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Return of Organization Exempt From Income Tax

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

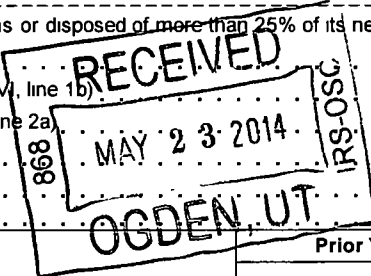
A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

B Check if applicable: X Address change, X Name change. C Name of organization: CHBLT SUBSIDIARY CO. D Employer identification number: 25-1640802. E Telephone number: (724) 983-5525. G Gross receipts \$: 13,674,975.

I Tax-exempt status: X 501(c)(3). J Website: N/A. K Form of organization: X Corporation. L Year of formation: 1990. M State of legal domicile: PA.

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows 1-22 detailing mission, revenue, expenses, and assets.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Robert G. LIPTAK), Date (5/15/14), Type or print name and title (Chairman).

Paid Preparer Use Only: Print/Type preparer's name (BRIAN D. TODD), Preparer's signature (Brian D Todd, CPA), Date (5/14/14), PTIN (P00422601), Firm's name (BKD, LLP), Firm's EIN (44-0160260), Firm's address (910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523), Phone no (417 865-8701).

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

SCANNED JUN 23 2014

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF SHARON REGIONAL PHYSICIAN SERVICES IS TO PROVIDE THE HIGHEST QUALITY, ADVANCED HEALTHCARE SERVICES TO ALL COMMUNITIES WITHIN OUR REGION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 7,021,336 including grants of \$) (Revenue \$ 3,960,813)

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 14,764 PATIENTS DURING FISCAL YEAR 2013. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code) (Expenses \$ 3,474,966 including grants of \$) (Revenue \$ 2,089,279)

PROVIDING ADVANCED ORTHOPEDIC SURGICAL CARE TO THE PATIENTS OF SHARON REGIONAL HEALTH SYSTEM IS OUR THIRD LARGEST PROGRAM SERVICE EXPENSE FOR 2013. WE CURRENTLY EMPLOY 4 ORTHOPEDIC SURGEONS, ALONG WITH A PA WHO SAW 11,478 VISITS DURING THE YEAR AND PERFORMED 1,012 SURGERIES. SHARON REGIONAL HEALTH SYSTEM IS THE ONLY HOSPITAL IN THE AREA ABLE TO OFFER SPINE SURGERY AND MINIMALLY INVASIVE HIP SURGERY CLOSE TO HOME, WITHOUT HAVING TO TRAVEL TO CLEVELAND OR PITTSBURGH.

4c (Code) (Expenses \$ 3,284,557 including grants of \$) (Revenue \$ 2,621,168)

PROVIDING PRIMARY CARE SERVICES TO THE PATIENTS OF SHARON REGIONAL HEALTH SYSTEM IS OUR SECOND LARGEST PROGRAM SERVICE EXPENSE FOR 2013. MANAGING AND PROMOTING HEALTHY LIFESTYLES AND PREVENTATIVE CARE IS IMPORTANT FOR MAINTAINING A PATIENT'S LONG TERM HEALTH. SHARON REGIONAL PHYSICIAN SERVICES CURRENTLY EMPLOYS 7 PRIMARY CARE/INTERNAL MEDICINE SPECIALISTS WHO HAD 22,844 PATIENT VISITS DURING FISCAL YEAR 2013.

4d Other program services (Describe in Schedule O)

(Expenses \$ 10,020,280 including grants of \$) (Revenue \$ 5,003,715)

4e Total program service expenses ▶ 23,801,139.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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 The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization RAY SCHAUER 19 JEFFERSON AVE SHARON, PA 16146 724-983-3815

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES EPSTEIN VICE CHAIRMAN	2.00 1.00	X		X				0	0	0
(2) WILLIAM PERRINE CHAIRMAN	12.00 1.00	X		X				0	0	0
(3) RON ANDERSON DIRECTOR	2.00	X						0	0	0
(4) ROBERT G LIPTAK DIRECTOR	2.00 1.00	X						0	0	0
(5) CHERYL ROSE SECRETARY	2.00	X		X				0	0	0
(6) SCOTT KALMANEK TREASURER	2.00	X		X				0	0	0
(7) KENNETH JAMES DIRECTOR	2.00 1.00	X						0	0	0
(8) JEAN WILSON FAMILY PRACTITIONER	40.00	X					129,841.	0	0	0
(9) MATTHEW LIBURDI VICE PRESIDENT	1.00 40.00			X				0	159,944.	78,342.
(10) JEFFREY A CHROBAK VICE PRESIDENT/CFO	1.00 40.00			X				0	191,975.	166,034.
(11) JOHN DAVIDSON VICE PRESIDENT	1.00 40.00			X				0	144,470.	22,856.
(12) JOHN JANOSO JR. PRES & COO/PRES & CEO BG 10/12	1.00 40.00			X				0	378,363.	167,608.
(13) LINDE FINSRUD WILSON PRESIDENT & CEO THROUGH 9/12	1.00 40.00			X				0	495,332.	1,400.
(14) CAROLYN D'AMORE ASSISTANT SECRETARY	1.00			X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) SUSAN GIBSON VP PATIENT CARE & CNO	1.00 40.00			X				0	411,734.	9,812.
16) RONNIE MIGNELLA CARDIOLOGIST	40.00					X		898,824.	0	16,785.
17) JAMES RYAN CARDIOLOGIST	40.00					X		902,929.	0	16,785.
18) JOSE MILLAN CARDIOLOGIST	40.00					X		885,494.	0	16,785.
19) BRIAN SHANNON ORTHOPEDIC SURGEON	40.00					X		1,149,023.	0	13,495.
20) BRANDON MIKOLICH CARDIOLOGIST	40.00					X		744,199.	0	5,671.
21) JOHN A ZIDANSEK FORMER PRESIDENT	0						X	0	202,434.	787.
1b Sub-total								129,841.	1,370,084.	436,240.
c Total from continuation sheets to Part VII, Section A								4,580,469.	614,168.	80,120.
d Total (add lines 1b and 1c)								4,710,310.	1,984,252.	516,360.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **35**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDSYS CONSULTING YOUNGSTOWN, OH 44512	BILLING SERVICES	624,734.
ALLEGHENY SPEC.PRACTICE NETWORK PITTSBURGH, PA 15212	PHYSICIAN SERVICES	101,362.
HUDSON HOLDING HERMITAGE, PA 16148	RENT	184,758.
NORTHWEST PHYSICIAN ASSOCIATES MEADVILLE, PA 16335	CARDIOLOGY SERVICES	306,700.
NB NICOLOFF, MD, INC PETERSBURG, OH 44454	CARDIOLOGY SERVICES	108,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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			0		
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE REVENUE	621110	13,110,236	13,110,236		
	b OTHER PROGRAM REVENUE	621110	564,739	564,739		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f			13,674,975			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			0		
	4 Income from investment of tax-exempt bond proceeds			0		
	5 Royalties			0		
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)				0	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses			638		
	c Gain or (loss)			-638		
	d Net gain or (loss)			-638		-638
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events				0		
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities				0		
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory				0		
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d				0		
12 Total revenue. See instructions			13,674,337	13,674,975	-638	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	129,841.	129,841.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	18,413,343.	18,206,029.	207,314.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	1,078,131.	1,047,347.	30,784.	
10	Payroll taxes	738,507.	717,420.	21,087.	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	874,159.	831,746.	42,413.	
12	Advertising and promotion	300.	300.		
13	Office expenses	750,029.	734,872.	15,157.	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	832,087.	824,213.	7,874.	
17	Travel	2,924.	2,624.	300.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	67,511.	62,777.	4,734.	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	295,108.	219,556.	75,552.	
23	Insurance	858,052.	858,052.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MISCELLANEOUS	82,864.	80,918.	1,946.	
b	LICENCES, DUES & SUBSCRIPTIO	85,565.	85,444.	121.	
c				
d				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	24,208,421.	23,801,139.	407,282.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	424,494.	1	276,887.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,311,470.	4	1,277,844.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	20,833.	5	10,833.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	48,567.	7	78,348.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	164,516.	9	146,083.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,801,504.		
	b Less accumulated depreciation	10b 1,200,180.	841,998.	10c 601,324.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	9,832.	15	8,483.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,821,710.	16	2,399,802.	
Liabilities	17 Accounts payable and accrued expenses	1,408,985.	17	970,294.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	56,396,790.	25	66,947,657.
	26 Total liabilities. Add lines 17 through 25	57,805,775.	26	67,917,951.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-54,984,065.	27	-65,518,149.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-54,984,065.	33	-65,518,149.
34 Total liabilities and net assets/fund balances	2,821,710.	34	2,399,802.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,674,337.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,208,421.
3	Revenue less expenses Subtract line 2 from line 1	3	-10,534,084.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-54,984,065.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-65,518,149.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization CHBLT SUBSIDIARY CO.	Employer identification number 25-1640802
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Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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 through 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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2012; 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012; 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 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 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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 100.00%. Row 16: Public support percentage from 2011 Schedule A, Part III, line 15. 100.00%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) %. Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 %.

- 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [X].
19b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [].
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [].

Part IV **Supplemental Information.** Complete this part to 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).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

CHBLT SUBSIDIARY CO.

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for donor advisement questions.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for conservation easement details.

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 3 columns: Line number, Description, Amount. Rows 1a-1b for reporting election, 2 for financial gain reporting.

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

Schedule D (Form 990) 2012

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

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

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

- a Board designated or quasi-endowment %, b Permanent endowment %, c Temporarily restricted endowment %

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

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

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

Table with columns Yes, No and rows 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 XIII the intended uses of the organization's endowment funds

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments - Other Securities. See Form 990, Part X, line 12

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: (1) Federal income taxes, (2) DUE TO SHARON REG HEALTH SYS (66,947,657), (11) Total (66,947,657).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 13,674,337.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 24,208,421.

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE

INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED

ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE

FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

CHBLT SUBSIDIARY CO.

Employer identification number

25-1640802

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** X

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

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

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

Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MATTHEW LIBURDI VICE PRESIDENT	155,713.	0	4,231.	64,105.	14,237.	238,286.	0
2	JEFFREY A CHROBAK VICE PRESIDENT/CFO	190,611.	0	1,364.	151,485.	14,549.	358,009.	0
3	JOHN DAVIDSON VICE PRESIDENT	142,932.	1,538.	0	8,766.	14,090.	167,326.	0
4	JOHN JANOSO JR. PRES & COO/PRES & CEO BG 10/12	374,560.	0	3,803.	152,346.	15,262.	545,971.	0
5	RONNIE MIGNELLA CARDIOLOGIST	898,824.	0	0	0	16,785.	915,609.	0
6	JAMES RYAN CARDIOLOGIST	902,929.	0	0	0	16,785.	919,714.	0
7	JOSE MILLAN CARDIOLOGIST	873,119.	0	12,375.	0	16,785.	902,279.	0
8	BRIAN SHANNON ORTHOPEDIC SURGEON	1,149,023.	0	0	0	13,495.	1,162,518.	0
9	BRANDON MIKOLICH CARDIOLOGIST	732,599.	0	11,600.	0	5,671.	749,870.	0
10	LINDE FINSRUD WILSON PRESIDENT & CEO THROUGH 9/12	388,050.	0	107,282.	0	1,400.	496,732.	0
11	JOHN A ZIDANSEK FORMER PRESIDENT	0	0	202,434.	0	787.	203,221.	0
12	SUSAN GIBSON VP PATIENT CARE & CNO	187,866.	0	223,868.	7,555.	2,257.	421,546.	223,125.
13								
14								
15								
16								

Part III Supplemental Information

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

RELATED PARTY COMPENSATION DETERMINATION

SCHEDULE J, PART I, LINE 3

THE SHARON REGIONAL PHYSICIAN SERVICES PRESIDENT & CEO IS COMPENSATED BY SHARON REGIONAL HEALTH SYSTEM, A RELATED ORGANIZATION. SHARON REGIONAL HEALTH SYSTEM USES A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE PRESIDENT & CEO.

SEVERANCE PAYMENT

SCHEDULE J, PART I, LINE 4A

JOHN A ZIDANSEK, FORMER PRESIDENT, RECEIVED A SEVERANCE PAYMENT OF \$202,434 DURING CALENDAR YEAR 2012. LINDE FINSRUD WILSON ALSO RECEIVED A SEVERANCE PAYMENT OF \$106,250 DURING CALENDAR YEAR 2012. THESE AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(III).

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

SHARON REGIONAL HEALTH SYSTEM, A RELATED ORGANIZATION, PROVIDES A

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO PROVIDE A MARKET

COMPETITIVE SUPPLEMENTAL RETIREMENT BENEFIT TO ATTRACT AND RETAIN

EXECUTIVE TALENT. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN

DURING THE FISCAL YEAR: JEFFREY CHROBAK, JOHN JANOSO JR., SUSAN GIBSON,
AND MATTHEW LIBURDI.

THE FOLLOWING AMOUNTS WERE ACCRUED DURING THE YEAR:

JEFFREY A CHROBAK	\$ 139,904
JOHN JANOSO JR.	\$ 144,696
MATTHEW LIBURDI	\$ 59,266

THE FOLLOWING AMOUNTS WERE DISTRIBUTED DURING THE YEAR:

SUSAN GIBSON	\$ 223,125
--------------	------------

COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE

COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE

Part III Supplemental Information

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

COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS VESTED OR PAID TO THE INDIVIDUAL. THIS APPLIES TO THE SERP AMOUNT DISTRIBUTED TO SUSAN GIBSON AND IS REPORTED IN SCHEDULE J, PART II, COLUMN F.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization

CHBLT SUBSIDIARY CO.

Employer identification number

25-1640802

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by 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.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) BRANDON MIKOLICH	HC EMPLOYEE			PHY LOAN		X	50,000.	10,833.	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						10,833.						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV

THE WIFE OF WILLIAM STRIMBU, BOARD MEMBER FOR A RELATED ORGANIZATION, SHARON REGIONAL HEALTH SYSTEM, IS COMPENSATED BY SHARON REGIONAL PHYSICIAN SERVICES. TOTAL COMPENSATION PAID WAS \$50,603. THIS TRANSACTION IS VOLUNTARILY REPORTED AND DOES NOT AFFECT INDEPENDENCE OF ANY BOARD MEMBERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

CHBLT SUBSIDIARY CO.

Employer identification number

25-1640802

NAME CHANGE

FORM 990, HEADING, ITEMS B & C

THE ORGANIZATION AMENDED ITS ARTICLES WITH THE PENNSYLVANIA DEPARTMENT OF STATE TO CHANGE ITS NAME FROM SHARON REGIONAL PHYSICIAN SERVICES TO CHBLT SUBSIDIARY CO. TO BE EFFECTIVE ON MARCH 31, 2014. THIS CHANGE IN NAME IS BEING REPORTED ON FORM 990 IN THE HEADING IN ITEMS B & C, BUT ALL OTHER REFERENCES TO THE FORMER NAME REMAIN THROUGHOUT THE 990 AS THE NAME CHANGE DID NOT TAKE EFFECT UNTIL AFTER THE FISCAL YEAR END OF JUNE 30, 2013. IN ADDITION, SHARON REGIONAL HEALTH SYSTEM CHANGED ITS NAME TO CHRISTIAN H. BUHL LEGACY TRUST, ALSO EFFECTIVE MARCH 31, 2014. REFERENCES TO SHARON REGIONAL HEALTH SYSTEM HAVE REMAINED THROUGHOUT THE FORM 990, WITH THE EXCEPTION OF SCHEDULE R, WHICH HAS BEEN UPDATED TO REFLECT THE FILING NAME.

ORGANIZATION'S MISSION

FORM 990, PART I, 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.

AVAILABLE TO THE RESIDENTS OF THE SHENANGO VALLEY; KEEPING THEIR CARE

Name of the organization CHBLT SUBSIDIARY CO.	Employer identification number 25-1640802
--	--

CLOSER TO HOME.

PROGRAM SERVICE ACTIVITY #1

FORM 990, PART III, LINE 4A

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 2013, SHARON REGIONAL PHYSICIAN SERVICES GRANTED \$139,739 IN CHARITY CARE TO INDIGENT PATIENTS.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

IN ADDITION TO THE THREE LARGEST PROGRAM SERVICES, THE ORGANIZATION PROVIDES OB/GYN, GENERAL SURGERY, VASCULAR SURGERY, OTOLARYNGOLOGY/ALLERGY, ENDOCRINOLOGY, PULMONARY/CRITICAL CARE MEDICINE, GASTROENTEROLOGY AND CARDIOTHORACIC SURGERY. DURING FISCAL YEAR 2013, A TOTAL OF 76,516 OUTPATIENTS RECEIVED PATIENT CARE.

MEMBERS

FORM 990, PART VI, SECTION A, LINES 6 & 7B

THE SOLE MEMBER OF THE ORGANIZATION IS SHARON REGIONAL HEALTH SERVICES.

ACCORDING TO THE ORGANIZATION'S BYLAWS, THE BOARD MUST OBTAIN THE APPROVAL OF SHARON REGIONAL HEALTH SERVICES BEFORE ACTION ON ANY OF THE FOLLOWING MATTERS BECOMES FINAL AND EFFECTIVE:

1) AMENDMENT OF THE ARTICLES OF INCORPORATION OF THIS CORPORATION OR OF

Name of the organization CHBLT SUBSIDIARY CO.	Employer identification number 25-1640802
--	--

THE BYLAWS;

(2) THE SALE, LEASE, OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL THE PROPERTY OR ASSETS OF THIS CORPORATION;

(3) MERGER OR CONSOLIDATION WITH ANY OTHER CORPORATION;

(4) DISSOLUTION OF THIS CORPORATION;

(5) APPROVAL OF AN ANNUAL BUDGET FOR THIS CORPORATION;

(6) ANY TRANSFER OF FUNDS BY GRANT, GIFT, OR LOAN FROM THIS CORPORATION;

(7) ANY OTHER MATTER THAT BY LAW WOULD REQUIRE THE APPROVAL OF MEMBERS OF A PENNSYLVANIA NONPROFIT CORPORATION.

REVIEW OF FORM 990

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 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 FOR INTERNAL REVIEW BEFORE FILING. ADDITIONALLY, THE BOARD WAS PROVIDED A COPY OF THE 990 PRIOR TO FILING.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, 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

Name of the organization CHBLT SUBSIDIARY CO.	Employer identification number 25-1640802
--	--

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.

COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINES 15A & B

THE ORGANIZATION'S CEO IS COMPENSATED BY SHARON REGIONAL HEALTH SYSTEM (SRHS), A RELATED ORGANIZATION. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF SRHS 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 MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) COMPARISONS ARE USED FOR BENCHMARKING THE PHYSICIAN SALARIES.

DOCUMENT DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

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

Name of the organization

Employer identification number

CHBLT SUBSIDIARY CO.

25-1640802

BOARD MEMBER COMPENSATION

FORM 990, PART VII, SECTION A

NO BOARD MEMBERS RECEIVE COMPENSATION FOR THEIR DUTIES AS DIRECTORS. JEAN WILSON RECEIVES COMPENSATION FOR HER SERVICES AS A FAMILY PRACTITIONER OF SHARON REGIONAL PHYSICIAN SERVICES.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

CHBLT SUBSIDIARY CO.

Employer identification number
25-1640802

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHRISTIAN H. BUHL LEGACY TRUST 19 JEFFERSON AVE SHARON, PA 16146 25-0979377	HEALTHCARE	PA	501 (C) (3)	3	N/A		X
(2) SHARON REGIONAL HEALTH FOUNDATION 19 JEFFERSON AVE PO BOX 949 SHARON, PA 16146 45-5247666	SUPPORT	PA	501 (C) (3)	7	CHBLT		X
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHATWOOD COMMONS CONDO ASSOCIA 740 EAST STATE ST	REAL ESTATE	PA	N/A									
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s)

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

Table with 4 columns: (a) Name of other organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Includes rows (1) through (6).

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

Part VII **Supplemental Information**

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

Application for Extension of Time To File an Exempt Organization Return

► **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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	SHARON REGIONAL PHYSICIAN SERVICES	25-1640802
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	740 EAST STATE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SHARON, PA 16146	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► THERESE CULLEN

Telephone No ► 724 983-3815 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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► calendar year 20____ or
 ► tax year beginning 07/01, 2012, and ending 06/30, 2013

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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. X
- 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).

<p>Type or print</p> <p>File by the due date for filing your return See instructions</p>	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	SHARON REGIONAL PHYSICIAN SERVICES		Employer identification number (EIN) or	
	740 EAST STATE STREET		25-1640802	
Number, street, and room or suite no. If a P O box, see instructions		Social security number (SSN)		
740 EAST STATE STREET				
City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
SHARON, PA 16146				

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 724 983-3815 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 is for
- 4 I request an additional 3-month extension of time until 05/15, 20 14
- 5 For calendar year _____, or other tax year beginning 07/01, 20 12, and ending 06/30, 20 13
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 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 \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification must be completed for Part II only.

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 Todd Title CPA Date 1/9/14

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

CHBLT SUBSIDIARY CO.

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 1596537

Evans, Garvey, Lackey & Ochs
P O Box 949, 19 Jefferson Avenue
Sharon, PA 16146

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Business Corporation (§ 1915)
 Nonprofit Corporation (§ 5915)

Name Carolyn A. D'Amore		
Address 19 Jefferson Avenue		
City Sharon	State PA	Zip Code 16146

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
ARTICLES OF AMENDMENT-NONPROFIT 5 Page(s)



Fee: \$70

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Sharon Regional Physicians Services

2. The (a) address of this corporation's 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
740 E. State Street	Sharon	Pennsylvania	16146	Mercer

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

3. The statute by or under which it was incorporated: **The Non-Profit Corporation Law of 1988, 15 Pa. C.S.A. Section 5101 et seq.**

4. The date of its incorporation: **August 23, 1990**

5. Check, and if appropriate complete, one of the following:

The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

The amendment shall be effective on: March 31, 2014 at 11:59 p.m.
Date Hour

2014 MAR 28 PM 1:35
PA DEPT OF STATE

6. Check one of the following:

The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate, complete one of the following:

The amendment adopted by the corporation, set forth in full, is as follows

The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

The restated Articles of Incorporation supersede the original articles and all amendments thereto.

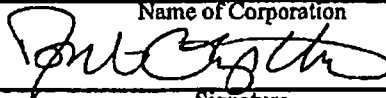
IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

20th day of March,

2014.

Sharon Regional Physicians Services

Name of Corporation



Signature

Chairman of the Board of Directors

Title

EXHIBIT A

The Board of Directors of the Sharon Regional Physicians Services resolved that the Articles of Incorporation be amended as follows:

Article I shall be amended to read as follows:

The name of the corporation is CHBLT SUBSIDIARY CO. and its registered office is 19 Jefferson Avenue, Sharon, Pennsylvania.