 80-0102840 30 Community Way East Greenbush, NY 12061	Independent/Assisted Living Retirement Community	New York	501(c)(3)	Line 9	LTC (Eddy), Inc.		X
Glen Eddy, Inc. - 14-1794150 One Glen Eddy Drive Niskayuna, NY 12309	Independent/Assisted Living Community	New York	501(c)(3)	Line 9	LTC (Eddy), Inc.		X
Beechwood, Inc. - 14-1651563 2212 Burdett Ave. Troy, NY 12180	Real estate holding	New York	501(c)(2)	N/A	LTC (Eddy), Inc.		X
Senior Care Connection, Inc. - 14-1708754 504 State St. Schenectady, NY 12305	PACE Program	New York	501(c)(3)	Line 9	LTC (Eddy), Inc.		X
Home Aid Service of Eastern New York Inc. - 14-1514867, 433 River St Suite 3000, Troy, NY 12180	Home care	New York	501(c)(3)	Line 9	LTC (Eddy), Inc.		X
Seton Health System, Inc. - 14-1776186 1300 Massachusetts Avenue Troy, NY 12180	Hospital	New York	501(c)(3)	Line 3	St. Peter's Health Partners		X
Seton Health at Schuyler Ridge Residential Healthcare - 14-1756230, 1 Abele Blvd., Clifton Park, NY 12065	Skilled Nursing	New York	501(c)(3)	Line 9	Seton Health System, Inc.		X
Seton Health Foundation - 22-2345416 1300 Massachusetts Avenue Troy, NY 12180	Supporting Organization	New York	501(c)(3)	Line 11a, I	Seton Health System, Inc.		X
Seton Auxiliary, Inc. - 14-1505031 1300 Massachusetts Avenue Troy, NY 12180	Supporting Organization	New York	501(c)(3)	Line 9	Seton Health System, Inc.		X
Seton Licensed Home Care, Inc. - 14-1809134 1300 Massachusetts Avenue Troy, NY 12180	Licensed Home Health Agency	New York	501(c)(3)	Line 3	Seton Health System, Inc.		X

Maxis Medical Services

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Empire Home Infusion Service Inc. - 14-1795732, 10 Blacksmith Drive, Malta, NY 12020	Home care	New York	501(c)(3)	Line 9	Home Aid Service of Eastern New York Inc.		X
LTC (Eddy), Inc. - 22-2564710 2212 Burdett Ave. Troy, NY 12180	Elderly health/housing supporting org	New York	501(c)(3)	Line 11a, I	Northeast Health, Inc.		X
St. Peter's Health Partners - 45-3570715 315 South Manning Blvd Albany, NY 12208	Management & Support Services	New York	501(c)(3)	Line 11b, II	Catholic Health East		X
St. Peter's Health Partners Medical Associates, P.C. - 46-1177336, 315 South Manning Blvd, Albany, NY 12208	Physicians Practice	New York	501(c)(3)	Line 3	St. Peter's Health Partners		X
Providence Place, Inc. - 04-3404084 5 Gamelin Street Holyoke, MA 01040	Retirement Community	Massachusetts	501(c)(3)	Line 9	Sisters of Providence Health System, Inc.		X
Brightside, Inc. - 04-2182395 c/o SPHS, 1221 Main Street, Suite 108 Holyoke, MA 01040	Behavioral Care	Massachusetts	501(c)(3)	Line 9	Sisters of Providence Health System Inc.		X
Farren Care Center, Inc. - 04-2501711 c/o SPHS, 1221 Main Street, Suite 108 Holyoke, MA 01040	Long Term Care	Massachusetts	501(c)(3)	Line 3	Sisters of Providence Health System Inc.		X
Mercy Hospital, Inc. - 04-3398280 c/o SPHS, 1221 Main Street, Suite 108 Holyoke, MA 01040	Acute Care	Massachusetts	501(c)(3)	Line 3	Sisters of Providence Health System Inc.		X
Mercy Specialist Physicians, Inc. - 26-4033168, c/o SPHS, 1221 Main Street, Suite 108, Holyoke, MA 01040	Neurosurgery Medical Services	Massachusetts	501(c)(3)	Line 3	Sisters of Providence Health System Inc.		X
Sisters of Providence Care Centers Inc. - 22-2541103, c/o SPHS, 1221 Main Street, Suite 108, Holyoke, MA 01040	Long Term Care	Massachusetts	501(c)(3)	Line 3	Sisters of Providence Health System Inc.		X
Sisters of Providence Health System Inc. - 04-3398374, c/o SPHS, 1221 Main Street, Suite 108, Holyoke, MA 01040	Management & Support Services	Massachusetts	501(c)(3)	Line 11a, I	Catholic Health East		X
Mercy LIFE, Inc. - 45-3086711 c/o SPHS, 1221 Main Street, Suite 108 Holyoke, MA 01040	Acute Care	Massachusetts	501(c)(3)	Line 3	Sisters of Providence Health System Inc.		X

Schedule R (Form 990) **Maxis Medical Services**

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Pioneer Valley Cardiology Associates, Inc. - 45-4208896, c/o SPHS, 1221 Main Street, Suite 213, Holyoke, MA 01040	Cardiology Services	Massachusetts	501(c)(3)	Line 4	Sisters of Providence Health System Inc.		X
Mercy Oncology Services, Inc. - 45-4884805 c/o SPHS, 1221 Main Street, Suite 213 Holyoke, MA 01040	Oncology Medical Services	Massachusetts	501(c)(3)	N/A	Sisters of Providence Health System Inc.		X
McAuley Center Inc. - 06-1058086 275 Steele Road West Hartford, CT 06117	Independent Living	Connecticut	501(c)(3)	Line 9	Mercy Community Health Inc.		X
Mercy Community Health Inc. - 06-1492707 2021 Albany Avenue West Hartford, CT 06117	Management & Support Services	Connecticut	501(c)(3)	Line 11a, I	Catholic Health East		X
Mercy Community HomeCare Services - 06-1488137, 2021 Albany Avenue, West Hartford, CT 06117	In Home Health Care	Connecticut	501(c)(3)	Line 9	Mercy Community Health Inc.		X
Mercy Services - 06-1453323 2021 Albany Avenue West Hartford, CT 06117	Support Services	Connecticut	501(c)(3)	Line 1	Mercy Community Health Inc.		X
Mercyknoll Inc. - 06-0757380 2021 Albany Avenue West Hartford, CT 06117	Skilled Nursing	Connecticut	501(c)(3)	Line 3	Mercy Community Health Inc.		X
Saint Mary Home II, Inc. - 06-1164104 2021 Albany Avenue West Hartford, CT 06117	Elderly Care	Connecticut	501(c)(3)	Line 3	Mercy Community Health Inc.		X
St Mary Home Inc. orporated - 06-0646843 2021 Albany Avenue West Hartford, CT 06117	Skilled Nursing	Connecticut	501(c)(3)	Line 3	Mercy Community Health Inc.		X
Mercy Healthcare Center - 15-0532211 114 Wawbeek Avenue Tupper Lake, NY 12986	In Dissolution	New York	501(c)(3)	Line 3	Catholic Health East		X
Mercy Vihlein Health Corporation - 16-1535133, 185 Old Military Road, Lake Placid, NY 12946	Mgt. & Support Services	New York	501(c)(3)	Line 11b, II	Mercy Healthcare Center		X
Vihlein Mercy Center - 15-0532190 185 Old Military Road Tupper Lake, NY 12986	In Dissolution	New York	501(c)(3)	Line 3	Mercy Healthcare Center		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St. James Mercy Foundation, Inc. - 16-1486437, 411 Canlsteo Street, Hornell, NY 14843	Foundation	New York	501(c)(3)	Line 7	St. James Mercy Health System, Inc.		X
St. James Mercy Health System, Inc. - 22-3127184, 411 Canlsteo Street, Hornell, NY 14843	Management & Support Services	New York	501(c)(3)	Line 11b, II	Catholic Health East		X
St. James Mercy Hospital - 16-0743310 411 Canlsteo Street Hornell, NY 14843	Hospital	New York	501(c)(3)	Line 3	St. James Mercy Health System, Inc.		X
Marian Community Hospital - 24-0711230 100 Lincoln Ave. Carbondale, PA 18407	Hospital	Pennsylvania	501(c)(3)	Line 3	Maxis Health System		X
Marian Community Hospital Auxilliary - 25-1874733, 100 Lincoln Ave., Carbondale, PA 18407	Fundraising	Pennsylvania	501(c)(3)	Line 11b, II	Maxis Health System		X
Maxis Foundation - 23-2330090 100 Lincoln Ave. Carbondale, PA 18407	Fundraising	Pennsylvania	501(c)(3)	Line 11b, II	Maxis Health System		X
Maxis Health System - 91-1940902 100 Lincoln Ave. Carbondale, PA 18407	Health Care System	Pennsylvania	501(c)(3)	Line 11b, II	Maxis Health System		X
Tri-County Human Services Center, Inc. - 23-1938528, P.O. BOX 517, Carbondale, PA 18407	Behavioral Health Organization	Pennsylvania	501(c)(3)	Line 7	Maxis Health System		X
Columbus Acquisition Corp - 26-2616342 1160 Raymond Boulevard Newark, NJ 07102	Inactive Entity	New Jersey	501(c)(3)	Line 9	Saint Michaels Medical Center		X
Saint Michaels Medical Center - 26-2616046 111 Central Avenue Newark, NJ 07102	Hospital	New Jersey	501(c)(3)	Line 3	Catholic Health East		X
St. James Care Inc. - 26-2616230 1160 Raymond Boulevard Newark, NJ 07102	Inactive Entity	New Jersey	501(c)(3)	Line 9	Saint Michaels Medical Center		X
St. Michael's Foundation, Inc. - 22-3311976 1160 Raymond Boulevard Newark, NJ 07102	Foundation	New Jersey	501(c)(3)	Line 11a, I	Saint Michaels Medical Center		X

Schedule R (Form 990) **Maxis Medical Services**

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
University Heights Property Company, Inc. - 22-3100162, 1160 Raymond Boulevard, Newark, NJ 07102	Medical Property Holding Company	New Jersey	501(c)(2)	N/A	Saint Michaels Medical Center	X	
Life St. Francis Corporation - 22-2797282 601 Hamilton Avenue Trenton, NJ 08629	Health Services	New Jersey	501(c)(3)	Line 11a, I	St. Francis Medical Center Trenton NJ	X	
St. Francis Medical Center Foundation NJ - 52-1025476, 601 Hamilton Avenue, Trenton, NJ 08629	Foundation	New Jersey	501(c)(3)	Line 11a, I	St. Francis Medical Center Trenton NJ	X	
St. Francis Medical Center Trenton NJ - 22-3431049, 601 Hamilton Avenue, Trenton, NJ 08629	Hospital	New Jersey	501(c)(3)	Line 3	Catholic Health East	X	
Langhorne MRI, Inc. - 23-2519529 1201 Langhorne-Newton Road Langhorne, PA 19047	Inactive Entity	Pennsylvania	501(c)(3)	Line 9	St. Mary Medical Center	X	
Langhorne Physician Services, Inc. - 23-2571699, 1201 Langhorne-Newton Road, Langhorne, PA 19047	Physician Services	Pennsylvania	501(c)(3)	Line 9: 509(a)(2)	St. Mary Medical Center	X	
LIFE St. Mary - 26-2976184 1201 Langhorne-Newton Road Langhorne, PA 19047	Elderly Care	Pennsylvania	501(c)(3)	Line 9	St. Mary Medical Center	X	
St. Mary Medical Center - 23-1913910 1201 Langhorne-Newton Road Langhorne, PA 19047	Hospital	Pennsylvania	501(c)(3)	Line 3	Catholic Health East	X	
St. Mary Medical Center Foundation, Inc. - 23-2567468, 1201 Langhorne-Newton Road, Langhorne, PA 19047	Foundation	Pennsylvania	501(c)(3)	Line 7	St. Mary Medical Center	X	
East Norriton Physician Services - 23-2515999, c/o One West Elm Street, Conshohocken, PA 19428	Physician Services	Pennsylvania	501(c)(3)	Line 3	Mercy Health System of Southeastern	X	
Mercy Catholic Medical Center of Southeastern Pennsylvania - 23-1352191, One West Elm Street, Conshohocken, PA 19428	Acute Care Hospital	Pennsylvania	501(c)(3)	Line 3	Mercy Health System of Southeastern	X	
Mercy Family Support - 23-2325059 1001 Baltimore Pike, Suite 301 Springfield, PA 19064	Home Health	Pennsylvania	501(c)(3)	Line 9	Mercy Health System of Southeastern	X	

Schedule R (Form 990) **Maxis Medical Services**

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Mercy Health Foundation of Southeastern Pennsylvania - 23-2829864, c/o One West Elm Street, Conshohocken, PA 19428	Fundraising	Pennsylvania	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern		X
Mercy Health Plan - 22-2483605 c/o One West Elm Street Conshohocken, PA 19428	Health Plans	Pennsylvania	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern		X
Mercy Health System of Southeastern Pennsylvania - 23-2212638, One West Elm Street, Conshohocken, PA 19428	Management & Support Services	Pennsylvania	501(c)(3)	Line 11b, II	Catholic Health East		X
Mercy Home Health - 23-1352099 1001 Baltimore Pike, Suite 310 Springfield, PA 19064	Home Health	Pennsylvania	501(c)(3)	Line 9	Mercy Health System of Southeastern		X
Mercy Home Health Services - 23-2325058 1001 Baltimore Pike, Suite 301 Springfield, PA 19064	Home Health	Pennsylvania	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern		X
Mercy Management of Southeastern Pennsylvania - 23-2627944, One West Elm Street, Conshohocken, PA 19428	Physician Practices	Pennsylvania	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern		X
Mercy Suburban Hospital - 23-1396763 One West Elm Street Conshohocken, PA 19428	Acute Care Hospital	Pennsylvania	501(c)(3)	Line 3	Mercy Health System of Southeastern		X
Nazareth Health Care Foundation - 23-2300951 2701 Holme Avenue Philadelphia, PA 19152	Fundraising	Pennsylvania	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern		X
Nazareth Hospital - 23-2794121 2601 Holme Avenue Philadelphia, PA 19152	Acute Care Hospital	Pennsylvania	501(c)(3)	Line 3	Mercy Health System of Southeastern		X
Nazareth Physician Services, Inc. - 20-3261266, 2601 Holme Avenue, Philadelphia, PA 19152	Physician Practices	Pennsylvania	501(c)(3)	Line 3	Mercy Health System of Southeastern		X
NE Physician Services - 23-2497355 2601 Holme Avenue Philadelphia, PA 19152	Physician Practices	Pennsylvania	501(c)(3)	Line 3	Mercy Health System of Southeastern		X
St. Agnes Continuing Care Center - 23-2840137, 1900 S. Broad Street, Philadelphia, PA 19145	Continuing Care Services	Pennsylvania	501(c)(3)	Line 3	Mercy Health System of Southeastern		X

Maxis Medical Services

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St. Agnes Continuing Care Center Foundation - 23-2415137, 1900 S. Broad Street, Philadelphia, PA 19145	Fundraising	Pennsylvania	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern		X
Life at Lourdes Inc. - 26-1854750 1600 Haddon Avenue Camden, NJ 08108	Elderly Care	New Jersey	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services		X
Lourdes Ancillary Services - 22-2568525 1600 Haddon Avenue Camden, NJ 08103	Supporting Organization	New Jersey	501(c)(3)	Line 11b, II	Our Lady of Lourdes Health Care Services		X
Lourdes Dialysis at Innova, Inc. - 26-3237625, 1600 Haddon Avenue, Camden, NJ 08108	Hospital	New Jersey	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services		X
Lourdes Medical Center Burlington County - 22-3612265, 218 Sunset Road, Willingboro, NJ 08046	Hospital	New Jersey	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services		X
Our Lady of Lourdes Health Care Services - 22-2568528, 1600 Haddon Avenue, Camden, NJ 08103	Management & Support Services	New Jersey	501(c)(3)	Line 11b, II	Catholic Health East		X
Our Lady of Lourdes Health Foundation, Inc. - 22-2351960, 1600 Haddon Avenue, Camden, NJ 08103	Foundation	New Jersey	501(c)(3)	Line 7	Our Lady of Lourdes Health Care Services		X
Our Lady of Lourdes Medical Center - 21-0635001, 1600 Haddon Avenue, Camden, NJ 08103	Hospital	New Jersey	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services		X
Lourdes Cardiology Services PC - 27-4357794 1600 Haddon Avenue Camden, NJ 08108	Cardiology Services	New Jersey	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services		X
Franciscan Eldercare Corporation - 22-3008680, P.O. Box 2500, Wilmington, DE 19805	Eldercare	Delaware	501(c)(3)	Line 9	St. Francis Hospital		X
St. Francis Foundation - 51-0374158 P.O. Box 2500 Wilmington, DE 19805	Foundation	Delaware	501(c)(3)	Line 11b, II	St. Francis Hospital		X
St. Francis Hospital - 51-0064326 P.O. Box 2500 Wilmington, DE 19805	Hospital	Delaware	501(c)(3)	Line 3	Catholic Health East		X

Schedule R (Form 990) **Maxis Medical Services**

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LIFE at St. Francis Healthcare, Inc. - 45-2569214, 7th & Clayton Streets, Wilmington, DE 19805	Elderly Care	Delaware	501(c)(3)	Line 3	St. Francis Hospital		X
McAuley Ministries - 94-3436142 McAuley Hall 3333 Fifth Avenue Pittsburgh, PA 15213	Management & Support Services	Pennsylvania	501(c)(3)	Line 9	Pittsburgh Mercy Health System		X
Mercy Jeannette Hospital - 25-1310602 3805 West Chester Pike Newtown Square, PA 19073	Inactive Entity	Pennsylvania	501(c)(3)	Line 9	Pittsburgh Mercy Health System		X
Mercy Life Center Corporation - 25-1604115 1200 Reedsdale Street Pittsburgh, PA 15233	Community Treatment	Pennsylvania	501(c)(3)	Line 9	Pittsburgh Mercy Health System		X
Pittsburgh Mercy Health System - 25-1464211 3333 5th Avenue Pittsburgh, PA 15213	Management & Support Services	Pennsylvania	501(c)(3)	Line 11b, II	Catholic Health East		X
St. Joseph's of the Pines, Inc. - 56-0694200 100 Gossman Drive, Suite B Southern Pines, NC 28387	Hospital	North Carolina	501(c)(3)	Line 3	Catholic Health East		X
Life St. Joseph of the Pines, Inc. - 27-2159847, 100 Gossman Drive, Suite B, Southern Pines, NC 28387	Healthcare Services	North Carolina	501(c)(3)	Line 3	St. Joseph's of the Pines, Inc.		X
Mercy Senior Care, Inc. - 58-1366508 300 Chatillon Road, P.O. Box 866 Rome, GA 30162	Community Outreach	Georgia	501(c)(3)	Line 7	Saint Joseph's Health System, Inc.		X
Saint Joseph's Health System, Inc. - 58-1744848, 424 Decatur Street, Atlanta, GA 30312	Management & Support Services	Georgia	501(c)(3)	Line 11b, II	Catholic Health East		X
Saint Joseph's Mercy Care Services, Inc. - 58-1752700, 424 Decatur Street, Atlanta, GA 30312	Community Outreach	Georgia	501(c)(3)	Line 7	Saint Joseph's Health System, Inc.		X
Saint Joseph's Mercy Foundation, Inc. - 58-1448522, 424 Decatur Street, Atlanta, GA 30312	Fundraising	Georgia	501(c)(3)	Line 11b, II	Saint Joseph's Health System, Inc.		X
Mercy Services Downtown, Inc. - 27-2046353 424 Decatur Street Atlanta, GA 30312	Real Estate Holding Company	Georgia	501(c)(3)	Line 11b, II	Saint Joseph's Health System, Inc.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St Mary's Health Care System, Inc. - 58-0566223, 1230 Baxter Street, Athens, GA 30606	Hospital	Georgia	501(c)(3)	Line 3	Catholic Health East		X
St Mary's Foundation, Inc. - 58-2544232 1230 Baxter Street Athens, GA 30606	Fundraising	Georgia	501(c)(3)	Line 11b, II	St Mary's Health Care System, Inc.		X
St Mary's Highland Hills Inc. - 02-0576648 1230 Baxter Street Athens, GA 30606	Assisted Living & Retirement Community	Georgia	501(c)(3)	Line 3	St Mary's Health Care System, Inc.		X
St. Mary's Medical Group Inc. - 26-1858563 1230 Baxter Street Athens, GA 30606	Hospital / Physician Services	Georgia	501(c)(3)	Line 3	St Mary's Health Care System, Inc.		X
Good Samaritan Hospital, Inc. - 26-1720984 1201 Siloam Road Greensboro, GA 30462	Hospital	Georgia	501(c)(3)	Line 3	Saint Joseph's Health System, Inc.		X
Mercy Medical Corporation - 63-6002215 P.O. Box 1090, 101 Villa Drive Daphne, AL 36526	Hospital	Alabama	501(c)(3)	Line 3	Catholic Health East		X
Mercy LIFE of Alabama - 27-3163002 P.O. Box 1090, 101 Villa Drive Daphne, AL 36526	Hospital	Alabama	501(c)(3)	Line 3	Mercy Medical Corporation		X
Allegany Franciscan Ministries, Inc. - 58-1492325, 33920 U.S. Highway 19 North Suite 269, Palm Harbor, FL 34684	Management & Support Services	Florida	501(c)(3)	Line 11b, II	Catholic Health East		X
St. Francis Hospital, Inc. - 59-0624442 33920 U.S. Highway 19 North Suite 269 Palm Harbor, FL 34684	Grant-making Organization	Florida	501(c)(3)	Line 11a, I	Allegany Franciscan Ministries, Inc.		X
Holy Cross Hospital, Inc. - 59-0791028 4725 North Federal Highway Ft. Lauderdale, FL 33308	Hospital-Healthcare Provider	Florida	501(c)(3)	Line 3	Catholic Health East		X
Holy Cross Long-Term, Inc. - 65-0787320 4725 North Federal Highway Ft. Lauderdale, FL 33308	Medical Services	Florida	501(c)(3)	Line 3	Holy Cross Hospital, Inc.		X
Holy Cross Medical Properties, Inc. - 65-0666283, 4725 North Federal Highway, Ft. Lauderdale, FL 33308	Medical Building Real Estate Management	Florida	501(c)(2)	N/A	Holy Cross Hospital, Inc.		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
St. Peter's Ambulatory Surgery Center, LLC - 46-0463892, 1375 Washington Avenue, Ste. 201, Albany, NY	Outpatient Surgery	NY	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Catherine Horan Building Limited Partnership - 04-2723429, 1221 Main Street, Room 108, Holyoke, MA	Property Management	MA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Western Massachusetts PETCT Imaging Center, LLC - 20-4744663, 100 Bayview Circle, Ste 400, Newport Central New Jersey Heart Services LLC - 20-8525458, 29 E. 29th Street, 2nd Floor, Bayonne, NJ 07002	Outpatient Medical Services Cardiac Program	DE NJ	N/A N/A	N/A N/A	N/A N/A	N/A N/A		N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Samaritan Medical Office Building, Inc. - 14-1607244, 2212 Burdett Avenue, Troy, NY 12180	Real Estate	NY	N/A	C CORP	N/A	N/A	N/A		X
Affiliated Management Services Corporation, Inc. - 14-1668024, 1300 Massachusetts Avenue, Troy, NY 12180	Real Estate	NY	N/A	C CORP	N/A	N/A	N/A		X
Catherine Horan Building, Inc. - 04-2938160 c/o SPHS, 1221 Main Street Suite 108 Holyoke, MA 01040-0000	Building Management	MA	N/A	C CORP	N/A	N/A	N/A		X
Diversified Community Services, Inc. - 04-3128890, c/o SPHS, 1221 Main Street Suite 108, Holyoke, MA 01040-0000	Medical Services	MA	N/A	C CORP	N/A	N/A	N/A		X
Mercy Inpatient Medical Associates, Inc. - 04-3029929, c/o SPHS, 1221 Main Street Suite 108, Holyoke, MA 01040-0000	Medical Services	MA	N/A	C CORP	N/A	N/A	N/A		X

Maxis Medical Services

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SMMC MOB II, LP - 36-4559869 1201 Langhorne-Newton Road Langhorne, PA 19047	Investment and operation of a medical building	PA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
The Ambulatory Surgery Center at St Mary, LLC - 23-2871206, 1203 Langhorne-Newton Road, East Norriton Medical Associates - 23-2319531, One West Elm Street, Conshohocken, PA 19428	Outpatient Surgery	PA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
East Norriton Medical Associates - 23-2319531, One West Elm Street, Conshohocken, PA 19428	Medical Office Building	PA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
East Norriton Medical Associates - 23-2319531, One West Elm Street, Conshohocken, PA 19428	Medical Office Building	PA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Gateway Health Plan - 25-1691945, 300 Grant Street, Pittsburgh, PA 15219	Medical Office Building Medicaid & Medicare/Special Needs Managed Care	PA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Mercy/Manor Partnership - 52-1931012, PO Box 10086, Toledo, OH 43699-0086	Nursing Home	PA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
St. Agnes Long Term Intensive Care, LLP - 20-0984882, c/o Mercy Health System, One West Elm Street, Suite 100, St. Agnes Long Term Intensive Care, LLP - 20-0984882, c/o Mercy Health System, One West Elm Street, Suite 100,	Long Term Intensive Care	PA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Nazareth Medical Office Building Associates, LP - 23-2388040, c/o Nazareth Hospital, 2601 Holme Ave,	Long Term Intensive Care Medical Office Building	PA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A

Maxis Medical Services

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Providence Home Care, Inc. - 04-3317426 c/o SPHS, 1221 Main Street Suite 108 Holyoke, MA 01040-0000	Health Care Services	MA	N/A	C CORP	N/A	N/A	N/A		X
System Coordinated Services, Inc. - 04-2938181, c/o SPHS, 1221 Main Street Suite 108, Holyoke, MA 01040-0000	Lab Services	MA	N/A	C CORP	N/A	N/A	N/A		X
Physicians Medical Office Building Condominium Trust - 04-6608649, 1221 Main Street, Room 108, Holyoke, MA 01040-0000	Property Management	MA	N/A	C CORP	N/A	N/A	N/A		X
SJM Properties, Inc. - 16-1294991 411 Canisteeo Street Hornell, NY 14848-2101	Property Holdings	NY	N/A	C CORP	N/A	N/A	N/A		X
Carbondale Area Physicians' Association, P.C. - 23-2801677, 100 Lincoln Ave, Carbondale, PA 18407	Medical Insurance Contracting	PA	N/A	C CORP	N/A	N/A	N/A		X
Carbondale Area Physicians' PHO, Inc. - 23-2801676, 100 Lincoln Ave, Carbondale, PA 18407	Inactive	PA	N/A	C CORP	N/A	N/A	N/A		X
Carbondale Physicians' Services, Inc. - 23-2365077, 100 Lincoln Ave, Carbondale, PA 18407	Pharmacy	PA	N/A	C CORP	N/A	N/A	N/A		X
Chestnut Risk Services, Ltd 11 Victoria Street Hamilton, BERMUDA	Insurance	Bermuda	N/A	C CORP	N/A	N/A	N/A		X
LifeCare Physicians PC - 26-1649038 601 Hamilton Avenue Trenton, NJ 08629-1986	Health Care Services	NJ	N/A	C CORP	N/A	N/A	N/A		X
Multicare Plus, Inc. - 22-3435844 601 Hamilton Avenue Trenton, NJ 08629-1986	Inactive	NJ	N/A	C CORP	N/A	N/A	N/A		X
Langhorne Services II, Inc. - 25-3795549 1201 Langhorne-Newtown Road Langhorne, PA 19047	General Partner of LMOB Partners, II	PA	N/A	C CORP	N/A	N/A	N/A		X
Langhorne Services, Inc. - 23-2625981 1201 Langhorne-Newtown Road Langhorne, PA 19047	General Partner of LMOB Partners,	PA	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Gateway Health Plan, Inc. - 25-1505506 600 Grant Street Pittsburgh, PA 15219	Health Care	PA	N/A	C CORP	N/A	N/A	N/A		X
Gateway Health Plan, Inc. of Ohio - 30-0282076, 600 Grant Street, Pittsburgh, PA 15219	Health Care	PA	N/A	C CORP	N/A	N/A	N/A		X
MCMC Eastwick, Inc. - 23-2184261 c/o MHS One West Elm Street Conshohocken, PA 19428	Medical Office Buildings	PA	N/A	C CORP	N/A	N/A	N/A		X
Health Management Services Org. Inc. - 22-3366580, 500 Grove Street, Suite 100, Haddon Heights, NJ 08035	Health Care Billing	NJ	N/A	C CORP	N/A	N/A	N/A		X
Lourdes Mediceal Associates, PA - 22-3361862 500 Grove Street, Suite 100 Haddon Heights, NJ 08035	Medical Services	NJ	N/A	C CORP	N/A	N/A	N/A		X
Jeanette Medical Providers - 25-1787334 3805 West Chester Pike Newtown Square, PA 19073	Holding Company	PA	N/A	C CORP	N/A	N/A	N/A		X
Jeanette OBGYN Group 1, Inc. - 23-2890748 3805 West Chester Pike Newtown Square, PA 19073	Holding Company	PA	N/A	C CORP	N/A	N/A	N/A		X
Jeanette Primary Care Group 1, Inc. - 23-2890743, 3805 West Chester Pike, Newtown Square, PA 19073	Holding Company	PA	N/A	C CORP	N/A	N/A	N/A		X
Georgia Health Enterprises LLC - 54-1806329 1230 Baxter Street Athens, GA 30606	Healthcare	GA	N/A	C CORP	N/A	N/A	N/A		X
St. Mary's Highland Hills Village, Inc - 58-2276801, 1660 Jennings Mill Pkly, Bogart, GA 30622	Assisted Living	GA	N/A	C CORP	N/A	N/A	N/A		X
GHE Physicians, PC - 58-2277939 3500 Piedmont Road Atlanta, GA 30305	Practice Management	GA	N/A	C CORP	N/A	N/A	N/A		X
Nursing Network, Inc - 59-1145192 4725 North Federal Highway Fort Lauderdale Highway, FL 33308-0000	Medical Services	FL	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Sunnyview Hospital & Rehabilitation Center Foundation

Direct Controlling Entity: Sunnyview Hospital & Rehabilitation Ctr

Name of Related Organization:

East Norriton Physician Services

Direct Controlling Entity: Mercy Health System of Southeastern

Pennsylvania

Name of Related Organization:

Mercy Catholic Medical Center of Southeastern Pennsylvania

Direct Controlling Entity: Mercy Health System of Southeastern

Pennsylvania

Name of Related Organization:

Mercy Family Support

Direct Controlling Entity: Mercy Health System of Southeastern

Pennsylvania

Name of Related Organization:

Mercy Health Foundation of Southeastern Pennsylvania

Direct Controlling Entity: Mercy Health System of Southeastern

Pennsylvania

Name of Related Organization:

Mercy Health Plan

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Direct Controlling Entity: Mercy Health System of Southeastern
Pennsylvania

Name of Related Organization:

Mercy Home Health

Direct Controlling Entity: Mercy Health System of Southeastern
Pennsylvania

Name of Related Organization:

Mercy Home Health Services

Direct Controlling Entity: Mercy Health System of Southeastern
Pennsylvania

Name of Related Organization:

Mercy Management of Southeastern Pennsylvania

Direct Controlling Entity: Mercy Health System of Southeastern
Pennsylvania

Name of Related Organization:

Mercy Suburban Hospital

Direct Controlling Entity: Mercy Health System of Southeastern
Pennsylvania

Name of Related Organization:

Nazareth Health Care Foundation

Direct Controlling Entity: Mercy Health System of Southeastern
Pennsylvania

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Name of Related Organization:

Nazareth Hospital

Direct Controlling Entity: Mercy Health System of Southeastern

Pennsylvania

Name of Related Organization:

Nazareth Physician Services, Inc.

Direct Controlling Entity: Mercy Health System of Southeastern

Pennsylvania

Name of Related Organization:

NE Physician Services

Direct Controlling Entity: Mercy Health System of Southeastern

Pennsylvania

Name of Related Organization:

St. Agnes Continuing Care Center

Direct Controlling Entity: Mercy Health System of Southeastern

Pennsylvania

Name of Related Organization:

St. Agnes Continuing Care Center Foundation

Direct Controlling Entity: Mercy Health System of Southeastern

Pennsylvania

Part III, Identification of Related Organizations Taxable as Partnership:

Name, Address, and EIN of Related Organization:

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

St. Peter's Ambulatory Surgery Center, LLC

EIN: 46-0463892

1375 Washington Avenue, Ste. 201

Albany, NY 12206

Name, Address, and EIN of Related Organization:

Catherine Horan Building Limited Partnership

EIN: 04-2723429

1221 Main Street, Room 108

Holyoke, MA 01040-0000

Name, Address, and EIN of Related Organization:

Western Massachusetts PETCT Imaging Center, LLC

EIN: 20-4744663

100 Bayview Circle, Ste 400

Newport Beach, CA 92660

Name, Address, and EIN of Related Organization:

The Ambulatory Surgery Center at St Mary , LLC

EIN: 23-2871206

1203 Langhorne-Newtown Road

Langhorne, PA 19047

Name of Related Organization:

Gateway Health Plan

Primary Activity: Medicaid & Medicare/Special Needs Managed Care

Organization

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Name of Related Organization:

Mercy/Manor Partnership

Direct Controlling Entity: Mercy Management of Southeastern Pennsylvania

Name, Address, and EIN of Related Organization:

St. Agnes Long Term Intensive Care, LLP

EIN: 20-0984882

c/o Mercy Health System, One West Elm Street, Suite 100

Conshohocken, PA 19428

Direct Controlling Entity: Mercy Management of Southeastern Pennsylvania

Name, Address, and EIN of Related Organization:

St. Agnes Long Term Intensive Care, LLP

EIN: 20-0984882

c/o Mercy Health System, One West Elm Street, Suite 100

Conshohocken, PA 19428

Name, Address, and EIN of Related Organization:

Nazareth Medical Office Building Associates, LP

EIN: 23-2388040

c/o Nazareth Hospital, 2601 Holme Ave

Philadelphia, PA 19152

Name, Address, and EIN of Related Organization:

Nazareth Medical Office Building Associates, LP

EIN: 23-2388040

c/o Nazareth Hospital, 2601 Holme Ave

Philadelphia, PA 19152

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Name of Related Organization:

SJV Management LLC

Direct Controlling Entity: Health Management Services Organization

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

Physicians Medical Office Building Condominium Trust

Direct Controlling Entity: Sisters of Providence Health System Inc.

Name of Related Organization:

Chestnut Risk Services, Ltd

Direct Controlling Entity: Saint Michael's Medical Center, Inc.

Name of Related Organization:

Catholic Health East Senior Services

Direct Controlling Entity: Continuing Care Management Services Network