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Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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

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

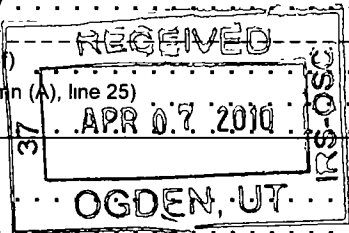
Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHARON REGIONAL PHYSICIAN SERVICES Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 740 EAST STATE STREET City or town, state or country, and ZIP + 4 SHARON, PA 16146	D Employer identification number 25-1640802
	F Name and address of principal officer JOHN A ZIDANSEK 740 EAST STATE STREET SHARON, PA 16146	E Telephone number (724) 983-5525
	G Gross receipts \$ 8,707,517.	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)
	I Tax-exempt status X 501(c) (3) (insert no) 4947(a)(1) or 527	H(c) Group exemption number
J Website: WWW.SHARONREGIONAL.COM		
K Type of organization X Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation 1990	M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF SHARON REGIONAL PHYSICIAN SERVICES IS TO PROMOTE THE HEALTH AND WELL BEING OF PERSONS IN THE SHENANGO VALLEY. SEE SCHEDULE 0 FOR MORE INFORMATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of employees (Part V, line 2a)	5	128
	6 Total number of volunteers (estimate if necessary)	6	8
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34	7a 7b	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	20,445.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,713,966.	8,707,517.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		NONE
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,734,411.	8,707,517.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,816,879.	3,850,118.
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25			NONE
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,911,366.	10,616,132.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,728,245.	14,466,250.
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	-2,993,834.	-5,758,733.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,662,356.	2,786,384.
	22 Net assets or fund balances Subtract line 21 from line 20.	20,253,420.	27,136,181.
		-18,591,064.	-24,349,797.



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, this 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: *John A. Zidansek*
 Date: 3/31/10
 Type or print name and title: VP. of Finance & CFO

Paid Preparer's Use Only
 Preparer's signature: Brian D Todd, CPA
 Date: 3/26/10
 Check if self-employed:
 Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: BKD, LLP
 EIN:
 Phone no: 417 865-8701
 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED APR 29 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF SHARON REGIONAL PHYSICIAN SERVICES IS TO PROMOTE THE HEALTH AND WELL BEING OF PERSONS IN THE SHENANGO VALLEY. SEE SCHEDULE 0 FOR MORE INFORMATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No
If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 3,809,872. including grants of \$) (Revenue \$ 2,525,180.)

THE INVESTMENT INTO PROVIDING EXPANDED AMBULATORY CARDIOLOGY SERVICES TO THE RESIDENTS OF THE SHENANGO VALLEY REPRESENTS THE LARGEST PROGRAM SERVICE EXPENSE WITHIN SHARON REGIONAL PHYSICIAN SERVICES. RESIDENTS OF THE SHENANGO VALLEY CAN NOW HAVE GENERAL, INTERVENTIONAL AND CARDIAC MRI/CT SPECIALIST SERVICES AVAILABLE AT SHARON REGIONAL WITHOUT TRAVELING TO BIGGER METROPOLITAN HOSPITALS. WITH THE ADDITIONAL PHYSICIANS, WE WERE ABLE TO PROVIDE CARE TO 6,790 PATIENTS FROM NOVEMBER 2008 THRU JUNE 2009.

4b (Code:) (Expenses \$ 2,257,702. including grants of \$) (Revenue \$ 1,393,203.)

THE EXPANSION OF ORTHOPEDIC SERVICES TO THE RESIDENTS OF THE SHENANGO VALLEY IS OUR SECOND LARGEST PROGRAM SERVICE EXPENSE FOR 2009. WE ARE NOW ABLE TO OFFER SPINE SURGERY AND SPORTS MEDICINE SERVICES TO THE RESIDENTS OF THE SHENANGO VALLEY. THE ORTHOPEDIC PRACTICE PROVIDED CARE TO 7,673 PATIENTS DURING FISCAL YEAR 2009.

4c (Code:) (Expenses \$ 1,834,383. including grants of \$) (Revenue \$ 1,306,128.)

THE EXPANSION OF SHARON REGIONAL PHYSICIAN SERVICES' PRIMARY CARE BASE IS OUR THIRD LARGEST PROGRAM SERVICE EXPENSE FOR 2009. REGULAR VISITS WITH PRIMARY CARE AND INTERNAL MEDICINE PHYSICIANS PROMOTE HEALTHIER LIFESTYLES FOR PATIENTS AND THERE IS A GREATER CHANCE OF EARLY DETECTION FOR MORE SERIOUS ILLNESSES. OUR PRIMARY CARE AND INTERNAL MEDICINE PHYSICIANS PROVIDED CARE TO 14,672 PATIENTS DURING FISCAL YEAR 2009.

4d Other program services. (Describe in Schedule O)

(Expenses \$ 6,208,681. including grants of \$) (Revenue \$ 3,483,007.)

4e Total program service expenses ► \$ 14,110,638. (Must equal Part IX, Line 25, column (B).)

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-12b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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 organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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.		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? 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
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JEFFREY A CHROBAK 740 EAST STATE STREET SHARON, PA 16148
724-983-3815

Part VIII Statement of Revenue

25-1640802

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a _____					
	b Membership dues	1b _____					
	c Fundraising events	1c _____					
	d Related organizations	1d _____					
	e Government grants (contributions)	1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above	1f _____					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f						
Program Service Revenue	2a PATIENT SERVICE	Business Code 900099	8,707,517.	8,707,517.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		8,707,517.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		NONE				
	4 Income from investment of tax-exempt bond proceeds		NONE				
	5 Royalties		NONE				
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)		NONE			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		NONE			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a _____					
		b Less direct expenses	b _____				
		c Net income or (loss) from fundraising events		NONE			
	9a Gross income from gaming activities See Part IV, line 19	a _____					
		b Less direct expenses	b _____				
		c Net income or (loss) from gaming activities		NONE			
10a Gross sales of inventory, less returns and allowances	a _____						
	b Less cost of goods sold	b _____					
	c Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue		Business Code					
11a _____							
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		NONE					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			8,707,517.	8,707,517.			

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	2,627,879.	2,483,474.	144,405.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	NONE			
9 Other employee benefits	718,753.	688,452.	30,301.	
10 Payroll taxes	503,486.	482,260.	21,226.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	8,384,685.	8,341,927.	42,758.	
12 Advertising and promotion	6,685.	6,685.		
13 Office expenses	546,307.	529,156.	17,151.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	559,258.	544,662.	14,596.	
17 Travel	2,864.		2,864.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	100,643.	38,765.	61,878.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	187,940.	179,264.	8,676.	
23 Insurance	715,763.	715,763.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DUES & SUBSCRIPTIONS -----	54,341.	52,158.	2,183.	
b LICENSES & TAXES -----	20,548.	20,389.	159.	
c MISCELLANEOUS EXPENSES -----	37,098.	27,683.	9,415.	
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	14,466,250.	14,110,638.	355,612.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	133,659.	1	316,813.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	645,849.	4	1,115,777.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	10,938.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	250,995.	7	420,071.
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges	270,830.	9	336,978.
	10a	Land, buildings, and equipment: cost basis	10a 949,141.		
	b	Less: accumulated depreciation Complete Part VI of Schedule D.	10b 363,334.	10c 361,023.	585,807.
	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)	1,662,356.	16	2,786,384.	
Liabilities	17	Accounts payable and accrued expenses	346,970.	17	690,556.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	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.		24	
	25	Other liabilities. Complete Part X of Schedule D	19,906,450.	25	26,445,625.
	26	Total liabilities. Add lines 17 through 25.	20,253,420.	26	27,136,181.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-18,591,064.	27	-24,349,797.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	-18,591,064.	33	-24,349,797.	
34	Total liabilities and net assets/fund balances	1,662,356.	34	2,786,384.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	
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?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization SHARON REGIONAL PHYSICIAN SERVICES	Employer identification number 25-1640802
---	---

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: (Please check only one organization)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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 - Other
- 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
(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?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the organizations the organization supports

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (See instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				20,445.		20,445.
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	1,337,391.	1,766,902.	2,386,899	4,713,966.	8,707,517	18,912,675
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 1-5	1,337,391.	1,766,902.	2,386,899.	4,734,411.	8,707,517.	18,933,120.
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						18,933,120.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1,337,391.	1,766,902.	2,386,899.	4,734,411.	8,707,517.	18,933,120.
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)						18,933,120.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	100.00 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	NONE %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	NONE %

- 19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, 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.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 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 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if 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 XIV 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 XIV.

Part V Endowment Funds. Complete if 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 Investment earnings or 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 year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	NONE	63,837.	24,576.	39,261.
d Equipment	NONE	879,940.	338,758.	541,182.
e Other	NONE	5,364.		5,364.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				585,807.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF

POSITION NO. FIN 48-3, THE HEALTH SYSTEM HAS ELECTED TO DEFER THE

EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDING JUNE 30, 2010.

THE HEALTH SYSTEM HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX

POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE

IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT

NO. 109, ACCOUNTING FOR INCOME TAXES, AND FASB STATEMENT NO. 5,

ACCOUNTING FOR CONTINGENCIES.

VOLUNTARY DISCLOSURE OF RECONCILIATIONS

PART XI, XII, & XIII

RECONCILIATION OF CHANGE IN NET ASSETS

PART XI

TOTAL REVENUE (FORM 990, PART VIII, LINE 12) 8,707,517

TOTAL EXPENSES (FORM 990, PART IX, LINE 25) 14,466,250

DEFICIT FOR THE YEAR PER RETURN (5,758,733)

DEFICIT PER AUDITED FINANCIAL STATEMENTS (5,758,733)

Part XIV Supplemental Information (continued)

RECONCILIATION OF REVENUE

PART XII

TOTAL REVENUE PER AUDITED FINANCIAL STATEMENTS 8,707,517

TOTAL REVENUE PER FORM 990, PART I, LINE 12 8,707,517

RECONCILIATION OF EXPENSES

PART XIII

TOTAL EXPENSES PER AUDITED FINANCIAL STATEMENTS 14,466,250

TOTAL EXPENSES PER FORM 990, PART I, LINE 18 14,466,250

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SHARON REGIONAL PHYSICIAN SERVICES

Employer identification number

25-1640802

Part I Questions Regarding Compensation

		Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>				<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)
<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)										
<p>b If line 1a is 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</p>		1b									
<p>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?</p>		2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>				<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		
<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										
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:</p>											
<p>a Receive a severance payment or change of control payment?</p>		4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>		4c	X								
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>											
<p>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</p>											
<p>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:</p>											
<p>a The organization?</p>		5a	X								
<p>b Any related organization?</p>		5b	X								
<p>If "Yes" to line 5a or 5b, describe in Part III.</p>											
<p>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</p>											
<p>a The organization?</p>		6a	X								
<p>b Any related organization?</p>		6b	X								
<p>If "Yes" to line 6a or 6b, describe in Part III.</p>											
<p>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</p>											
		7	X								
<p>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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>											
		8	X								

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

Schedule J (Form 990) 2008

Part III Supplemental Information

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

PART I, LINE 4B

SHARON REGIONAL HEALTH SYSTEMS, A RELATED ORGANIZATION, PROVIDES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO PROVIDE A MARKET COMPETITIVE SUPPLEMENTAL RETIREMENT BENEFIT TO ATTRACT AND RETAIN EXECUTIVE TALENT. BENEFITS PROVIDED UNDER THE SERP ARE REPORTED AS FOLLOWS:

ACCRUED BENEFITS THAT WERE NOT TAXABLE DURING CALENDAR YEAR 2008 WERE INCLUDED IN COLUMN (C) IN THE FOLLOWING AMOUNTS:

- JEFFREY CHROBAK \$117,574
- MATTHEW LIBURDI \$ 66,152
- JOHN ZIDANSEK \$314,722

AMOUNTS REPORTED IN COLUMN (F) REPRESENT ACCRUED BENEFITS REPORTED IN THIS 990 THAT HAD ALSO BEEN REPORTED IN PRIOR 990S. THIS OCCURRED DUE TO THE REQUIREMENT TO REPORT COMPENSATION ON A CALENDAR YEAR BASIS FOR THE NEW 990. THE ORGANIZATION PREVIOUSLY REPORTED COMPENSATION BASED ON ITS

Part III Supplemental Information

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

JUNE 30 FISCAL YEAR END. BECAUSE OF THIS CHANGE, COMPENSATION REPORTED

FOR THE PERIOD OF JANUARY 1, 2008 TO JUNE 30, 2009 HAS BEEN REPORTED ON

BOTH THE JUNE 30, 2008 FORM 990 AND THE JUNE 30, 2009 FORM 990.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: SHARON REGIONAL PHYSICIAN SERVICES
Employer Identification number: 25-1640802

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JAMES FEENEY DIRECTOR	2.	X						NONE	NONE	NONE
JAMES EPSTEIN SECRETARY	2.	X		X				NONE	NONE	NONE
ROBERT JAZWINSKI CPA CHAIRMAN	12.	X		X				NONE	NONE	NONE
JOHN A ZIDANSEK DIRECTOR UNTIL 1/09 /PRESIDENT	40.	X		X				NONE	355,870.	335,746.
WILLIAM PERRINE VICE CHAIRMAN	8.	X		X				NONE	NONE	NONE
RON ANDERSON DIRECTOR	2.	X						NONE	NONE	NONE
ROBERT G LIPTAK DIRECTOR	2.	X						NONE	NONE	NONE
CHERYL ROSE DIRECTOR	2.	X						NONE	NONE	NONE
STEPHEN GURGOVITS DIRECTOR UNTIL 1/15/09	1.	X						NONE	NONE	NONE
JOSEPH BOLOTIN MD DIRECTOR UNTIL 1/15/09	1.	X						NONE	NONE	NONE
KAREN WINNER DIRECTOR UNTIL 1/15/09	1.	X						NONE	NONE	NONE
WILLIAM STRIMBU DIRECTOR UNTIL 1/15/09	1.	X						NONE	NONE	NONE
SCOTT KALMANEK DIRECTOR BEGINNING 1/15/09	1.	X						NONE	NONE	NONE
MATTHEW LIBURDI VICE PRESIDENT	40.			X				NONE	172,606.	85,118.
JEFFREY A CHROBAK VICE PRESIDENT/CFO	40.			X				NONE	178,014.	136,611.
JOHN DAVIDSON VP HUMAN RESOURCES	40.			X				NONE	156,099.	17,218.
GARY MARRONE MD CARDIOTHORACIC SURGEON	40.					X		500,000.	NONE	16,652.
ERNEST SWANSON MD ORTHOPEDIC SURGEON	40.					X		425,000.	NONE	16,652.
ASHRAF OSMAN MD CARDIOTHORACIC SURGEON	40.					X		385,417.	NONE	5,852.
SAMER MAKHOUL MD PULMONOLOGIST	40.					X		348,947.	NONE	16,652.
GENE MARCELLI MD GENERAL SURGEON	40.					X		325,340.	NONE	16,652.

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

Schedule J-2 (Form 990) 2008

JSA
8E1294 1 000

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.**

Name of the organization

SHARON REGIONAL PHYSICIAN SERVICES

Employer identification number

25-1640802

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	SAMER MAKHOUL MD PHYSICIAN LOAN				X	25,000	10,938.		X	X
Total ▶ \$				10,938.						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LINDA PIDDINGTON	SEE SCHEDULE O	43,460	WAGES		X

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

Supplemental Information to Form 990

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

ORGANIZATION'S MISSION & MOST SIGNIFICANT ACTIVITY

FORM 990, PART III, LINE 1

THE MISSION OF SHARON REGIONAL PHYSICIAN SERVICES IS TO PROMOTE THE HEALTH AND WELL BEING OF PERSONS IN THE SHENANGO VALLEY. THIS IS ACCOMPLISHED BY ASSESSING THE NEED FOR PRIMARY CARE AND SPECIALTY CARE PHYSICIANS WITHIN THE SERVICE AREA, THEN UTILIZING THE NECESSARY RESOURCES TO BRING THESE PHYSICIANS TO SHARON REGIONAL AND MAKING THEM AVAILABLE TO THE RESIDENTS OF THE SHENANGO VALLEY; KEEPING THEIR CARE CLOSER TO HOME.

DURING FISCAL YEAR 2009, SHARON REGIONAL PHYSICIAN SERVICES WAS ABLE TO RECRUIT A NUMBER OF SPECIALISTS TO THE SHENANGO VALLEY. DURING THE 12 MONTH PERIOD THE FOLLOWING PHYSICIANS WERE RECRUITED TO THE AREA: THREE (3) NEW CARDIOLOGISTS, ONE (1) ORTHOPEDIC SURGEON RETURNED TO THE VALLEY AFTER COMPLETING A SPINE SURGERY FELLOWSHIP, ONE (1) NEW FAMILY PRACTITIONER WAS ADDED IN THE NEARBY OHIO AREA, ONE (1) NEW INTERNAL MEDICINE PHYSICIAN, ONE (1) ENDOCRINOLOGIST AND ONE (1) PULMONOLOGIST. THESE PHYSICIANS PROVIDE QUALITY CARE TO THE RESIDENTS OF THE SHENANGO VALLEY ALLOWING THEM TO STAY WITHIN THE SHENANGO VALLEY. THEY NO LONGER HAVE TO DRIVE TO CLEVELAND OR PITTSBURGH TO GET QUALITY CARE.

THE ORGANIZATION PROVIDES HEALTH CARE SERVICES UNDER A FORMAL CHARITY CARE POLICY THAT ASSISTS PATIENTS WHO ARE FINANCIALLY UNABLE TO PAY THEIR MEDICAL BILLS. DURING FISCAL YEAR 2009, SHARON REGIONAL PHYSICIAN SERVICES GRANTED \$34,861 IN CHARITY CARE AND HAD \$40,833 IN BAD DEBTS.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

SIGNIFICANT PROGRAM SERVICES

FORM 990, PART III, LINE 2

SHARON REGIONAL PHYSICIAN SERVICES EMPHASIZED CARDIOLOGY AS ONE OF THE
 MAIN FOCUS AREAS DURING FY 2009. THERE WAS A NEED TO SECURE THE PREVIOUS
 GROUP OF PHYSICIANS AND ALLOW THE SERVICES TO EXPAND WITH THE RECRUITMENT
 OF NEW PHYSICIANS. THE NEW GROUP, CALLED SHARON CARDIOLOGY SPECIALISTS
 NOW CONSISTS OF SEVEN (7) CARDIOLOGISTS INCLUDING BOTH GENERAL,
 INTERVENTIONAL AND CARDIAC MRI/CT SPECIALISTS WHO PROVIDE CARE TO THE
 RESIDENTS OF THE SHENANGO VALLEY AS WELL AS EASTERN OHIO THROUGH THE
 HEALTH SYSTEM'S NEW HUBBARD (OHIO) SATELLITE CENTER.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, LINE 4

DURING THE FISCAL YEAR THE THE BOARD OF DIRECTORS AMENDED ITS BYLAWS TO REFLECT THE FOLLOWING CHANGES:

-THE SIZE OF THE BOARD WILL BE AMENDED FROM A COMPOSITION OF 6 TO 12 MEMBERS TO A COMPOSITION OF 6 TO 9 ELECTED MEMBERS AND 3 EX-OFFICIO MEMBERS (CHAIRMAN AND VICE CHAIRMAN OF THE SHARON REGIONAL HEALTH SYSTEM (SRHS) BOARD; CHAIRMAN OF THE SRHS FINANCE COMMITTEE).

-THE BOARD WILL ELECT ITSELF RATHER THAN BE APPOINTED BY THE SRHS BOARD, IN STAGGERED THREE-YEAR TERMS.

-ELECTED MEMBERS WILL BE LIMITED TO FIVE CONSECUTIVE 3 YEAR TERMS.

-THE EX-OFFICIO MEMBERS WILL BE NON-VOTING DIRECTORS AND WILL NOT COUNT TOWARD ESTABLISHING A QUORUM.

-VACANCIES WILL BE FILLED BY ELECTION OF THE ORGANIZATION'S BOARD RATHER THAN APPOINTMENT BY SRHS BOARD.

-THE CHAIRMAN, VICE CHAIRMAN, SECRETARY AND TREASURER WILL BE TERM-LIMITED TO FIVE ONE YEAR TERMS. THESE OFFICERS MUST BE DIRECTORS.

-THE POSITIONS OF PRESIDENT/CEO AND VICE PRESIDENT/CFO WILL BE CREATED. THE CHAIRMAN WILL NO LONGER ACT AS CEO. THE PRESIDENT/CEO'S AND VICE PRESIDENT/CFO'S DUTIES ARE NOW ENUMERATED.

-THE PRESIDENT MAY APPOINT SUCH OTHER VICE PRESIDENTS AND OFFICERS AS HE DEEMS NECESSARY.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

FORM 990, PART VI, LINE 10

THE 990 REPORT IS PREPARED BY INDEPENDENT TAX ADVISORS WITH INFORMATION SUPPLIED BY THE CHIEF FINANCIAL OFFICER, DIRECTOR OF FINANCE AND OTHER FINANCIAL MANAGERS, AND LEGAL COUNSEL. THE PREPARED 990 IS SUBMITTED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW. THE CHIEF FINANCIAL OFFICER PROVIDES A FULL AND COMPLETE COPY OF THE 990 REPORT TO THE MEMBERS OF THE BOARD OF DIRECTORS IN ADVANCE OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS HELD ON THE THIRD TUESDAY OF MARCH. AT THE REGULAR MEETING, THE CHIEF FINANCIAL OFFICER ACCEPTS QUESTIONS OR COMMENTS TO THE 990 REPORT. THE BOARD APPROVES SUBMISSION OF THE 990 REPORT TO THE IRS BY MOTION AND VOTE IN ACCORDANCE WITH ITS BYLAWS.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

CONFLICT OF INTEREST

FORM 990, PART VI, LINE 12C

THE BOARD OF DIRECTORS OF OR SHARON REGIONAL PHYSICIANS SERVICES

MAINTAINS A WRITTEN POLICY DEFINING CONFLICT OF INTERESTS OF ITS

DIRECTORS AND OFFICERS. ALL NEW DIRECTORS AND OFFICERS ARE ORIENTED TO

THIS POLICY. ANNUALLY, THE OFFICERS AND THE MEMBERS OF THE BOARD OF

DIRECTORS RECEIVE A COPY OF THE POLICIES AND EACH DIRECTOR AND OFFICER

COMPLETES A CONFLICT OF INTEREST QUESTIONNAIRE. THE CHAIRMAN OF THE

BOARD OF DIRECTORS REVIEWS ALL RESPONSES, CONSULTS WITH LEGAL COUNSEL,

AND PROVIDES THE QUESTIONNAIRES TO SHARON REGIONAL'S AUDITORS. THE

CHAIRMAN CONSIDERS COMMITTEE MEMBERSHIP AND RECUSAL FROM DISCUSSION AND

VOTES IN LIGHT OF POTENTIAL CONFLICTS AND BOARD MEMBERS ROUTINELY

VOLUNTARILY RECUSE THEMSELVES EVEN IF THE CONFLICT IS ONLY PERCEIVED.

PERCEIVED.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

COMPENSATION

FORM 990, PART VI, LINE 15 A&B

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND RECOMMENDS THE COMPENSATION OF THE OFFICERS AND THE BOARD OF DIRECTORS APPROVES THESE RECOMMENDATIONS ANNUALLY. THE COMPENSATION COMMITTEE IS COMPOSED OF MEMBERS WHO HAVE NO INTEREST WITH THE OFFICERS. THE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT CONSULTANT TO REVIEW MARKET DATA AND ESTABLISH COMPENSATION RANGES FOR EACH OFFICER IN COMPARISON WITH SIMILAR EXECUTIVE POSITIONS AT SIMILARLY SIZED HOSPITALS AND HEALTH SYSTEMS. THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER AND ACCEPTS THE PERFORMANCE REVIEWS CONDUCTED BY THE CHIEF EXECUTIVE OFFICER OF THE OTHER OFFICERS. THE 2009 MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) COMPARISONS ARE USED FOR BENCHMARKING THE PHYSICIAN SALARIES.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

FORM 990, PART VI, LINE 19

ALL DOCUMENTS OF THE ORGANIZATION ARE DISTRIBUTED UPON REQUEST, AS
REQUIRED BY LAW.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

AUDITED FINANCIALS

FORM 990, PART XI

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

IN ADDITION TO THE THREE LARGEST PROGRAM SERVICES, THE ORGANIZATION

PROVIDES OB/GYN, BREAST SURGERY, OTOLARYNGOLOGY/ALLERGY, ENDOCRINOLOGY,

PULMONOLOGY, GENERAL SURGERY AND CARDIOTHORACIC SURGERY SERVICES. DURING

FISCAL YEAR 2009, A TOTAL OF 20,940 OUTPATIENTS RECEIVED PATIENT CARE.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

FORM 990, PART VI, LINE 2

WILLIAM STRIMBU IS A MEMBER OF THE BOARD OF DIRECTORS OF FNB CORPORATION,

WHICH EMPLOYS STEPHEN GURGOVITS AS ITS PRESIDENT AND CEO.

Name of the organization

Employer identification number

SHARON REGIONAL PHYSICIAN SERVICES

25-1640802

BUSINESS TRANSACTIONS

SCHEDULE L, PART IV

LINDA PIDDINGTON IS THE SISTER OF JAMES EPSTEIN, CURRENT DIRECTOR AND SECRETARY.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

SHARON REGIONAL PHYSICIAN SERVICES

Employer identification number

25-1640802

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
SHARON REGIONAL HEALTH SYSTEM AUXILIARY 25-1768501 740 EAST STATE STREET SHARON, PA 16146	AUXILIARY	PA			N/A

Part II 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
SHARON REGIONAL HEALTH SYSTEMS 25-0979377 740 E STATE ST SHARON, PA 16146	HEALTHCARE	PA	501(C)(3)	3	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule R (Form 990) 2008

Part III 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, investment, unrelated)	(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?	
							Yes	No	Yes	No	Yes	No
CHATWOOD COMMONS CONDO ASSOCIA 740 E STATE ST SHARON, PA 1614	REAL ESTATE	PA	N/A	N/A				X				X

Part IV 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

Part V Transactions With Related Organizations

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

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?

Table with columns: Transaction description (1a-1r), Yes, No. Rows include: Receipt of interest annuities/royalties, Gift/grant/contribution, Loans/guarantees, Sale of assets, Purchase of assets, Exchange of assets, Lease of facilities/equipment, Lease of facilities/equipment/other assets, Performance of services, Sharing of facilities/equipment, Reimbursement for expenses, Other transfer of cash/property.

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.

Table with columns: (A) Name of other organization(s), (B) Transaction type (a-r), (C) Amount involved. Rows 1-6.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print <small>File by the due date for filing your return See instructions</small>	Name of Exempt Organization SHARON REGIONAL PHYSICIAN SERVICES	Employer identification number 25-1640802
	Number, street, and room or suite no If a P O box, see instructions 740 EAST STATE STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SHARON, PA 16146	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ THERESE CULLEN

Telephone No. ▶ 724 983-5584 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010 , to file the exempt organization return for the organization named above The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2008 , and ending 06/30, 2009 .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Name of Exempt Organization: SHARON REGIONAL PHYSICIAN SERVICES
Employer identification number: 25-1640802
Number, street, and room or suite no: 740 EAST STATE STREET
City, town or post office, state, and ZIP code: SHARON, PA 16146

Check type of return to be filed (File a separate application for each return):

Form 990 (checked), Form 990-BL, Form 990-EZ, Form 990-T, Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of THERESE CULLEN
Telephone No. 724 983-5584 FAX No.
If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an additional 3-month extension of time until 05/15/2010
For calendar year, or other tax year beginning 07/01/2008, and ending 06/30/2009
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8b \$
8c Balance Due. Subtract line 8b from line 8a. 8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Brian D Zedd Title CPA Date 1/27/10

BKD, LLP
910 E ST LOUIS #200/PO BOX 1190
SPRINGFIELD, MO 65806-2523