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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 25, 2014**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **MAXIS MEDICAL SERVICES**

D Employer identification number: **23-2577185**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite **E** Telephone number
3805 WEST CHESTER PIKE STE 100 **610-355-2000**

City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Number ▶ **0928**
NEWTOWN SQUARE, PA 19073

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

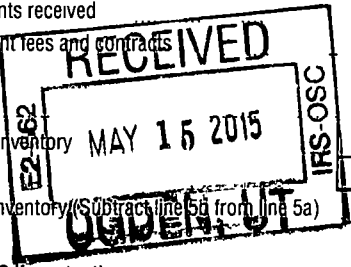
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **0.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	0.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
17	Total expenses. Add lines 10 through 16 ▶	17	0.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,368.
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	-15,368.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	0.

SCANNED JUN 09 2015



Handwritten initials/signature

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	15,368.	22	0.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	15,368.	25	0.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,368.	27	0.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN CAPASSO DIR & PRES/CEO; TRINITY HEALTH EVP	0.50	0.	0.	0.
WILLIAM BOYLE DIRECTOR; CHAIR AS OF 5/14	0.50	0.	0.	0.
JULIA PUCHTLER TREAS AS OF 5/14; TRINITY VP FIN	0.50	0.	0.	0.
MICHAEL HEMSLEY, ESQ. SEC AS OF 5/14; TRINITY DEP GEN CSL	0.50	0.	0.	0.
SR. THERESE O'ROURKE, IHM DIRECTOR	0.50	0.	0.	0.
HARRY COLEMAN, ESQ. DIRECTOR THROUGH 5/14	0.50	0.	0.	0.
JOHN WIEDMAN DIRECTOR THROUGH 5/14	0.50	0.	0.	0.
JESSICA TRICHILO DIRECTOR THROUGH 5/14	0.50	0.	0.	0.
SR. KATHLEEN LUNSMANN, IHM DIRECTOR THROUGH 5/14	0.50	0.	0.	0.
VINCENT CARILLI DIRECTOR THROUGH 5/14	0.50	0.	0.	0.
THOMAS CHESNICK DIRECTOR THROUGH 5/14	0.50	0.	0.	0.
NEAL DAVIS, D.O. DIRECTOR THROUGH 5/14	0.50	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	X	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	LOIS TRABAND Telephone no. 610-355-2022	
Located at	3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUAR ZIP + 4 19073	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
			X

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

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

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

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If "Yes," was the related organization a section 527 organization?		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 0

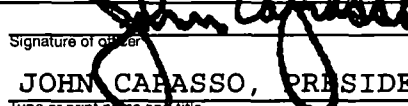
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

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

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 	Date
	JOHN CAPASSO, PRESIDENT/CEO	5/13/15

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	554,817.					554,817.
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	563,401.	537,103.	101,439.			1,201,943.
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	1,118,218.	537,103.	101,439.			1,756,760.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)						1,756,760.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1,118,218.	537,103.	101,439.			1,756,760.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		271.	77.			348.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		271.	77.			348.
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.)	5,675.					5,675.
13 Total support. (Add lines 9, 10c, 11, and 12)	1,123,893.	537,374.	101,516.			1,762,783.

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 2013 (line 8, column (f) divided by line 13, column (f))	15	99.66 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.01 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.02 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.24 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

PART III, SECTION A:

EXPLANATION: THE ORGANIZATION CHANGED ITS ACCOUNTING PERIOD IN THE PRIOR YEAR. THE ORGANIZATION ALSO MERGED INTO MARIAN COMMUNITY HOSPITAL ON JUNE 25, 2014. THE COLUMNS NOW REPRESENT THE FOLLOWING TAX PERIODS:

(A) 1/1/10 - 12/31/10

(B) 1/1/11 - 12/31/11

(C) 1/1/12 - 12/31/12

(D) 1/1/13 - 6/30/13

(E) 7/1/13 - 6/25/14

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

MAXIS MEDICAL SERVICES

Employer identification number
23-2577185

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	INVESTMENTS	06/25/14	15,368	BOOK VALUE	24-0711230	MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073	501(C)(3)

	Yes No	
	2a	X
2b		X
2c		X
2d		X

- 2 Did or will any officer, director, trustee, or key employee of the organization
- a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶ **SEE PART III**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule N (Form 990 or 990-EZ) (2013)

Part III Supplemental Information. 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:

**EXPLANATION: THE FOLLOWING INDIVIDUALS WERE BOARD MEMBERS OF MAXIS
MEDICAL SERVICES AT THE TIME OF THE MERGER, AND WERE ALSO BOARD MEMBERS OF
MARIAN COMMUNITY HOSPITAL BOTH BEFORE AND AFTER THE MERGER:**

-JOHN CAPASSO

-WILLIAM BOYLE

-SR. THERESE O'ROURKE, IHM

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

2013

Open to Public
Inspection

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

Name of the organization MAXIS MEDICAL SERVICES	Employer identification number 23-2577185
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FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
OTHER TRANSACTIONS	-15,368.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MAXIS MEDICAL SERVICES
MERGED INTO MARIAN COMMUNITY HOSPITAL ON JUNE 25, 2014.**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

**MAXIS MEDICAL SERVICES MERGED INTO MARIAN COMMUNITY
HOSPITAL ON JUNE 25, 2014. THE ORGANIZATION HAD CEASED
OPERATIONS ON FEBRUARY 29, 2012. 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 SYSTEM IS A MEMBER OF TRINITY HEALTH.**

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

Print Form

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles/Certificate of Merger

(15 Pa.C.S.)

- Domestic Business Corporation (§ 1926)
 Domestic Nonprofit Corporation (§ 5926)
 Limited Partnership (§ 8547)

Name _____
Address _____
City _____ State _____ Zip _____
918939250 PA 1

Commonwealth of Pennsylvania
ARTICLES OF MERGER-NONPROFIT 13 Page(s)



T1417611080

Fee: \$150 plus \$40 additional for each
Party in addition to two

In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:
Marian Community Hospital

2. Check and complete one of the following:

The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street City State Zip County
100 Lincoln Ave. Carbondale PA 18407 Lackawanna

(b) Name of Commercial Registered Office Provider County
o/o

The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street City State Zip County

(b) Name of Commercial Registered Office Provider County
o/o

The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street City State Zip

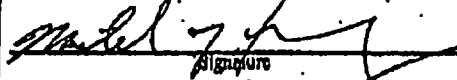
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PA DEPT OF STATE

IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

24 day of June
2014

Marian Community Hospital

Name of Corporation/Limited Partnership


Signature

Corporate Secretary

Title

Maxis Foundation

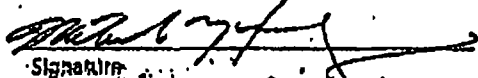
Name of Corporation/Limited Partnership


Signature

Corporate Secretary

Title

Maxis Medical Services


Signature

Corporate Secretary

Title

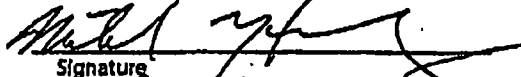
TriCounty Human Services Center, Inc.


Signature

Corporate Secretary

Title

Marian Community Hospital Auxiliary


Signature

Corporate Secretary

Title

**Attachment A-1
To
Articles/Certificate of Merger**

Marian Community Hospital

3. The name and address of each entity which is a party to the plan of merger:

**Maxis Foundation
100 Lincoln Ave.
Carbondale, PA 18407
Lackawanna County**

**Maxis Medical Services
100 Lincoln Ave.
Carbondale, PA 18407
Lackawanna County**

**Tri-County Human Services Center, Inc.,
185 Fallbrook St.
Carbondale, PA 18407
Lackawanna County**

**Marian Community Hospital Auxillary
100 Lincoln Ave.
Carbondale, PA 18407
Lackawanna County**

**Attachment A-2
To
Articles/Certificate of Merger
Marian Community Hospital**

5. The manner in which the plan of merger was adopted by each entity:

**Marian Community Hospital
Adopted by the directors and members pursuant to 15 Pa.C.S. 5924(a)**

**Maxis Foundation
Adopted by the directors and members pursuant to 15 Pa.C.S. 5924(a)**

**Maxis Medical Services
Adopted by the directors and members pursuant to 15 Pa.C.S. 5924(a)**

**Tri-County Human Services Center, Inc.
Adopted by the directors and members pursuant to 15 Pa.C.S. 5924(a)**

**Marian Community Hospital Auxiliary
Adopted by the directors and members pursuant to 15 Pa.C.S. 5924(a)**

PLAN OF MERGER

This Plan of Merger ("Plan") is made effective as of filing of Articles of Merger in the Pennsylvania Department of State, by and between Marian Community Hospital, a Pennsylvania nonprofit corporation having offices at 100 Lincoln Ave, Carbondale, PA 18407 (hereinafter "MCH" or the "Surviving Corporation"), Maxis Foundation, a Pennsylvania nonprofit corporation having offices at 100 Lincoln Ave, Carbondale, PA 18407 (hereinafter "Foundation"), Maxis Medical Services, a Pennsylvania nonprofit corporation having offices at 100 Lincoln Ave, Carbondale, PA 18407 (hereinafter "MMS"), Tri-County Human Services Center, Inc., a Pennsylvania nonprofit corporation having offices at 185 Fallbrook St, Carbondale, PA 18407 (hereinafter "TCHS"), and Marian Community Hospital Auxiliary, a Pennsylvania nonprofit corporation having offices at 100 Lincoln Ave, Carbondale, PA 18407 (hereinafter "Auxiliary") (Foundation, MMS, TCHS and Auxiliary also hereinafter referred to as the "Merging Entities").

BACKGROUND

After review and consideration, Maxis Health System, a Pennsylvania nonprofit corporation having offices at 100 Lincoln Ave, Carbondale, PA 18407 (hereinafter "Maxis"), the sole corporate member of each of MCH, Foundation, MMS and TCHS, by approval of this Plan, has determined that it is in the best interest of each of MCH, Foundation, MMS and TCHS that the Merging Entities be merged into MCH pursuant to the terms of this Plan.

After review and consideration, Foundation, the sole corporate member of Auxiliary, by approval of this Plan, has determined that it is in the best interest of Auxiliary that the Merging Entities be merged into MCH pursuant to the terms of this Plan.

WITNESSETH:

IN CONSIDERATION of the mutual covenants and promises contained herein and intending to be legally bound, the parties agree as follows:

1. Plan of Merger.

1.1 Plan of Merger. Subject to the terms and conditions of this Plan and in accordance with the provisions of the Pennsylvania Nonprofit Corporation Law of 1988, as amended, at the Effective Time (as hereinafter defined), the Merging Entities shall merge with and into MCH (the "merger"). MCH shall be the surviving corporation and shall continue to be incorporated as a nonprofit corporation under and be governed by the laws of the Commonwealth of Pennsylvania.

1.2 Effective Time. The merger shall become effective upon filing of Articles of Merger in the Pennsylvania Department of State, Corporation Bureau.

2. Governance Matters.

2.1 Articles of Incorporation. The Articles of Incorporation of MCH shall be and remain the Articles of Incorporation of the Surviving Corporation until amended in accordance with applicable law.

2.2 Bylaws. The Bylaws of MCH, as amended, shall be and remain the Bylaws of the Surviving Corporation until amended in accordance with applicable law.

2.3 Directors; Officers. As of the Effective Time, the Board members and officers then in office of the Surviving Corporation shall continue to be the Board members and officers of MCH, each of whom shall serve until such time as his or her successor is elected and qualified.

3. Effect of Merger.

3.1 Effect of Merger. At the Effective Time, the separate existence of the Merging Entities shall cease and the Merging Entities shall be merged with and into MCH. MCH shall thereupon possess and be vested with all of the rights, privileges, franchises, immunities and powers, of any nature, of the Merging Entities, that is due to the Merging Entities, and all other things belonging to the Merging Entities shall after the merger remain subject to all of the pre-merger restrictions, liabilities, disabilities and duties of the Merging Entities. The foregoing shall be taken and deemed to be transferred to and vested in MCH without further act or deed. This Plan shall not modify the beneficial use of any gift or bequest to or for MCH or the Merging Entities. All donor restrictions in any gifts or bequests to the Merging Entities shall be strictly honored by MCH in all respects.

3.2 Execution and Delivery. The Merging Entities shall at any time, or from time to time, as and when requested by MCH execute and deliver, or cause to be executed and delivered in their name by their last acting officers, or by the corresponding officers of MCH, all such conveyances, assignments, transfers, deeds or other instruments, and shall take or cause to be taken such further action as MCH may deem necessary or desirable in order to evidence the transfer, vesting, perfection in or confirmation of title and possession of all of the property in MCH and otherwise to carry out the intent and purpose of this Plan.

4. Miscellaneous.

4.1 Binding Effect. This Plan and all of its terms and conditions shall extend to and be binding upon the parties hereto and their respective successors and assigns.

4.2 Governing Law. This Plan shall be governed and controlled by the laws of the Commonwealth of Pennsylvania.

4.3 Amendment. No term or provision of this Plan may be modified or amended, except by a written instrument executed by the parties hereto.

4.4 Headings. Section headings in this Plan are included for the convenience of reference only and shall not constitute part of this Plan for any other purpose.

4.5 Severability. If any provision, clause or part of this Plan, or the application thereof under certain circumstances is held invalid, then the remainder of this Plan or the application of such provision, clause or part under other circumstances shall not be affected thereby.

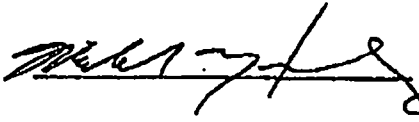
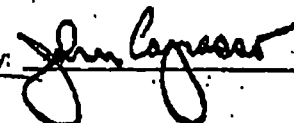
4.6 Survival. The representations, warranties, covenants and promises of each party hereto shall be deemed to be material and to have been relied upon by the other party notwithstanding any investigation made or notice received by the other party. All remedies with respect to a breach of such representations, warranties, covenants and promises shall survive the merger.

4.7 Entire Agreement. This Plan contains the entire understanding between the parties concerning the subject matter hereof, and no representations, inducements, promises or agreements, oral or otherwise, not embodied herein shall be of any force or effect. This Plan supersedes any and all prior agreements, written or oral, between the parties hereto relating to the subject matter of this Plan.

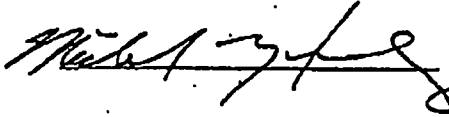
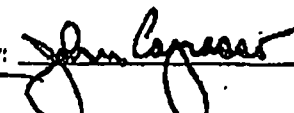
IN WITNESS WHEREOF, the parties have duly executed this Plan of Merger on the
24 day of June, 2014.

Witness/Attest:

MARIAN COMMUNITY HOSPITAL

 By: 

MAXIS FOUNDATION

 By: 

MAXIS MEDICAL SERVICES

 By: 

Tri-County Human Services Center, Inc.

 By: 

MARIAN COMMUNITY HOSPITAL
AUXILIARY

 By: 