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Form 990

Department of the Treasury  
Internal Revenue Service

## 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)

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

OMB No 1545-0047

2008

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning

10/01, 2008, and ending

09/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input checked="" 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 VIA CHRISTI HOSPITAL PITTSBURG, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1 MT. CARMEL WAY City or town, state or country, and ZIP + 4 PITTSBURG, KS 66762	D Employer identification number 48-0543778
		E Telephone number (620) 231-6100
		G Gross receipts \$ 76,772,386.
		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)
F Name and address of principal officer: RANDY CASON 1 MT. CARMEL WAY PITTSBURG, KS 66762		H(c) Group exemption number ▶ 0928
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	J Website ▶ WWW.VIA-CHRISTI.ORG	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1903	M State of legal domicile KS

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. INSPIRED BY THE GOSPEL AND OUR CATHOLIC TRADITION, WE SERVE AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS, WHO ARE VULNERABLE.		
	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 15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11	
	5	Total number of employees (Part V, line 2a)	5 930	
	6	Total number of volunteers (estimate if necessary)	6 205	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 456,667.	
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b 64,961.	
	Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year 405,284. Current Year 268,561.
		9	Program service revenue (Part VIII, line 2g)	72,902,431. 73,656,721.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,528,865. -1,410,761.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,854,714. 1,807,733.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,633,564. 74,322,254.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	63,834. 46,151.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,477,457. 42,773,493.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE	
16b		Total fundraising expenses, Part IX, column (D), line 25		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	35,327,160. 30,493,583.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	72,868,451. 73,313,227.	
	19	Revenue less expenses Subtract line 18 from line 12	765,113. 1,009,027.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 74,819,119. End of Year 77,566,396.
		21	Total liabilities (Part X, line 26)	8,235,532. 10,769,882.
		22	Net assets or fund balances Subtract line 21 from line 20	66,583,587. 66,796,514.

## Part II Signature Block

Sign Here	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.	
	Signature of officer <i>Debra L. Bainbridge</i>	Date 8/16/2010
Paid Preparer's Use Only	Signature of preparer <i>CFO and Treasurer</i>	Type or print name and title
	Preparer's signature <i>Kimberly Schrant</i>	Date 08-12-10
Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	GRANT THORNTON LLP 8300 THORN DRIVE, SUITE 300 WICHITA, KS 67226-2708	EIN 316-265-3231

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.

JSA  
8E1010 2 000

Form 990 (2008)

130980 701F 08/12/2010 14:25:12 V08-8.3 0156354

9-14  
3

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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 ☒ 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 ☒ 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 \$ 64,611,670 including grants of \$ 46,151 ) (Revenue \$ )

AS A PART OF VIA CHRISTI HEALTH, INC. WE SHARE THIS MISSION:

INSPIRED BY THE GOSPEL AND OUR CATHOLIC TRADITION, WE SERVE AS A  
HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS, WHO ARE  
VULNERABLE. DURING THE YEAR OUR PATIENT DAYS WERE 21,970 WITH  
ADMISSIONS OF 5,375 AND OUTPATIENT PROCEDURES OF 260,892.

4b (Code ) (Expenses \$ 443,464 including grants of \$ ) (Revenue \$ )

THE CLINICAL SERVICE LINES ARE PROVIDED, DESPITE A FINANCIAL LOSS.  
THE FINANCIAL LOSSES ARE SO SIGNIFICANT THAT NEGATIVE MARGINS  
REMAIN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT AND  
MEDICAID SHORTFALLS. NEVERTHELESS, THE SERVICE IS PROVIDED BECAUSE  
IT MEETS AN IDENTIFIED COMMUNITY NEED AND IF NO LONGER OFFERED, IT  
WOULD EITHER BE UNAVAILABLE IN THE AREA OR FALL TO THE  
RESPONSIBILITY OF GOVERNMENT OR NOT-FOR-PROFIT ORGANIZATIONS TO  
PROVIDE.

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 65,055,134. (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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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)? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>c</b> 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? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X

Form **990** (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable. . . . .	<b>1a</b> 51	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> NONE	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	<b>2a</b> 930	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b> X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b> X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b> X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter.		
<b>a</b>	Gross income from members or shareholders. . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	

Form **990** (2008)

**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
<b>1a</b> Enter the number of voting members of the governing body . . . . .	15	
<b>1b</b> Enter the number of voting members that are independent . . . . .	11	
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . .		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b> Does the organization have members or stockholders? . . . . .	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	X	
<b>8</b> Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . . . .		
<b>10</b> 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	
<b>11</b> 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
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> 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 . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	X	
<b>b</b> Other officers or key employees of the organization? . . . . .	X	
Describe the process in Schedule O (see instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	X	
<b>b</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? . . . . .	X	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► KS

**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 ► DEBRA BAINBRIDGE 1 MT. CARMEL WAY PITTSBURG, KS 66762  
620-232-0109




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



[illegible]

2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶	33
---	---	----

	Yes	No
3		X
4	X	
5		X

		
4	X	

5		X
---	--	---

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 3	
---	---	--

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	238,670			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	29,891			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	STMT 3. ▶	268,561			
<b>Program Service Revenue</b>	<b>2a</b>	PATIENT SERVICES	Business Code	73,656,721	73,656,721		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	▶	73,656,721			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	STMT 4. ▶	820,665		
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
<b>5</b>		Royalties . . . . .		NONE			
			(i) Real	(ii) Personal			
<b>6a</b>		Gross Rents . . . . .	245,672				
<b>b</b>		Less rental expenses . . . . .	99,340				
<b>c</b>		Rental income or (loss) . . . . .	146,332				
<b>d</b>		Net rental income or (loss) . . . . .	▶	146,331			146,331
			(i) Securities	(ii) Other			
<b>7a</b>		Gross amount from sales of assets other than inventory	NONE	NONE			
<b>b</b>		Less cost or other basis and sales expenses . . . . .	2,017,477	213,949			
<b>c</b>		Gain or (loss) . . . . .	-2,017,477	-213,949			
<b>d</b>		Net gain or (loss) . . . . .	▶	-2,231,426			-2,231,426
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b>		Less direct expenses . . . . .	b				
<b>c</b>		Net income or (loss) from fundraising events . . . . .	▶	NONE			
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b>		Less direct expenses . . . . .	b				
<b>c</b>		Net income or (loss) from gaming activities . . . . .	▶	NONE			
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .	a	177,035			
<b>b</b>	Less cost of goods sold . . . . .	b	119,366				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .	STMT 8. ▶	57,669	57,669			
	Miscellaneous Revenue	Business Code					
<b>11a</b>	CAFETERIA		368,711			368,711	
<b>b</b>	PURCHASE DISCOUNTS		13,497	13,497			
<b>c</b>	CATERING-INHOUSE	722320	69,517		69,517		
<b>d</b>	All other revenue . . . . .	722320	1,152,008	660,239	387,150	104,619	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	▶	1,603,733				
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	▶	74,322,254	74,388,126	456,667	-791,100	

**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 US See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the US See Part IV, line 22 . . . . .	46,151.	46,151.		
3 Grants and other assistance to governments, organizations, and individuals outside the US 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 . . . . .	619,567.			
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 . . . . .	33,731,960.	30,259,571.	3,472,389.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	1,352,911.	1,205,977.	146,934.	
9 Other employee benefits . . . . .	4,453,764.	3,651,109.	802,655.	
10 Payroll taxes . . . . .	2,615,291.	2,344,565.	270,726.	
11 Fees for services (non-employees)				
a Management . . . . .	1,155,833.	40,000.	1,115,833.	
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 . . . . .	3,657,861.	3,127,228.	530,633.	
12 Advertising and promotion . . . . .	456,760.	456,760.		
13 Office expenses . . . . .	NONE			
14 Information technology . . . . .	6,827.	6,055.	772.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	171,869.	171,869.		
17 Travel . . . . .	368,322.	282,671.	85,651.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	145,450.	58,158.	87,292.	
20 Interest . . . . .	35,937.	35,937.		
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	4,907,621.	4,907,621.		
23 Insurance . . . . .	871,347.	746,803.	124,544.	
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 SUPPLIES -----	13,701,367.	13,620,211.	81,156.	
b PHYSICIAN FEES -----	1,546,494.	1,546,494.		
c EQUIP. RENTAL & MAINT. -----	1,673,195.	1,519,816.	153,379.	
d UTILITIES -----	717,006.	611,007.	105,999.	
e MINOR EQUIPMENT -----	230,705.	218,686.	12,019.	
f All other expenses -----	846,989.	198,445.	648,544.	
25 Total functional expenses Add lines 1 through 24f	73,313,227.	65,055,134.	7,638,526.	
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
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	2,710,050.	1	10,175,629.
	2 Savings and temporary cash investments . . . . .	24,075,122.	2	24,310,563.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	9,740,396.	4	8,040,514.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	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 . . . . .		7	
	8 Inventories for sales or use . . . . .	2,070,223.	8	1,983,800.
	9 Prepaid expenses and deferred charges . . . . . SFMT. 9 . . . . .	1,505,243.	9	1,474,365.
	10a Land, buildings, and equipment cost basis . . . . . 10a 71,268,017.			
	b Less accumulated depreciation. Complete Part VI of Schedule D. . . . . 10b 40,178,137.	34,327,629.	10c	31,089,880.
	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 . . . . .	390,456.	15	491,645.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	74,819,119.	16	77,566,396.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	7,089,209.	17	9,688,399.
	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. SFMT. 10 . . . . .	1,050,000.	23	980,000.
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	96,323.	25	101,483.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	8,235,532.	26	10,769,882.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	66,372,587.	27	66,578,014.
	28 Temporarily restricted net assets . . . . .	211,000.	28	218,500.
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34</b>			
	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 <b>Total net assets or fund balances</b> . . . . .	66,583,587.	33	66,796,514.
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	74,819,119.	34	77,566,396.

**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)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

VIA CHRISTI HOSPITAL PITTSBURG, INC.

Employer identification number

48-0543778

**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?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		X
11g(ii)		X
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	
<b>Total</b>									

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (See instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> 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 . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

**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 . . . . . ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

Area with horizontal dashed lines for supplemental information.



**SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2008****Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2008

JSA  
8E1264 1 000

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <tr> <th>If the amount on line 1e, column (a) or (b) is.</th> <th>The lobbying nontaxable amount is.</th> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 1e, column (a) or (b) is.	The lobbying nontaxable amount is.	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000			
If the amount on line 1e, column (a) or (b) is.	The lobbying nontaxable amount is.														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a . . . . .															
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		X	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b>	Media advertisements?		X	
<b>d</b>	Mailings to members, legislators, or the public?		X	
<b>e</b>	Publications, or published or broadcast statements?		X	
<b>f</b>	Grants to other organizations for lobbying purposes?		X	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
<b>i</b>	Other activities? If "Yes," describe in Part IV	X		10,045.
<b>j</b>	Total lines 1c through 1i			10,045.
<b>2 a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE I

14.9% OF KHA DUES AND 23.76% OF AHA DUES PAID ARE FOR LOBBYING EXPENSES.

THEY WERE USED FOR LOBBYING ISSUES RELATED TO CARRYING OUT HEALTHCARE

PROGRAMS AND DO NOT PARTICIPATE IN ACTIVITIES SUPPORTING A POLITICAL

CANDIDATE.

KHA LOBBYING: \$6,581

AHA LOBBYING: \$3,464

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization

VIA CHRISTI HOSPITAL PITTSBURG, INC.

Employer identification number

48-0543778

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

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? . . . . . ☐ Yes ☐ No

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)? . . . . . ☐ Yes ☐ No

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

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

b 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 d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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 . . . . .		168,788.		168,788.
b Buildings . . . . .		30,292,873.	10,978,722.	19,314,151.
c Leasehold improvements . . . . .				
d Equipment . . . . .		38,622,449.	28,644,726.	9,977,723.
e Other . . . . .		2,183,906.	554,689.	1,629,217.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . .				31,089,879.

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ►		

[illegible][illegible]

(a) Description of liability	(b) Amount
Federal income taxes	
ASSET RETIREMENT OBLIGATION	101,483.
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ►	101,483.

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**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

SCHEDULE D, PART X

THE ORGANIZATION FOLLOWS THE FIN 48 POLICY OF VIA CHRISTI HEALTH, INC.

AND THE POLICY IS PROVIDED IN THE CONSOLIDATED AUDITED FINANCIAL

STATEMENTS. WITH THE EXCEPTION OF PREFERRED HEALTH SYSTEMS AND CERTAIN

OTHER SUBSIDIARIES, ALL OF THE ENTITIES IN THE HEALTH SYSTEM ARE

ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

AND ARE GENERALLY EXEMPT FROM PAYMENT OF INCOME TAXES ON RELATED INCOME

PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. SUBSIDIARIES,

WHICH ARE FOR-PROFIT ORGANIZATIONS, ARE SUBJECT TO FEDERAL AND STATE

INCOME TAXES.

TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES

ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING

AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES

AND OPERATING LOSS AND TAX CREDIT CARRYFORWARD. INCOME TAX EXPENSE OR

BENEFIT IS INCLUDED IN OTHER NON-OPERATING GAINS AND LOSSES IN THE

CONSOLIDATED STATEMENTS OF OPERATION AND CHANGES IN NET ASSETS. DEFERRED

TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED

TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS AND

LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN INCOME IN THE

PERIOD THAT INCLUDES THE ENACTMENT DATE.

## SCHEDULE H

(Form 990)

## Hospitals

OMB No 1545-0047

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

▶ Attach to Form 990

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

**Part I** Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	
b If "Yes," is it a written policy? . . . . .	1b	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals		
<input type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care . . . . .	3a	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .	3b	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .	5a	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b	
c If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	
6a Does the organization prepare an annual community benefit report? . . . . .	6a	
b If "Yes," does the organization make it available to the public? . . . . .	6b	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H		

**7** Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . . .						
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3 column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .						
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
f Health professions education (from Worksheet 5) . . . . .						
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in kind contributions to community groups (from Worksheet 8) . . . . .						
j Total Other Benefits . . . . .						
k Total (line 7d and 7j) . . . . .						

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

Schedule H (Form 990) 2008

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices** (Optional for 2008)**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . . **1**
- 2 Enter the amount of the organization's bad debt expense (at cost) . . . . . **2**
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . . **3**
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
1		
2		
3		
4		
5		
6		
7		
8		
9a		
9b		

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . . **5**
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6**
- 7 Enter line 5 less line 6 - surplus or (shortfall) . . . . . **7**
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used
- ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

- 9a Does the organization have a written debt collection policy? . . . . . **9a**
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. . . . . **9b**

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

**Part VI** Supplemental Information (Optional for 2008)

Complete this part to provide the following information:

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g; Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:TEST PARAGRAPH

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
 ► Attach to Form 990.

Name of the organization

VIA CHRISTI HOSPITAL PITTSBURG, INC.

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- |   |  |
|---|--|
| 2 | Enter total number of section 501(c)(3) and government organizations |
| 3 | Enter total number of other organizations                            |

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

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information
<p>Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information</p>	

[illegible]

**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

VIA CHRISTI HOSPITAL PITTSBURG, INC.

Employer identification number

48-0543778

**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 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 . . . . .

**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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**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? . . . . .
- b** Any related organization? . . . . .
- 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? . . . . .
- b** Any related organization? . . . . .
- 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 . . . . .

**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 . . . . .

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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

Schedule J (Form 990) 2008



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JONATHAN DAVIS	(i) 206,103.	(ii) 9,144.	(iii) 8,087.	31,003.	12,173.	266,510.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
RANDY PETERSON	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii) 335,346.	76,066.	20,348.	94,393.	10,131.	536,284.	NONE
DEBRA BAINBRIDGE	(i) 160,342.	NONE	2,188.	19,001.	8,287.	189,818.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
BILL AQUINO	(i) 136,158.	NONE	2,917.	15,834.	8,330.	163,239.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALI HAMMAD MD	(i) 726,350.	94,686.	21,435.	17,250.	13,505.	873,226.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANGELA SHAW MD	(i) 247,754.	166,743.	25,435.	14,950.	12,216.	467,098.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
RENEE BARTLETT MD	(i) 362,200.	NONE	44,280.	17,250.	9,696.	433,426.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
IBRAHIM GOBAR MD	(i) 346,957.	NONE	23,317.	19,550.	10,445.	400,269.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
GEORGE RIVER MD	(i) 315,812.	NONE	5,718.	12,813.	6,914.	341,257.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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.

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

VIA CHRISTI HOSPITAL PITTSBURG, INC.

Employer Identification number

48-0543778

**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			
RODNEY ODGERS MD										
TRUSTEE	1.	X						NONE	NONE	NONE
WENDELL WILKINSON										
TRUSTEE	1.	X						NONE	NONE	NONE
RON RHODES										
TRUSTEE	1.	X		X				NONE	NONE	NONE
SISTER ARLYS MCDONALD										
TRUSTEE	1.	X						NONE	NONE	NONE
KEN BROCK										
TRUSTEE	1.	X						NONE	NONE	NONE
JONATHAN DAVIS										
CEO	40.	X		X				223,334.	NONE	43,176.
RANDY PETERSON										
TRUSTEE	1.	X						NONE	431,760.	104,524.
SISTER DIANE LEARY										
TRUSTEE	1.	X						NONE	NONE	NONE
CHUCK HOSMAN										
TRUSTEE	1.	X						NONE	NONE	NONE
DEBRA BAINBRIDGE										
TREASURER & CFO	40.	X		X				162,530.	NONE	27,288.
DREW TALBOTT										
SECRETARY & COO	40.	X		X				120,790.	NONE	28,542.
DONALD HOLSINGER MD										
TRUSTEE	1.	X						NONE	NONE	NONE
JOHN MITCHELSON										
TRUSTEE	1.	X						NONE	NONE	NONE
STEVE SCOTT										
TRUSTEE	1.	X						NONE	NONE	NONE
MARTY BREEZLEY										
TRUSTEE	1.	X						NONE	NONE	NONE
SISTER PAT NICHOLSON										
VP MISSION SERVICES	40.				X			101,887.	NONE	4,960.
CONNIE MCCUNE										
VP HUMAN RESOURCES	40.				X			115,907.	NONE	24,862.
BILL AQUINO										
VP PLANNING & BUSINESS	40.				X			139,075.	NONE	24,164.
ALI HAMMAD MD										
CARDIOLOGIST	40.					X		842,471.	NONE	30,755.
ANGELA SHAW MD										
OBSTETRICS	40.					X		439,932.	NONE	27,166.
RENEE BARTLETT MD										
ONCOLOGIST	40.					X		406,480.	NONE	26,946.

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

Schedule J-2 (Form 990) 2008

JSA

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

Name of the Organization

Employer Identification number	
--------------------------------	--

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

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

[illegible]

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

## COMMUNITY BENEFIT REPORT

## PART III

VIA CHRISTI HOSPITAL PITTSBURG, INC.

## FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT

ACTIVITIES: AS A PART OF VIA CHRISTI HEALTH, WE SHARE THIS MISSION:

INSPIRED BY THE GOSPEL AND OUR CATHOLIC TRADITION, WE SERVE AS A HEALING

PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS WHO ARE VULNERABLE.

DESCRIBE THE EXEMPT PURPOSE ACHIEVEMENTS FOR EACH OF THE ORGANIZATION'S

THREE LARGEST PROGRAM SERVICES BY EXPENSES.

4A - CHARITY CARE - FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO

PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET VIA CHRISTI HOSPITAL

PITTSBURG, INC.'S CRITERIA FOR FINANCIAL ASSISTANCE. CHARITY CARE IS

REPORTED IN TERMS OF COSTS, NOT CHARGES. CHARITY CARE DOES NOT INCLUDE

BAD DEBT. CHARITY CARE PROVIDED AT COST FOR FY 2009 WAS \$6,958,755.

4B - GOV'T SPONSORED MEANS-TESTED HEALTH CARE - INCLUDES UNPAID COSTS OF

PUBLIC PROGRAMS FOR LOW-INCOME PERSONS - THE SHORTFALL CREATED WHEN VIA

CHRISTI HOSPITAL PITTSBURG, INC. RECEIVES PAYMENTS THAT ARE LESS THAN THE

COST OF CARING FOR PUBLIC PROGRAM BENEFICIARIES. THIS PAYMENT SHORTFALL

IS NOT THE SAME AS A CONTRACTUAL ALLOWANCE, WHICH IS THE FULL DIFFERENCE

BETWEEN CHARGES AND GOVERNMENT PAYMENTS. GOVERNMENT SPONSORED HEALTH CARE

PROVIDED NET OF EXPENSE FOR FY 2009 WAS \$799,516.

4C - SUBSIDIZED HEALTH SERVICES - VIA CHRISTI HOSPITAL PITTSBURG, INC.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

SERVES PEOPLE WITHIN THE 9 COUNTIES IN AND AROUND PITTSBURG, KS.

SIGNIFICANT ISSUES IN OUR COMMUNITY INCLUDE TRANSPORTATION BARRIERS TO HEALTH CARE SERVICES, INCREASED RATES OF ADULTS AND ELDERLY WHO ARE INDIGENT WITH DISABILITIES OR LIMITED MOBILITY LIVING AT HOME, AND UNINSURED OR UNDERINSURED NOT GETTING MEDICATION AFTER BEING RELEASED FROM A HOSPITAL STAY. VIA CHRISTI HOSPITAL PITTSBURG, INC. IS UNDERTAKING THE FOLLOWING STRATEGIES TO ADDRESS THESE ISSUES:

- VIA CHRISTI HOSPITAL PITTSBURG, INC.'S CARE VAN SERVICE SHUTTLES PATIENTS TO HEALTHCARE APPOINTMENTS SERVICING A 30 MILE RADIUS. IN FY 2009 THE CARE VAN PROVIDED 12,564 PATIENT TRANSPORTS.
- VIA CHRISTI HOSPITAL PITTSBURG, INC.'S MEALS ON WHEELS PROGRAM PROVIDES A BALANCED MEAL FOR HOME BOUND ELDERLY OR DISABLED PEOPLE FOR THE PITTSBURG AND OPOLIS AREA. IN FY 2009 THE MEALS ON WHEELS PROGRAM PROVIDED 19,027 MEALS.
- VIA CHRISTI HOSPITAL PITTSBURG, INC.'S PALS PROGRAM ENSURES INDIGENT, UNINSURED AND UNDERINSURED PATIENTS RECEIVE THEIR MEDICATIONS AFTER DISCHARGE TO CONCLUDE TREATMENT. IN FY 2009 THE PALS PROGRAM PROVIDED 267 PATIENTS WITH MEDICATIONS THEY WOULD OTHERWISE BE UNABLE TO AFFORD.

IN CONDUCTING OUR PROGRAMS WE COLLABORATE WITH OTHER COMMUNITY ORGANIZATIONS INCLUDING PITTSBURG GENERAL TRANSPORTATION WHO RUNS A SHUTTLE, SEK RUNS A MEALS ON WHEELS SERVICE FOR THE FRONTENAC AREA, AND DILLON'S PHARMACY COLLABORATES WITH VIA CHRISTI HOSPITAL PITTSBURG, INC. BY FILLING PRESCRIPTIONS FOR THOSE THAT QUALIFY FOR THE PALS PROGRAM. SUBSIDIZED HEALTH SERVICES NET OF EXPENSES PROVIDED FOR FY 2009 WAS \$443,464.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

## SCHEDULE H - HOSPITALS ONLY

## PART VI - SUPPLEMENTAL INFORMATION

## PROVIDE THE DESCRIPTION REQUIRED FOR:

PART 1, LINE 3C - VIA CHRISTI HOSPITAL PITTSBURG, INC. WILL USE THE FINANCIAL ASSISTANCE GUIDELINES (ATTACHMENT A) TO DETERMINE A PATIENT'S ELIGIBILITY FOR ASSISTANCE.

VIA CHRISTI HOSPITAL PITTSBURG, INC. RESERVES THE RIGHT TO GRANT FULL FINANCIAL ASSISTANCE (INCLUDING WRITE-OFF OF THE FINANCIAL ASSISTANCE CO-PAY) TO PATIENTS WHO ARE MEDICALLY INDIGENT. THE DECISION ABOUT A PATIENT'S MEDICAL INDIGENCE IS FUNDAMENTALLY DETERMINED BY VIA CHRISTI HOSPITAL PITTSBURG, INC. AND MAY BE DETERMINED WITHOUT GIVING EXCLUSIVE CONSIDERATION TO INCOME. MEDICALLY INDIGENT PATIENTS DO NOT HAVE APPROPRIATE INSURANCE COVERAGE THAT APPLIES TO SERVICES WHICH ARE MEDICALLY NECESSARY. THEY MAY HAVE A REASONABLE LEVEL OF INCOME BUT A LOW LEVEL OF LIQUID ASSETS AND PAYMENT FOR THEIR MEDICAL BILLS WOULD BE DETRIMENTAL TO THEIR BASIC FINANCIAL WELL-BEING.

PART 1, LINE 6A - YES, OUR ORGANIZATION PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT. YES, IT IS MADE AVAILABLE TO THE PUBLIC THROUGH AN ANNUAL PRESS RELEASE THAT IS PRINTED IN OUR CITY'S NEWSPAPER.

PART 1, LINE 7 - A COST TO CHARGE RATIO WAS USED FOR COSTING ALL COMMUNITY BENEFITS PROGRAMS. THIS COST TO CHARGE RATIO WAS DERIVED FROM CHA WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES.

PART III, LINE 4 - IT IS THE PRACTICE OF VIA CHRISTI HOSPITAL PITTSBURG, INC. TO REPORT CHARITY CARE BASED ON THE COST OF THE SERVICE PROVIDED. IN ORDER TO FACILITATE THE APPROPRIATE CALCULATION OF CHARITY CARE COST

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

(WHICH IS BASED ON A COST TO CHARGE RATIO), ALL SELF PAY DISCOUNTS AND FINANCIAL ASSISTANCE GRANTED TO UNINSURED/UNDERINSURED/SELF-PAY PATIENTS WILL BE RECORDED AS CHARITY CARE, A REVENUE DEDUCTION. FINANCIAL ASSISTANCE IS RECORDED AS CHARITY CARE WHEN THE REQUEST FOR FINANCIAL ASSISTANCE IS APPROVED.

PART III, LINE 8 - CHARITY CARE IS REPORTED AT COST AND NOT CHARGES. VIA CHRISTI HOSPITAL PITTSBURG, INC. DOES NOT INCLUDE BAD DEBT, CONTRACTUAL ALLOWANCES, AND QUICK PAY DISCOUNTS AS PART OF CHARITY CARE EXPENSE. VIA CHRISTI HOSPITAL PITTSBURG, INC. DOES NOT COUNT MEDICARE SHORTFALL AS A COMMUNITY BENEFIT. VIA CHRISTI HOSPITAL PITTSBURG, INC. REPORTS THE NET EXPENSE FOR COMMUNITY BENEFIT SERVICES, I.E., THE TOTAL COMMUNITY BENEFIT EXPENSE MINUS ANY ASSOCIATED REVENUE FROM PATENTS, PAYERS, AND OTHER EXTERNAL SOURCES.

PART III, LINE 9B- ELIGIBILITY FOR ASSISTANCE - PRIOR TO TURNING AN ACCOUNT TO AN AGENT FOR COLLECTION ACTIVITY, INCLUDING LEGAL ACTION, VIA CHRISTI HOSPITAL PITTSBURG, INC. WILL PERFORM A REASONABLE REVIEW OF EACH ACCOUNT TO VERIFY THAT THE PATIENT AND/OR PATIENT GUARANTOR ARE NOT POTENTIALLY ELIGIBLE FOR ANY GOVERNMENT ASSISTANCE PROGRAM (E.G., MEDICAID, MEDICARE, ETC.) AND WOULD LIKELY NOT QUALIFY FOR FINANCIAL ASSISTANCE. VIA CHRISTI HOSPITAL PITTSBURG, INC. WILL DIRECT ITS STAFF AND AGENTS TO PERIODICALLY ASSESS EACH PATIENT AND PATIENT GUARANTOR'S ABILITY TO PAY OR TO DETERMINE ELIGIBILITY FOR CHARITY CARE. ANY ACCOUNT SUBSEQUENTLY DETERMINED TO MEET VIA CHRISTI HOSPITAL PITTSBURG, INC.'S CHARITY CARE GUIDELINES SHALL BE RETURNED IMMEDIATELY BY THE AGENT FOR APPROPRIATE FOLLOW-UP, OR, IN THE CASE OF A LEGAL JUDGMENT AGAINST A PATIENT, VIA CHRISTI HOSPITAL PITTSBURG, INC. WILL REQUEST THE JUDGMENT BE WAIVED OR CONSIDERED SATISFIED. THE REVIEW AND ASSESSMENT SHOULD



Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

INCLUDE BUT MAY NOT BE LIMITED TO THE FOLLOWING:

(1) ENSURE THE PATIENT AND/OR GUARANTOR HAVE BEEN NOTIFIED OF VIA CHRISTI HOSPITAL PITTSBURG, INC.'S FINANCIAL ASSISTANCE POLICY;

(2) ENSURE THE PATIENT AND/OR GUARANTOR WAS OFFERED A FINANCIAL ASSISTANCE APPLICATION;

(3) ENSURE DOCUMENTATION OF ANY KNOWN EXTRAORDINARY FINANCIAL CIRCUMSTANCES OF THE PATIENT AND/OR PATIENT GUARANTOR OR IF THEY ARE MEDICALLY INDIGENT.

NEEDS ASSESSMENT - MINISTRY REPRESENTATIVES ARE INVOLVED WITH NUMEROUS COALITIONS THAT PERIODICALLY ASSESS COMMUNITY NEEDS (E.G. EARLY CHILDHOOD DEVELOPMENT TASKFORCE, FAMILY RESOURCE CENTER, PERSONAL ACTION TOWARD HEALTH COALITION FOR SENIORS, PITTSBURG AREA COMMUNITY OUTREACH, PROJECT WARMTH, COMMUNITY HEALTH CENTER OF SOUTHEAST KS, UNITED WAY AND OTHERS) AND IN 2010 ARE CONDUCTING OUR OWN HEALTH ASSESSMENT.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

- VIA CHRISTI HOSPITAL PITTSBURG, INC. WILL POST AT ALL ADMISSION AREAS AND ON ITS WEBSITE, NOTICE OF ITS POLICY FINANCIAL ASSISTANCE AND DISCOUNTS FOR THE UNINSURED/UNDERINSURED.

- VIA CHRISTI HOSPITAL PITTSBURG, INC. ADMISSION PERSONNEL WILL GIVE PATIENTS INFORMATION IN THE FORM OF A BROCHURE (ATTACHMENT I) THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY AND AN APPLICATION FOR FINANCIAL ASSISTANCE ONCE A PATIENT IS IDENTIFIED AS UNINSURED OR UNDERINSURED.

- WHEN PATIENTS ARE IDENTIFIED AS UNINSURED/UNDERINSURED OUTSIDE OF THE

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

REGISTRATION PROCESSES, PERSONNEL WILL IMMEDIATELY REFER THE PATIENT TO  
 THE FINANCIAL COUNSELORS. THE FINANCIAL COUNSELOR'S STANDARD PROCEDURES  
 WILL INCLUDE PROVIDING INFORMATION AND AN APPLICATION FOR FINANCIAL  
 ASSISTANCE. THESE ACTIVITIES WILL BE NOTED IN THE PATIENT'S ACCOUNT  
 UTILIZING CANNED TEXT.

ALL BILLING STATEMENTS AND LETTERS SENT TO VIA CHRISTI HOSPITAL  
 PITTSBURG, INC. PATIENTS WILL INCLUDE NOTICE OF THE FINANCIAL ASSISTANCE  
 AND DISCOUNTS FOR THE UNINSURED/UNDERINSURED POLICY.

COMMUNITY INFORMATION

THE PRIMARY COUNTIES FOR PITTSBURG MINISTRIES INCLUDES; CRAWFORD AND  
 CHEROKEE COUNTIES. CRAWFORD COUNTY HAS A LAND AREA OF 593 SQUARE MILES  
 AND CHEROKEE COUNTY HAS A LAND AREA OF 587 SQUARE MILES. CRAWFORD COUNTY  
 HAS AN ESTIMATED 38,868 POPULATION SIZE COMPARED TO CHEROKEE COUNTY'S  
 21,082 IN 2008. THE POPULATION DEMOGRAPHICS FOR CRAWFORD COUNTY INCLUDE:  
 92.8% WHITE; 2.2% BLACK; 1.1% AMERICAN INDIANS; 2.1% ASIAN; 3.5% PERSONS  
 OF HISPANIC OR LATINO ORIGIN. CHEROKEE COUNTY HAS 91.6% WHITE; 0.8%  
 BLACK; 3.8% ASIAN; AND 1.4% PERSONS OF HISPANIC OR LATINO ORIGIN.

NEARLY 5.0% OF THE CRAWFORD COUNTY RESIDENTS AND 2.2% OF THE CHEROKEE  
 COUNTY RESIDENTS REPORTED USING A LANGUAGE OTHER THAN ENGLISH IN THEIR  
 HOMES. HIGH SCHOOL GRADUATION RATES, FOR THE YEAR 2000, WERE 84.5% IN  
 CRAWFORD COUNTY AND 80.3% IN CHEROKEE COUNTY. A BACHELOR'S DEGREE OR  
 HIGHER WAS REPORTED BY 23.9% OF CRAWFORD COUNTY RESIDENTS AND 11.3% FOR  
 CHEROKEE COUNTY RESIDENTS.

MEDIAN HOUSEHOLD INCOME FOR CRAWFORD COUNTY RESIDENTS IN 2008 WAS \$37,289

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

COMPARED TO \$37,621 FOR CHEROKEE COUNTY. MEDIAN VALUE OF OWNER-OCCUPIED  
HOUSING UNITS WAS \$54,000 FOR CRAWFORD COUNTY AND \$46,900 FOR CHEROKEE  
COUNTY.

ACCORDING TO QUICK FACTS, FROM THE US CENSUS, 18.3% OF CRAWFORD COUNTY  
LIVED BELOW THE POVERTY LEVEL IN 2008. THIS IS HIGHER THAN THE 11.3%  
IDENTIFIED FOR THE STATE OF KANSAS. CHEROKEE COUNTY IS ALSO ABOVE THE  
STATE OF KANSAS' LEVEL AS 16.6% OF THEIR RESIDENTS SUGGEST THAT THEY LIVE  
BELOW THE POVERTY LEVEL.

COMMUNITY BUILDING ACTIVITIES- THE TWO MAIN ACTIVITIES THAT MAKE UP  
VCH-PITTSBURG'S COMMUNITY BUILDING EFFORTS ARE FOCUSED ON COMMUNITY  
SUPPORT AND COMMUNITY WORKFORCE DEVELOPMENT.

THE ORGANIZATION IS REPRESENTED ON A COMMUNITY BOARD SUPPORTING THE  
HISPANIC IMMIGRANT POPULATION, PROMOTING ACCESS TO HEALTHCARE FOR THE  
UNDERSERVED.

THE PUBLIC SAFETY CENTER CITIZEN'S REVIEW COMMITTEE ALSO RECEIVES SUPPORT  
FROM THE ORGANIZATION THROUGH OUR PARTICIPATION. THE BOARD SERVES TO  
REVIEW THE EFFECTIVENESS OF NEW PUBLIC SAFETY FACILITIES IN OUR  
COMMUNITY.

OUR WORKFORCE DEVELOPMENT ACTIVITIES INVOLVE A COLLABORATION OF LOCAL  
HIGH SCHOOL STUDENTS AND TEACHERS. WHILE THE FOCUS IS ON DEVELOPING AN  
INTEREST IN HEALTH CARE CAREERS FOR STUDENTS, IT ALSO PROMOTES AN  
UNDERSTANDING OF THE AVAILABILITY OF HEALTHCARE SERVICES IN OUR AREA. THE  
DEVELOPMENT OF HEALTH CARE CAREERS AND OPPORTUNITIES IS ESPECIALLY

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

IMPORTANT IN MEDICALLY UNDERSERVED AREAS.

THE MAJORITY OF THE VIA CHRISTI HOSPITAL PITTSBURG, INC.'S GOVERNING BODY

IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE

AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR

FAMILY MEMBERS. HAVING COMMUNITY LEADERS FROM DIVERSE BACKGROUNDS ON THE

BOARD ENSURES THAT DECISIONS MADE BY THE BOARD WILL BENEFIT THE COMMUNITY

AS A WHOLE WHILE THEIR BUSINESS EXPERIENCE AND INSIGHT PROVIDES VALUABLE

RESOURCES IN MAKING FINANCIAL DECISIONS.

VIA CHRISTI HOSPITAL PITTSBURG, INC. EXTENDS MEDICAL STAFF PRIVILEGES TO

ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY.

VIA CHRISTI HOSPITAL PITTSBURG, INC. APPLIES SURPLUS FUNDS TO FULFILL OUR

CHARITABLE PURPOSE.

VIA CHRISTI HOSPITAL PITTSBURG, INC. COLLABORATES WITH OTHER COMMUNITY

ORGANIZATIONS, INCLUDING PITTSBURG GENERAL TRANSPORTATION WHO RUNS A

SHUTTLE SERVICE, SEK RUNS A MEALS ON WHEELS SERVICE FOR THE FRONTENAC

AREA; AND DILLON'S PHARMACY COLLABORATES WITH VIA CHRISTI HOSPITAL

PITTSBURG, INC. BY FILLING PRESCRIPTIONS FOR THOSE THAT QUALIFY FOR THE

PALS PROGRAM.

VIA CHRISTI HOSPITAL PITTSBURG, INC.'S EMERGENCY DEPARTMENT IS OPEN TO

ALL PERSONS REGARDLESS OF ABILITY TO PAY.

VIA CHRISTI HOSPITAL PITTSBURG, INC. PARTICIPATES IN MEDICARE, MEDICAID,

Name of the organization

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VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

CHAMPUS, TRICARE OR OTHER GOVERNMENT SPONSORED HEALTH CARE PROGRAMS.

VIA CHRISTI HOSPITAL PITTSBURG, INC. IS A SOLE COMMUNITY HOSPITAL AND A  
MEMBER OF CATHOLIC HEALTH SYSTEM. ITS ORIGINS ARE A FAITH BASED RESPONSE  
TO THE HEALTH NEEDS OF THE COMMUNITY WITH A PARTICULAR CONCERN FOR THOSE  
LIVING IN POVERTY AND OTHER VULNERABLE PERSONS.

COMMUNITY MEMBERS UTILIZE THE HOSPITAL AS A VEHICLE TO CONNECT WITH AND  
CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH VOLUNTEERING  
THROUGH THE MT. CARMEL AUXILIARY. THE AUXILIARY LOGGED OVER 23,000  
VOLUNTEER HOURS FOR FY 2009.

KANSAS DOES NOT REQUIRE HOSPITALS TO FILE COMMUNITY BENEFIT REPORTS BUT  
VIA CHRISTI HOSPITAL PITTSBURG, INC. DISTRIBUTES OUR COMMUNITY BENEFIT  
TOTALS AND ACTIVITIES ANNUALLY IN PRESS RELEASES AS WELL AS IN OUR ANNUAL  
REPORT.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

FORM 990 REVIEW

PART VI, SECTION A, LINE 10

THE AUDIT COMMITTEE REVIEWS THE FORM 990, MAKING A RECOMMENDATION TO THE

BOARD OF TRUSTEES TO ACCEPT THE FORM 990.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

CONFLICT OF INTEREST POLICYPART VI, SECTION B, QUESTION 12CTHE ORGANIZATION FOLLOWS THE SYSTEM-WIDE POLICY OF VIA CHRISTI HEALTH,INC. THE POLICY IS NOT MONITORED AT THE ORGANIZATION LEVEL.THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY ASFOLLOWS:1) AT TIME OF APPOINTMENT AND ANNUALLY THEREAFTER, ALL INTERESTEDPERSONS, INCLUDING BOARD AND COMMITTEE MEMBERS COMPLETE A DISCLOSURESTATEMENT WHICH ADDRESSES ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.2) THE DISCLOSURE STATEMENT IS DONE ELECTRONICALLY AND THE RETURN OF THECOMPLETED STATEMENT IS A CONDITION OF CONTINUED APPOINTMENT, EMPLOYMENTOR PARTICIPATION WITH THE ORGANIZATION.3) ALL ACTUAL OR POTENTIAL CONFLICTS ARE REVIEWED, INVESTIGATED ANDRESOLVED BY THE CHIEF GOVERNANCE OFFICER AND THE CORPORATE RESPONSIBILITYOFFICER, WITH THE RESULTS SHARED WITH THE CHIEF EXECUTIVE OF THEORGANIZATION.4) PERIODIC REVIEWS ARE CONDUCTED BY GOVERNANCE, COMPLIANCE AND INTERNALAUDIT TO ENSURE THE ORGANIZATION IS OPERATING CONSISTENT WITH THE POLICYAND ENFORCING THE POLICY'S TERMS.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

COMPENSATION REVIEWPART VI, SECTION B, QUESTION 15VIA CHRISTI HOSPITAL PITTSBURG, INC. USES THE POLICIES ESTABLISHED BY VIACHRISTI HEALTH, INC. (VCH). VCH HAS ESTABLISHED A COMMON PHILOSOPHY,STRATEGY, AND PROCESS FOR EXECUTIVE COMPENSATION. THROUGH THE OVERSIGHTOF THE VCH EXECUTIVE COMPENSATION COMMITTEE, EXECUTIVE COMPENSATION ISCOMPETITIVELY POSITIONED AT ITS STATED MARKET POSITION WHEN COMPARED TOTHE COMPENSATION PAID BY RELEVANT ORGANIZATIONS (COMPARABLY-SIZED HEALTHSYSTEMS, HOSPITALS, AND LONG-TERM CARE PROVIDERS).VCH RECOGNIZES ITS RESPONSIBILITY TO ENSURE THAT ITS EXECUTIVECOMPENSATION PROGRAM IS APPROPRIATE IN VIEW OF ITS MISSION AND TAX-EXEMPTSTATUS AND THAT ITS COMPENSATION LEVELS AND EXPENDITURES ARE REASONABLEAND NOT EXCESSIVE. TO ENSURE THESE ENDS, THE VCH EXECUTIVE COMPENSATIONCOMMITTEE HAS ESTABLISHED AND APPROVED THE EXECUTIVE COMPENSATIONPHILOSOPHY FOR VCH AND ALL RELATED ENTITIES. IT WILL ALSO APPROVE ALLCHANGES IN THE COMPENSATION PACKAGE FOR VCH EXECUTIVES IN ADVANCE. ON ANANNUAL BASIS, THE COMMITTEE CONDUCTS A COMPREHENSIVE REVIEW OF TOTALCOMPENSATION FOR ALL EXECUTIVES. IT ALSO REVIEWS AND APPROVES"OFF-CYCLE" COMPENSATION TRANSACTIONS AS NEEDED.IN THEIR REVIEW, THE COMMITTEE CONSIDERS THE FOLLOWING FACTORS:\* MARKET DATA FROM INDEPENDENT COMPENSATION SURVEYS AND SOURCES THATREFLECT COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE ANDSCOPE.\* DIFFICULTIES IN RECRUITING AND RETAINING EXECUTIVES



Name of the organization

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VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

\* SKILLS, EXPERIENCE AND PERFORMANCE HISTORY OF INDIVIDUAL EXECUTIVES

\* CRITICAL BUSINESS OR STRATEGIC ISSUES THAT THE ORGANIZATION MAY FACE

\* MARKET POSITION FOR TOTAL COMPENSATION

THE ADEQUACY, COMPETITIVENESS, AND COST OF THE VCH TOTAL EXECUTIVE

COMPENSATION PROGRAM ARE REVIEWED ON AN ONGOING BASIS AND CHANGES ARE

MADE AS THE COMMITTEE DETERMINES APPROPRIATE. THE EXECUTIVE COMPENSATION

PROGRAM WILL BE MAINTAINED SUCH THAT IT WILL FALL WITHIN THE SAFE HARBOR

GUIDELINES ESTABLISHED BY THE INTERMEDIATE SANCTIONS REGULATIONS.

THE COMMITTEE ALSO EMPLOYS THE SERVICES OF AN INDEPENDENT COMPENSATION

CONSULTANT TO PREPARE MARKET ANALYSIS TO AID AND SUPPORT THE COMMITTEE'S

ACTIONS, PROVIDE DOCUMENTATION OF MARKET TRENDS FOR BUDGET SETTING

PURPOSES, REVIEW ANNUAL COMPENSATION CHANGES TO ENSURE "REASONABLENESS"

AND PROVIDE ATTESTATION, AND PROVIDE CONSULTATION ON ALL EXECUTIVE

COMPENSATION ISSUES. THE COMMITTEE ALSO RELIES ON THIRD-PARTY VALIDATION

OF PERFORMANCE MEASURES USED IN THE DETERMINATION OF COMPENSATION.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

## GOVERNING DOCUMENTS

## PART VI, SECTION C, QUESTION 19

VIA CHRISTI HOSPITAL PITTSBURG, INC.'S GOVERNING DOCUMENTS AND CONFLICT

OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC VIA WWW.DACBOND.COM AND

UPON REQUEST.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

AUDITED FINANCIAL STATEMENTS

PART XI, Q2B

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT

ACCOUNTANT AS PART OF A CONSOLIDATED AUDIT.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

## MEMBERS

## PART VI, SECTION A, Q6, 7A, AND 7B

VIA CHRISTI HEALTH, INC. IS THE SOLE MEMBER. THE MEMBER MAY APPROVE AND

REMOVE INDIVIDUALS ON THE BOARD OF TRUSTEES. ARTICLE 2 OF THE BYLAWS

PROVIDE THE MEMBER WITH THE FOLLOWING POWERS:

\* DEFINE, APPROVE, CHANGE OR INTERPRET THE MISSION, VALUES, PURPOSE AND

PHILOSOPHY OF THE CORPORATION.

\* APPROVE THE ARTICLES OF INCORPORATION, THE BYLAWS AND ANY AMENDMENTS

THEREOF OF THE CORPORATION.

\* APPOINT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES OF THE

CORPORATION.

\* APPOINT AND REMOVE THE PRESIDENT AND CEO OF THE CORPORATION.

\* SUBJECT TO CANONICAL REQUIREMENTS, ESTABLISH THE OVERALL DEBT LIMIT FOR

THE CORPORATION AND APPROVE THE INCURRENCE OF DEBT IN EXCESS OF THAT

LIMIT.

\* APPROVE THE DISSOLUTION, MERGER, CONSOLIDATION OR SALE OF ALL OR

SUBSTANTIALLY ALL OF THE ASSETS OF VIA CHRISTI HOSPITAL PITTSBURG, INC.

\* APPROVE AND REMOVE, WITH OR WITHOUT CAUSE, THE INDEPENDENT AUDITING FIRM

FOR VIA CHRISTI HOSPITAL PITTSBURG, INC.

\* RECEIVE AND APPROVE OPERATING AND CAPITAL BUDGETS AND FINANCIAL REPORTS

OF VIA CHRISTI HOSPITAL PITTSBURG, INC.

\* APPROVE FINANCING THROUGH PARTICIPATION IN THE OBLIGATED GROUP OF VIA

CHRISTI HEALTH SYSTEM.

\* REVIEW AND APPROVE REAL AND PERSONAL PROPERTY TRANSACTIONS CONSISTENT

WITH PROVISION OF CANON LAW.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

## RELATED TAX-EXEMPT ORGANIZATIONS

## SCHEDULE R, PART II

VIA CHRISTI HOSPITAL PITTSBURG, INC. IS A RELATED ORGANIZATION TO VIA

CHRISTI HEALTH, INC. VIA CHRISTI HEALTH, INC. IS JOINTLY SPONSORED AND

CONTROLLED BY ASCENSION HEALTH AND MARIAN HEALTH SYSTEM, WHICH IN TURN

ARE SPONSORED BY THE SISTERS OF THE SORROWFUL MOTHER, FOUR PROVINCES OF

THE DAUGHTERS OF CHARITY, THE CONGREGATION OF ST. JOSEPH, AND THE SISTERS

OF ST. JOSEPH OF CARONDELET. DUE TO SUCH SPONSORSHIP AND CONTROL, AND IN

THE INTEREST OF INCREASED CLARITY AND TRANSPARENCY, BOTH ASCENSION HEALTH

AND MARIAN HEALTH SYSTEM ARE BEING LISTED AS RELATED ORGANIZATIONS ON

SCHEDULE R.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

## CONSOLIDATED C-CORP INFORMATION

## SCHEDULE R, PART IV

PREFERRED HEALTH SYSTEMS, INC. IS THE PARENT COMPANY OF THE FOLLOWING

## WHOLLY-OWNED SUBSIDIARIES:

--PREFERRED PLUS OF KANSAS, INC.

--PREFERRED HEALTH CARE, INC.

--KANSAS HEALTH PLAN, INC.

--PREFERRED HEALTH SYSTEMS, INC. INSURANCE CO.

--PREFERRED BENEFITS ADMINISTRATOR, INC.

THE SCHEDULE R, PART IV DISCLOSURE OF PREFERRED HEALTH SYSTEMS, INC.

CONSISTS OF CONSOLIDATED INFORMATION FOR THE YEAR ENDED DECEMBER 31,

2008.







**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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .		X
b Gift, grant, or capital contribution to other organization(s) . . . . .		X
c Gift, grant, or capital contribution from other organization(s) . . . . .		X
d Loans or loan guarantees to or for other organization(s) . . . . .		X
e Loans or loan guarantees by other organization(s) . . . . .		X
f Sale of assets to other organization(s) . . . . .		X
g Purchase of assets from other organization(s) . . . . .		X
h Exchange of assets . . . . .		X
i Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
j Lease of facilities, equipment, or other assets from other organization(s) . . . . .		X
k Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		X
l Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		X
m Sharing of facilities, equipment, mailing lists, or other assets . . . . .		X
n Sharing of paid employees . . . . .		X
o Reimbursement paid to other organization for expenses . . . . .		X
p Reimbursement paid by other organization for expenses . . . . .		X
q Other transfer of cash or property to other organization(s) . . . . .		X
r Other transfer of cash or property from other organization(s) . . . . .		X

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		(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2008



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CATHOLIC CARE CENTER, INC. 6700 E. 45TH ST. N WICHITA, KS 67226	RTRMNT HOME	KS	501 (C) (3)	9	N/A
CTR INNOVATION FOR BIOMATERIALS RESEARCH 929 N. ST. FRANCIS WICHITA, KS 67214	RESEARCH	KS	501 (C) (3)	3	N/A
CORNERSTONE ASSISTED LIVING, INC. 3636 N. RIDGE ROAD WICHITA, KS 67205	RTRMNT HOME	KS	501 (C) (3)	9	N/A
GERARD HOUSE, INC. 3144 N. HOOD WICHITA, KS 67204	SHELTER	KS	501 (C) (3)	7	N/A
MARIAN HEALTH SYSTEM, INC. 1923 SOUTH UTICA AVENUE TULSA, OK 74104	HOSPITAL SUPPK	KS	501 (C) (3)	11	N/A
MERCY COMMUNITY HEALTH FOUNDATION, INC. 1823 COLLEGE AVE MANHATTAN, KS 66502	FOUNDATION	KS	501 (C) (3)	11	N/A
MERCY REGIONAL HEALTH CENTER, INC. 1823 COLLEGE AVE MANHATTAN, KS 66502	HOSPITAL	KS	501 (C) (3)	3	N/A
MERCY REGIONAL HOME MEDICAL SERVICES 2439 CLAFLIN ROAD MANHATTAN, KS 66502	HOME MEDICAL	KS	501 (C) (3)	11	N/A
MOUNT CARMEL FOUNDATION, INC. 1102 E. CENTENNIAL DR PITTSBURG, KS 66762	FOUNDATION	KS	501 (C) (3)	11	N/A
SALINA REGIONAL HOME MEDICAL SERVICES 520 S. SANTA FE AVE, STE 140 SALINA, KS 67401	HOME MEDICAL	KS	501 (C) (3)	11	N/A
ST. JOHN'S, INC. 2225 CANTEBURY DR HAYS, KS 67601	RTRMNT HOME	KS	501 (C) (3)	9	N/A
VIA CHRISTI FOUNDATION, INC. 723 N. MCLEAN BLVD WICHITA, KS 67203	FOUNDATION	KS	501 (C) (3)	11	N/A
VIA CHRISTI HEALTH PARTNERS, INC. 8200 E. THORN DR., SUITE 300 WICHITA, KS 67226	MGMT CO.	KS	501 (C) (3)	9	N/A
VIA CHRISTI HEALTH, INC. 8200 E. THORN DR., SUITE 300 WICHITA, KS 67226	HOSPITAL SUPPKS	KS	501 (C) (3)	9	N/A
VIA CHRISTI HEALTHCARE OUTREACH PROGRAM 2622 W. CENTRAL, SUITE 100 WICHITA, KS 67203	PACE COMMUNIKS	KS	501 (C) (3)	9	N/A

Schedule R-1 (Form 990) 2008

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
VIA CHRISTI HOME HEALTH WICHITA, INC. 48-1046371 555 S. WASHINGTON WICHITA, KS 67211	HOME HEALTH	KS	501(C)(3)	9	N/A
VIA CHRISTI HOSPITAL WICHITA ST. TERESA 27-1965272 929 N. ST. FRANCIS WICHITA, KS 67214	HOSPITAL	KS	501(C)(3)	3	N/A
VIA CHRISTI HOSPITALS WICHITA, INC. 48-1172106 929 N. ST. FRANCIS WICHITA, KS 67214	HOSPITAL	KS	501(C)(3)	3	N/A
VC IMMEDIATE CARE, MOTHER MARY ANNE, INC. 20-8374099 929 N. ST. FRANCIS WICHITA, KS 67214	MED. CLINIC	KS	501(C)(3)	9	N/A
VIA CHRISTI PROPERTY SERVICES, INC. 48-0948571 1100 N. ST. FRANCIS, SUITE 240 WICHITA, KS 67214	PROPERTY MGMT	KS	501(C)(4)	N/A	N/A
VIA CHRISTI REHABILITATION HOSPITAL, INC. 48-1158274 1151 N. ROCK ROAD WICHITA, KS 67206	REHAB.	KS	501(C)(3)	3	N/A
VIA CHRISTI VILLAGE GEORGETOWN, INC. 48-1129325 1655 S. GEORGETOWN WICHITA, KS 67218	RTRMNT HOME	KS	501(C)(3)	9	N/A
VIA CHRISTI VILLAGE MANHATTAN, INC. 48-1078862 2800 WILLOWGROVE RD MANHATTAN, KS 66502	RTRMNT HOME	KS	501(C)(3)	9	N/A
VIA CHRISTI VILLAGE MCLEAN, INC. 48-1247723 777 N. MCLEAN BLVD WICHITA, KS 67203	RTRMNT HOME	KS	501(C)(3)	9	N/A
VIA CHRISTI VILLAGE PONCA CITY, INC. 73-1153337 1601 ACADEMY RD PONCA CITY, KS 74604	RTRMNT HOME	OK	501(C)(3)	9	N/A
VIA CHRISTI VILLAGE, PITTSBURG, INC. 74-3070971 1502 E. CENTENNIAL DR PITTSBURG, KS 66762	RTRMNT HOME	KS	501(C)(3)	9	N/A
VIA CHRISTI VILLAGES, INC. 48-0559086 2622 W. CENTRAL, SUITE 100 WICHITA, KS 67203	MGMNT CO.	KS	501(C)(3)	11	N/A
WAMEGO HOSPITAL ASSOCIATION 72-1526400 711 GENN DR WAMEGO, KS 66547	HOSPITAL	KS	501(C)(3)	3	N/A
ASCENSION HEALTH 31-1662309 P.O. BOX 45998 ST. LOUIS, MO 63145	HLTH SYS GOVMO	MO	11	501(C)(3)	N/A

Schedule R-1 (Form 990) 2008





**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

VIA CHRISTI HOSPITAL PITTSBURG, INC. SHARES THE SAME MISSION AS VIA CHRISTI HEALTH, INC. AS A PART OF VIA CHRISTI HEALTH, INC. WE SHARE THIS MISSION: INSPIRED BY THE GOSPEL AND OUR CATHOLIC TRADITION, WE SERVE AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS, WHO ARE VULNERABLE.



990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS

-----

DESCRIPTION OF SERVICES COMPENSATION

-----

BRANDON RIESEMY MD  
200 E CENTENNIAL SUITE 13  
PITTSBURG, KS 66762

PSYCHIATRY 124,056.

PITTSBURG EMERGENCY PHYSICIANS, LLC  
200 CORP WOODS SUITE 250  
OVERLAND PARK, KS 66210

EMERGENCY PHYSICIANS 176,056.

ALLIANCE RECRUITING RESOURCES  
900 ROCKNEED SUITE 274  
KINGWOOD, TX 77339

MEDICAL ONCOLOGY 550,552.

TOTAL COMPENSATION

-----  
850,664.

=====

FORM 990, PART VIII - CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISING EVENTS	RELATED ORGANIZATIONS	GOVERNMENT GRANTS	ALL OTHER CONTRIBUTIONS
KS HOSPITAL EDUCATION & RESEARCH 215 SE 8TH TOPEKA, KS 66603						118,670	
KS DEPT OF HEALTH & ENVIRONMENT 1000 SW JACKSON ROOM 570 TOPEKA, KS 66612						120,000	
SUSAN G KOMEN MID KANSAS AFFILIATE PO BOX 780294 WICHITA, KS 67278							18,611
VARIOUS CONTRIBUTIONS 1102 EAST CENTENNIAL PITTSBURG, KS 66762							11,280
TOTALS						238,670	29,891

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	820,599.			820,599.
PFI INTEREST	66.			66.
TOTALS	820,665.			820,665.

SCHEDULE FOR DEPRECIATION CLAIMED									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
JSA Totals . . . . .		. . . . .							61,871

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	234,820.
RENTAL INCOME SEK	10,852.
	-----
	245,672.
	=====

# RENT AND ROYALTY SUMMARY

=====

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
RENTAL INCOME	245,672.	61,871.	37,469.	146,332.
	-----	-----	-----	-----
TOTALS	245,672.	61,871.	37,469.	146,332.
	=====	=====	=====	=====

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

=====

GROSS SALES LESS RETURNS AND ALLOWANCES .....	177,035.
INVENTORY AT BEGINNING OF YEAR .....	
PURCHASES .....	
SALARIES AND WAGES .....	NONE
OTHER COSTS .....	119,366.
	-----
SUBTOTAL .....	119,366.
MINUS ENDING INVENTORY .....	
	-----
COST OF GOODS SOLD .....	119,366.
	=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	577,037.
OTHER RECEIVABLES	897,328.
	-----
TOTALS	1,474,365.
	=====



FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CITY OF PITTSBURG TAXABLE REVENUE BONDS  
REPAYMENT TERMS: INTEREST PAYABLE SEMIANNUALLY, 5.60% TO 6.40%

BEGINNING BALANCE DUE .....	1,050,000.
ENDING BALANCE DUE .....	980,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,050,000.
---	------------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	980,000.
--	----------

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

**2008**

Name of estate or trust

Employer identification number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

**Note:** Form 5227 filers need to complete *only* Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
<b>4</b> Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back . . . . . ►	<b>5</b>	

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .	<b>6b</b>	-2,017,477.
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
<b>9</b> Capital gain distributions . . . . .	<b>9</b>	
<b>10</b> Gain from Form 4797, Part I . . . . .	<b>10</b>	
<b>11</b> Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back . . . . . ►	<b>12</b>	-2,017,477.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2008

**Part III Summary of Parts I and II****Caution:** Read the instructions *before* completing this part.

	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
<b>13</b> Net short-term gain or (loss) . . . . .	<b>13</b>		
<b>14</b> Net long-term gain or (loss):			
<b>a</b> Total for year . . . . .	<b>14a</b>		-2,017,477.
<b>b</b> Unrecaptured section 1250 gain (see line 18 of the wrksh) . . . . .	<b>14b</b>		
<b>c</b> 28% rate gain . . . . .	<b>14c</b>		
<b>15</b> Total net gain or (loss). Combine lines 13 and 14a . . . . .	<b>15</b>		-2,017,477.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>16</b> Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of	<b>16</b>	( 3,000.)
<b>a</b> The loss on line 15, column (3) or <b>b</b> \$3,000 . . . . .		

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

<b>17</b> Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>		
<b>18</b> Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>		
<b>20</b> Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . . .	<b>21</b>		
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>		
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>		
<b>24</b> Enter the <b>smaller</b> of the amount on line 17 or \$2,200 . . . . .	<b>24</b>		
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>		
<b>26</b> Subtract line 25 from line 24 . . . . .	<b>26</b>		
<b>27</b> Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .	<b>27</b>		
<b>28</b> Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>		
<b>29</b> Subtract line 28 from line 27 . . . . .	<b>29</b>		
<b>30</b> Multiply line 29 by 15% ( 15) . . . . .		<b>30</b>	
<b>31</b> Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .		<b>31</b>	
<b>32</b> Add lines 30 and 31 . . . . .		<b>32</b>	
<b>33</b> Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .		<b>33</b>	
<b>34</b> Tax on all taxable income. Enter the <b>smaller</b> of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T) . . . . .		<b>34</b>	

Schedule D (Form 1041) 2008



**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

**2008**

Attachment  
Sequence No **27**

Name(s) shown on return

Identifying number

VIA CHRISTI HOSPITAL PITTSBURG, INC.

48-0543778

**1** Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . . . . .

**1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 1						-213,949.
<b>3</b>	Gain, if any, from Form 4684, line 45 . . . . .						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft . . . . .						<b>6</b>
<b>7</b>	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows . . . . .						<b>7</b>
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below						
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below						
<b>8</b>	Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . .						<b>8</b>
<b>9</b>	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) . . . . .						<b>9</b>
							-213,949.

**Part II Ordinary Gains and Losses (see instructions)**

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

<b>11</b>	Loss, if any, from line 7 . . . . .					<b>11</b>
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable . . . . .					<b>12</b>
<b>13</b>	Gain, if any, from line 31 . . . . .					<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 37 and 44a . . . . .					<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .					<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .					<b>16</b>
<b>17</b>	Combine lines 10 through 16 . . . . .					<b>17</b>
	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below					
<b>a</b>	If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions . . . . .					<b>18a</b>
<b>b</b>	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14 . . . . .					<b>18b</b>
						-213,949.

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2008)

**Part III** Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶	Property A	Property B	Property C	Property D
20 Gross sales price (Note. See line 1 before completing)	20			
21 Cost or other basis plus expense of sale	21			
22 Depreciation (or depletion) allowed or allowable	22			
23 Adjusted basis. Subtract line 22 from line 21	23			
24 Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property				
a Depreciation allowed or allowable from line 22	25a			
b Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property. If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291				
a Additional depreciation after 1975 (see instructions)	26a			
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b			
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d Additional depreciation after 1969 and before 1976	26d			
e Enter the smaller of line 26c or 26d	26e			
f Section 291 amount (corporations only)	26f			
g Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property. Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)				
a Soil, water, and land clearing expenses	27a			
b Line 27a multiplied by applicable percentage (see instructions)	27b			
c Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a			
b Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property				
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b Enter the smaller of line 24 or 29a (see instructions)	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 39. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	



• 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).

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	MT. CARMEL REGIONAL MEDICAL CENTER, INC.	48-0543778
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	1102 EAST CENTENNIAL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PITTSBURG, KS 66762	

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

**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 **DEBRA BAINBRIDGE, CFO**  
Telephone No **620 232-0161** FAX No **620 232-0493**
- 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) **0928**. 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.

- I request an additional 3-month extension of time until **08/15/2010**
- For calendar year **2009**, or other tax year beginning **10/01/2008**, and ending **09/30/2009**
- 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 REQUESTED TO ACCUMULATE THE NECESSARY INFORMATION FOR THE FILING OF A COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$
<b>b</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.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. 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.	<b>8c</b>	\$

**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 **Gr Thornton** Title **CPA** Date **5/11/10**

GRANT THORNTON LLP  
8300 THORN DRIVE, SUITE 300  
WICHITA, KS 67226-2708

Form 8868 (Rev. 4-2009)



**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **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 ☒ **X**
  - 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	MT. CARMEL REGIONAL MEDICAL CENTER, INC.		48-0543778
	Number, street, and room or suite no. If a P.O. box, see instructions		
	1102 EAST CENTENNIAL		
		City, town or post office, state, and ZIP code. For a foreign address, see instructions	
		PITTSBURG, KS 66762	

**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 ► DEBRA BAINBRIDGE, CFO

Telephone No ► 620 232-0161FAX No ► 620 232-0493

- 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) 0928. 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 05/15, 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 10/01, 2008, and ending 09/30, 2009

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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$

**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.

Form **8868** (Rev. 4-2009)