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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2008Department of the Treasury
Internal Revenue Service**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

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	Please use IRS label or print or type See Specific Instructions	C Name of organization VIA CHRISTI HOSPITALS WICHITA, INC.		D Employer identification number
		Doing Business As		48-1172106
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
		929 N SAINT FRANCIS		(316) 268-5000
		City or town, state or country, and ZIP + 4		
		WICHITA, KS 67214		G Gross receipts \$ 847,190,208.
F Name and address of principal officer RANDY PETERSON		8200 E THORN DRIVE WICHITA, KS 67226		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website WWW.VIA-CHRISTI.ORG		H(c) Group exemption number 0928
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 1995		M State of legal domicile KS

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities		
	AS 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.		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	5,631
	6 Total number of volunteers (estimate if necessary)	6	601
Revenue	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	3,855,033.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,004,335.	4,368,320.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 2d)	574,111,447.	604,550,593.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11e)	5,835,989.	-12,373,685.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,113,304.	17,458,596.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	602,065,075.	614,003,824.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	786,447.	632,646.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	264,152,831.	291,841,591.
	b Total fundraising expenses, Part IX, column (D), line 25	NONE	NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	315,849,588.	302,575,432.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	580,788,866.	595,049,669.
	19 Revenue less expenses Subtract line 18 from line 12	21,276,209.	18,954,155.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	576,364,865.	589,515,070.
	22 Net assets or fund balances Subtract line 21 from line 20	188,644,124.	207,636,216.

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>Michael A Wegner</i>		Date 8/13/10	
Paid Preparer's Use Only	Signature of preparer <i>Kimberly</i>		Date 08-10-10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 GRANT THORNTON LLP 8300 THORN DRIVE, SUITE 300 WICHITA, KS 67226-2708		EIN	Preparer's identifying number (see instructions)
	Phone no 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

Form 990 (2008)

JSA
8E 1010 2 000

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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 \$ 497,917,219. including grants of \$ 4,368,320.) (Revenue \$ 615,325,283.)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O)

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

4e Total program service expenses ► \$ 497,917,219. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 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
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a 348	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b NONE	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	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.	2a 5,631	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	X
4a	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)?	4a	X
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>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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**

	Yes	No
<i>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.</i>		
1a Enter the number of voting members of the governing body	1a	17
b Enter the number of voting members that are independent	1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
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?	9b	X
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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?	16b	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 SHELLY TRENT 8200 E THORN DRIVE WICHITA, KS 67226
316-719-3200

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

[illegible]

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	4,077,031			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	291,289			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,368,320			
Program Service Revenue	2a	PATIENT SERVICE	Business Code 621400	604,550,593	604,504,033	46,560	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		604,550,593			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) STMT 3.		8,711,327	332,537	1,498,485
4		Income from investment of tax-exempt bond proceeds		NONE			
5		Royalties		NONE			
			(i) Real (ii) Personal				
6a		Gross Rents	1,993,456				
b		Less rental expenses					
c		Rental income or (loss)	1,993,456				
d		Net rental income or (loss)		1,993,456		12,500	1,980,956
			(i) Securities (ii) Other				
7a		Gross amount from sales of assets other than inventory	211,918,632	182,740			
b		Less cost or other basis and sales expenses	232,865,023	321,361			
c		Gain or (loss)	-20,946,391	-138,621			
d		Net gain or (loss)		-21,085,012		-21,085,012	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events		NONE			
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities		NONE			
10a		Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		NONE				
	Miscellaneous Revenue	Business Code					
11a	CAFETERIA/VENDING	722320	4,695,040		283,209	4,411,831	
b	CHILD DEV CENTER		1,095,613			1,095,613	
c	CONTINUING ED		247,170			247,170	
d	All other revenue	812300	9,427,317	7,007,063	2,014,279	405,975	
e	Total. Add lines 11a-11d		15,465,140				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		614,003,824	611,843,633	3,855,033	-6,063,162	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	498,095.	498,095.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	134,551.	134,551.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,820,373.	762,581.	2,057,792.	
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	232,032,421.	193,937,009.	38,095,412.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	9,247,460.	7,372,207.	1,875,253.	
9 Other employee benefits	30,959,172.	23,509,239.	7,449,933.	
10 Payroll taxes	16,782,165.	13,630,114.	3,152,051.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	280,958.	14,564.	266,394.	
c Accounting	256,280.	17,182.	239,098.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	64,445,900.	46,350,961.	18,094,939.	
12 Advertising and promotion	1,167,804.	94,382.	1,073,422.	
13 Office expenses	112,788,648.	107,971,007.	4,817,641.	
14 Information technology	8,254,976.	551,608.	7,703,368.	
15 Royalties	NONE			
16 Occupancy	12,240,458.	11,791,828.	448,630.	
17 Travel	642,801.	236,084.	406,717.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	243,549.	106,420.	137,129.	
20 Interest	6,972,195.	6,606,076.	366,119.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	32,631,333.	23,865,591.	8,765,742.	
23 Insurance	5,974,689.	5,603,057.	371,632.	
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 BAD DEBT EXPENSE -----	53,507,136.	53,519,344.	-12,208.	
b MISCELLANEOUS EXPENSES -----	3,168,705.	1,345,319.	1,823,386.	
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	595,049,669.	497,917,219.	97,132,450.	NONE
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	20,824,570.	1	25,164,004.
	2 Savings and temporary cash investments	56,696,708.	2	67,708,273.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	73,557,246.	4	62,422,816.
	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 SFMT. 7	271,018.	7	37,961.
	8 Inventories for sales or use	18,801,345.	8	16,811,872.
	9 Prepaid expenses and deferred charges SFMT. 9	12,105,417.	9	6,121,904.
	10a Land, buildings, and equipment cost basis 10a 591,253,761.			
	b Less accumulated depreciation. Complete Part VI of Schedule D. 10b 386,556,699.	185,574,385.	10c	204,697,062.
	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	208,534,176.	15	206,551,178.
16 Total assets. Add lines 1 through 15 (must equal line 34)	576,364,865.	16	589,515,070.	
Liabilities	17 Accounts payable and accrued expenses	46,691,518.	17	46,227,761.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	54,139,000.	20	49,274,000.
	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	68,459,912.	23	67,804,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	19,353,694.	25	44,330,455.
	26 Total liabilities. Add lines 17 through 25	188,644,124.	26	207,636,216.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34			
	27 Unrestricted net assets	376,070,606.	27	370,299,601.
	28 Temporarily restricted net assets		28	5,683,912.
	29 Permanently restricted net assets	11,650,135.	29	5,895,341.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	387,720,741.	33	381,878,854.
	34 Total liabilities and net assets/fund balances	576,364,865.	34	589,515,070.

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	X

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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		
b 33 1/3% support test - 2007. 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		
17a 10%-facts-and-circumstances test - 2008. 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		
b 10%-facts-and-circumstances test - 2007. 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		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
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. <input type="checkbox"/>		
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. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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)

[illegible]

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 HOSPITALS WICHITA, INC.

48-1172106

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-

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												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is</td> </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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c Enter -0- if line f is more than line c															
j 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
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 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			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV	X		74,489.
j Total lines 1c through 1i			74,489.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 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

1 Dues, assessments and similar amounts from members	1	
2 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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

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 1.
Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING OTHER ACTIVITIES

SCHEDULE C, PART I

A PORTION OF DUES PAID TO THE VARIOUS ORGANIZATIONS LISTED BELOW IS USED
FOR LOBBYING.

	CALENDAR		VC HOSPITAL WICHITA
	DUES 2009	% LOBBYING	LOBBYING
AHA	55,674.00	23.76%	13,228.14
KHA	80,593.00	14.90%	12,008.36
CHA	173,218.00	5.46%	9,457.70
CHAMBER OF COMMERCE	35,895.00	4.50%	1,615.28
	345,380.00		36,309.48
PREFERRED HLTH SYS.	38,180.00	100.00%	38,180.00
			74,489.48

LOBBYING ISSUES WERE RELATED TO CARRYING OUT PROGRAMS RELATED TO
HEALTHCARE. VIA CHRISTI HOSPITAL WICHITA, INC DOES NOT PARTICIPATE IN
ACTIVITIES SUPPORTING A POLITICAL CANDIDATE.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

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 importantly 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 **3a(i)** ☐ Yes ☐ No
 (ii) related organizations **3a(ii)** ☐ Yes ☐ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

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		15,112,462.		15,112,462.
b Buildings		286,977,078.	209,378,464.	77,598,614.
c Leasehold improvements		25,441.	25,441.	NONE
d Equipment		241,676,390.	168,228,753.	73,447,637.
e Other		47,462,390.	8,924,041.	38,538,349.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				204,697,062.

Schedule D (Form 990) 2008

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other -----		

Total (Column (b) should equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.[illegible]**Part IX** Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
BOARD DESIGNATED CAP. IMPROV.	161,625,691.
BOARD DESIGNATED COMM. SERVICE	1,886,781.
TRUSTEE HELD FUNDS	1,054,637.
CSV LIFE INSURANCE	643,315.
BENEFICIAL INTEREST-FOUNDATION	13,630,661.
OTHER ASSETS	886,994.
ASSETS INV. FOR CURRENT LIAB.	589,641.
MISCELLANEOUS RECEIVABLES	2,775,111.
INVESTMENTS IN UNCON AFFILIATE	12,697,973.
INTANGIBLE ASSETS	10,760,374.
Total (Column (b) should equal Form 990, Part X, col (B) line 15)	206,551,178.

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

(a) Description of liability	(b) Amount
Federal income taxes	
OTHER LIABILITIES	38,265,737.
MISCELLANEOUS LONG-TERM DEBT	1,792,207.
CURRENT PORTION OF LONG TERM DEBT	3,790,783.
EST. AMTS. DUE TO THIRD-PARTY PAYOR	481,728.
Total (Column (b) should equal Form 990, Part X, col (B) line 25)	44,330,455.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

WITH THE EXCEPTION OF PREFERRED HEALTH SYSTEMS, INC. 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 Inspection

Department 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 HOSPITALS WICHITA, INC.

48-1172106

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

	Yes	No
1 a Does the organization have a charity care policy? If "No," skip to question 6a	1 a	
b If "Yes," is it a written policy?	1 b	
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		
<input type="checkbox"/> Applied uniformly to most 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	3 a	
<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	3 b	
<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?	5 a	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5 b	
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?	5 c	
6a Does the organization prepare an annual community benefit report?	6 a	
b If "Yes," does the organization make it available to the public?	6 b	

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						
Other Benefits						
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**

	Yes	No
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		

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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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

This image shows a blank sheet of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no other markings, text, or illustrations on the page.

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

Name of the organization	Employer identification number
VIA CHRISTI HOSPITALS WICHITA, INC.	48-1172106

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? ☒ Yes ☐ No
- 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

[illegible]

- | | | | |
|---|--|-------|------|
| 2 | Enter total number of section 501(c)(3) and government organizations | | 5 |
| 3 | Enter total number of other organizations | | NONE |

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	133	134,551			

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

MONITOR GRANT FUNDS

PART I, QUESTION 2

SCHOLARSHIPS ARE GIVEN TO BOTH EMPLOYEES AND NON-EMPLOYEES. SCHOLARSHIPS

ARE MONITORED THROUGH THE EDUCATION DEPARTMENT STAFF.

**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 HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

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 checked="" 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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" 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 checked="" 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
1b	X	
2	X	
4a	X	
4b	X	
4c	X	
5a		X
5b		X
6a	X	
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part III Supplemental Information

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

WRITTEN POLICY FOR PAYMENT OR REIMBURSEMENT

SCHEDULE J, PART I, QUESTION 1B

A WRITTEN POLICY WAS IN PLACE FOR CELL PHONE USAGE. NO WRITTEN POLICY WAS

IN PLACE FOR THE DUPLEX RENTAL.

BONUSES

SCHEDULE J, PART I, QUESTION 6

A PORTION OF EACH BONUS PAID IS BASED ON THE NET OPERATING INCOME OF

EITHER THE INDIVIDUAL MINISTRY OR THE CONSOLIDATED MINISTRIES.

RETIREMENT BENEFITS

SCHEDULE J, PART I, QUESTION 4A

RETIREMENT BENEFITS WERE PAID TO THE FOLLOWING IN CALENDAR YEAR 2008:

ANTHONY JOHNSTONE \$1,434,407.00

STEPHEN FIELDS \$ 754,410.00

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.

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

PART I. QUESTION 4B

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN BENEFITS ARE PAID BY VIA

CHRISTI HEALTH, INC., A RELATED ORGANIZATION.

KEVIN CONLIN 146,138.11

GROSS UP PAYMENTS

PART I. QUESTION 1

GROSS UP PAYMENTS ARE PAID BY VIA CHRISTI HEALTH, INC., A RELATED

ORGANIZATION.

KEVIN CONLIN 2,737.60

SOCIAL CLUB DUES

PART I. QUESTION 1

SOCIAL CLUB DUES WERE PAID BY VIA CHRISTI HEALTH, INC., A RELATED

ORGANIZATION. VIA CHRISTI HEALTH, INC., HAS DISCONTINUED THE PRACTICE OF

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.

PROVIDING HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES.

KEVIN CONLIN 3,535.30

SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(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	(iv) Other compensation				
KEVIN CONLIN	(i) NONE (ii) 741,127.	(iii) NONE (iv) 277,309.	(v) NONE (vi) 23,087.	(vii) NONE (viii) 163,388.	(ix) NONE (x) 9,112.	(xi) NONE (xii) 8,187.	(xiii) NONE (xiv) 1,218,091.	(xv) NONE (xvi) NONE
DEBORAH G HAYNES MD	(i) NONE (ii) 141,962.	(iii) NONE (iv) 59,873.	(v) NONE (vi) 10,320.	(vii) NONE (viii) 43,359.	(ix) NONE (x) 12,726.	(xi) NONE (xii) 12,693.	(xiii) NONE (xiv) 478,686.	(xv) NONE (xvi) NONE
MIKE WEGNER	(i) NONE (ii) 416,555.	(iii) NONE (iv) 55,036.	(v) NONE (vi) 12,192.	(vii) NONE (viii) 46,823.	(ix) NONE (x) 12,525.	(xi) NONE (xii) 10,048.	(xiii) NONE (xiv) 277,328.	(xv) NONE (xvi) NONE
LAURIE LABARCA	(i) NONE (ii) 253,466.	(iii) NONE (iv) 23,963.	(v) NONE (vi) 7,629.	(vii) NONE (viii) 29,374.	(ix) NONE (x) 12,244.	(xi) NONE (xii) 12,244.	(xiii) NONE (xiv) 261,641.	(xv) NONE (xvi) NONE
DR ED HETT	(i) NONE (ii) 188,431.	(iii) NONE (iv) 35,835.	(v) NONE (vi) 21,529.	(vii) NONE (viii) 31,819.	(ix) NONE (x) 9,954.	(xi) NONE (xii) 9,954.	(xiii) NONE (xiv) 377,909.	(xv) NONE (xvi) NONE
CLAUDIO FERRARO	(i) NONE (ii) 278,772.	(iii) NONE (iv) 35,835.	(v) NONE (vi) 21,529.	(vii) NONE (viii) 31,819.	(ix) NONE (x) 9,954.	(xi) NONE (xii) 9,954.	(xiii) NONE (xiv) 377,909.	(xv) NONE (xvi) NONE
HEWITT C GOODPASTURE MD	(i) NONE (ii) 199,631.	(iii) NONE (iv) 199,631.	(v) NONE (vi) 1,031.	(vii) NONE (viii) 1,031.	(ix) NONE (x) 50,259.	(xi) NONE (xii) 12,389.	(xiii) NONE (xiv) 404,165.	(xv) NONE (xvi) NONE
RANDALL NYP	(i) NONE (ii) 112,746.	(iii) NONE (iv) 56,339.	(v) NONE (vi) 10,293.	(vii) NONE (viii) 50,259.	(ix) NONE (x) 12,389.	(xi) NONE (xii) 12,389.	(xiii) NONE (xiv) 404,165.	(xv) NONE (xvi) NONE
JILL BECKMAN	(i) NONE (ii) 274,885.	(iii) NONE (iv) 56,339.	(v) NONE (vi) 10,293.	(vii) NONE (viii) 50,259.	(ix) NONE (x) 12,389.	(xi) NONE (xii) 12,389.	(xiii) NONE (xiv) 404,165.	(xv) NONE (xvi) NONE
ALLAN ALLFORD	(i) NONE (ii) 218,431.	(iii) NONE (iv) 28,255.	(v) NONE (vi) 7,013.	(vii) NONE (viii) 25,950.	(ix) NONE (x) 7,183.	(xi) NONE (xii) 7,183.	(xiii) NONE (xiv) 286,832.	(xv) NONE (xvi) NONE
SAAD EHTISHAM	(i) NONE (ii) 186,418.	(iii) NONE (iv) 186,418.	(v) NONE (vi) 1,693.	(vii) NONE (viii) 16,194.	(ix) NONE (x) 13,035.	(xi) NONE (xii) 13,035.	(xiii) NONE (xiv) 217,340.	(xv) NONE (xvi) NONE
DONALD SEERY MD	(i) NONE (ii) 266,763.	(iii) NONE (iv) 50,980.	(v) NONE (vi) 13,539.	(vii) NONE (viii) 37,573.	(ix) NONE (x) 12,500.	(xi) NONE (xii) 12,500.	(xiii) NONE (xiv) 381,355.	(xv) NONE (xvi) NONE
GARY KNIGHT	(i) NONE (ii) 191,767.	(iii) NONE (iv) 191,767.	(v) NONE (vi) 374.	(vii) NONE (viii) 14,983.	(ix) NONE (x) 12,967.	(xi) NONE (xii) 12,967.	(xiii) NONE (xiv) 205,228.	(xv) NONE (xvi) NONE
FRANK CREEDEN	(i) NONE (ii) 176,904.	(iii) NONE (iv) 176,904.	(v) NONE (vi) 374.	(vii) NONE (viii) 14,983.	(ix) NONE (x) 12,967.	(xi) NONE (xii) 12,967.	(xiii) NONE (xiv) 205,228.	(xv) NONE (xvi) NONE
MAURICE DUGGINS MD	(i) NONE (ii) 176,904.	(iii) NONE (iv) 176,904.	(v) NONE (vi) 374.	(vii) NONE (viii) 14,983.	(ix) NONE (x) 12,967.	(xi) NONE (xii) 12,967.	(xiii) NONE (xiv) 205,228.	(xv) NONE (xvi) NONE
KEVIN STRECKER	(i) NONE (ii) 177,302.	(iii) NONE (iv) 177,302.	(v) NONE (vi) 2,938.	(vii) NONE (viii) 26,808.	(ix) NONE (x) 11,844.	(xi) NONE (xii) 11,844.	(xiii) NONE (xiv) 239,778.	(xv) NONE (xvi) NONE

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

JSA
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Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(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	(iv) Other compensation				
KEVIN CONLIN	(i) NONE (ii) 741,127.	(iii) NONE (iv) 277,309.	(v) NONE (vi) 23,087.	(vii) NONE (viii) 163,388.	(ix) NONE (x) 9,112.	(xi) NONE (xii) 8,187.	(xiii) NONE (xiv) 1,218,091.	(xv) NONE (xvi) NONE
DEBORAH G HAYNES MD	(i) NONE (ii) 141,962.	(iii) NONE (iv) 59,873.	(v) NONE (vi) 10,320.	(vii) NONE (viii) 43,359.	(ix) NONE (x) 12,726.	(xi) NONE (xii) 12,693.	(xiii) NONE (xiv) 478,686.	(xv) NONE (xvi) NONE
MIKE WEGNER	(i) NONE (ii) 416,555.	(iii) NONE (iv) 55,036.	(v) NONE (vi) 12,192.	(vii) NONE (viii) 46,823.	(ix) NONE (x) 12,525.	(xi) NONE (xii) 10,048.	(xiii) NONE (xiv) 277,328.	(xv) NONE (xvi) NONE
LAURIE LABARCA	(i) NONE (ii) 253,466.	(iii) NONE (iv) 23,963.	(v) NONE (vi) 7,629.	(vii) NONE (viii) 29,374.	(ix) NONE (x) 12,244.	(xi) NONE (xii) 12,244.	(xiii) NONE (xiv) 261,641.	(xv) NONE (xvi) NONE
DR ED HETT	(i) NONE (ii) 188,431.	(iii) NONE (iv) 35,835.	(v) NONE (vi) 21,529.	(vii) NONE (viii) 31,819.	(ix) NONE (x) 9,954.	(xi) NONE (xii) 9,954.	(xiii) NONE (xiv) 377,909.	(xv) NONE (xvi) NONE
CLAUDIO FERRARO	(i) NONE (ii) 278,772.	(iii) NONE (iv) 35,835.	(v) NONE (vi) 21,529.	(vii) NONE (viii) 31,819.	(ix) NONE (x) 9,954.	(xi) NONE (xii) 9,954.	(xiii) NONE (xiv) 377,909.	(xv) NONE (xvi) NONE
HEWITT C GOODPASTURE MD	(i) NONE (ii) 199,631.	(iii) NONE (iv) 199,631.	(v) NONE (vi) 1,031.	(vii) NONE (viii) 1,031.	(ix) NONE (x) 50,259.	(xi) NONE (xii) 12,389.	(xiii) NONE (xiv) 404,165.	(xv) NONE (xvi) NONE
RANDALL NYP	(i) NONE (ii) 112,746.	(iii) NONE (iv) 56,339.	(v) NONE (vi) 10,293.	(vii) NONE (viii) 50,259.	(ix) NONE (x) 12,389.	(xi) NONE (xii) 12,389.	(xiii) NONE (xiv) 404,165.	(xv) NONE (xvi) NONE
JILL BECKMAN	(i) NONE (ii) 274,885.	(iii) NONE (iv) 56,339.	(v) NONE (vi) 10,293.	(vii) NONE (viii) 50,259.	(ix) NONE (x) 12,389.	(xi) NONE (xii) 12,389.	(xiii) NONE (xiv) 404,165.	(xv) NONE (xvi) NONE
ALLAN ALLFORD	(i) NONE (ii) 218,431.	(iii) NONE (iv) 28,255.	(v) NONE (vi) 7,013.	(vii) NONE (viii) 25,950.	(ix) NONE (x) 7,183.	(xi) NONE (xii) 7,183.	(xiii) NONE (xiv) 286,832.	(xv) NONE (xvi) NONE
SAAD EHTISHAM	(i) NONE (ii) 186,418.	(iii) NONE (iv) 186,418.	(v) NONE (vi) 1,693.	(vii) NONE (viii) 16,194.	(ix) NONE (x) 13,035.	(xi) NONE (xii) 13,035.	(xiii) NONE (xiv) 217,340.	(xv) NONE (xvi) NONE
DONALD SEERY MD	(i) NONE (ii) 266,763.	(iii) NONE (iv) 50,980.	(v) NONE (vi) 13,539.	(vii) NONE (viii) 37,573.	(ix) NONE (x) 12,500.	(xi) NONE (xii) 12,500.	(xiii) NONE (xiv) 381,355.	(xv) NONE (xvi) NONE
GARY KNIGHT	(i) NONE (ii) 191,767.	(iii) NONE (iv) 191,767.	(v) NONE (vi) 374.	(vii) NONE (viii) 14,983.	(ix) NONE (x) 12,967.	(xi) NONE (xii) 12,967.	(xiii) NONE (xiv) 205,228.	(xv) NONE (xvi) NONE
FRANK CREEDEN	(i) NONE (ii) 176,904.	(iii) NONE (iv) 176,904.	(v) NONE (vi) 374.	(vii) NONE (viii) 14,983.	(ix) NONE (x) 12,967.	(xi) NONE (xii) 12,967.	(xiii) NONE (xiv) 205,228.	(xv) NONE (xvi) NONE
MAURICE DUGGINS MD	(i) NONE (ii) 176,904.	(iii) NONE (iv) 176,904.	(v) NONE (vi) 374.	(vii) NONE (viii) 14,983.	(ix) NONE (x) 12,967.	(xi) NONE (xii) 12,967.	(xiii) NONE (xiv) 205,228.	(xv) NONE (xvi) NONE
KEVIN STRECKER	(i) NONE (ii) 177,302.	(iii) NONE (iv) 177,302.	(v) NONE (vi) 2,938.	(vii) NONE (viii) 26,808.	(ix) NONE (x) 11,844.	(xi) NONE (xii) 11,844.	(xiii) NONE (xiv) 239,778.	(xv) NONE (xvi) NONE

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

Employer identification number

48-1172106

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

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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 HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

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			
B. ANTHONY ISAAC CHAIRPERSON	1.	X		X				NONE	NONE	NONE
ALEX AMMAR MD TRUSTEE	1.	X						NONE	NONE	NONE
CYNTHIA CARNAHAN TRUSTEE	1.	X						NONE	NONE	NONE
SR M FELICIDAD CHAVEZ SSM TRUSTEE	1.	X						NONE	NONE	NONE
KEVIN CONLIN TRUSTEE	40.	X						NONE	1,041,523.	176,568.
DEBORAH G HAYNES MD TRUSTEE	40.	X						142,437.	NONE	17,299.
JV JOHNSTON VICE CHAIR	1.	X		X				NONE	NONE	NONE
SR AGNES WEBER CSJ TRUSTEE	1.	X						NONE	NONE	NONE
LYNDON O WELLS TREASURER	1.	X		X				NONE	NONE	NONE
DONALD SEERY MD TRUSTEE	40.	X						188,111.	NONE	29,229.
GARY KNIGHT ASSISTANT SECRETARY	40.	X		X				NONE	331,282.	50,073.
NOREEN CARROCCI PHD TRUSTEE	1.	X						NONE	NONE	NONE
SR DIANE LEARY CSJ TRUSTEE	1.	X						NONE	NONE	NONE
SR LORETTA MARIE HALL SSM TRUSTEE	1.	X						NONE	NONE	NONE
CHRIS SHANK TRUSTEE	1.	X						NONE	NONE	NONE
JONATHAN DORT MD TRUSTEE	1.	X						NONE	NONE	NONE
MAURICE DUGGINS MD TRUSTEE	40.	X						177,278.	NONE	27,950.
MICHAELNE MARINGER PRESIDENT, CEO	40.	X		X				NONE	142,006.	356.
MIKE WEGNER CFO, SR VICE PRESIDENT	40.			X	X			422,634.	NONE	56,052.
LAURIE LABARCA COO/EXECUTIVE VICE PRESIDENT	40.				X			483,783.	NONE	59,549.
DR ED HETT PHYSICIAN	40.				X			254,755.	NONE	22,573.

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 HOSPITALS WICHITA, INC.

48-1172106

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

[illegible]

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ALEX AMMAR, MD	BOT, W/ WICHITA SURGICAL	1,098,288	PHYS SVS PD TO WICHITA SURG		X
ALEX AMMAR, MD	BOT, CHRMN DEPT SURG UKSM	2,955,628	MEDICAL EDUCATION PD TO UKSM		X
LYNDON O WELLS	BOT, VP INTRUST BANK	225,083	BANK SERVIICES & MERCHANT SERV		X
NOREEN CARROCCI, PHD	BOT, BOT NEWMAN UNIVERS	50,000	DONATION TO NEWMAN BLDG FUND		X
SAAD EHTISHAM	KEY EMPL/WIFE VCHW EMPL	101,828	KEY EMPL & WIFE EMPL OF VC+W		X
B ANTHONY ISAAC	BOT, BOARD MEMBER WESTAR	3,548,061	ENERGY SERVICES PD TO WESTAR		X

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

FORM 990 REVIEW

PART VI, SECTION A, QUESTION 10

THE AUDIT COMMITTEE REVIEWS THE FORM 990. THE AUDIT COMMITTEE REVIEWS AND
APPROVES THE FORM 990 PRIOR TO THE DATE OF FILING. THE AUDIT COMMITTEE
REPORTS ON THE REVIEW TO THE BOARD OF TRUSTEES AND ASSURES THAT THE BOARD
HAS THE OPPORTUNITY TO REVIEW THE FINAL FORM 990 AS FILED. A COPY OF
FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES VIA EMAIL PRIOR TO FILING
WITH THE IRS.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, QUESTION 12C

THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY AS

FOLLOWS:

1) AT TIME OF APPOINTMENT AND ANNUALLY THEREAFTER, ALL INTERESTED

PERSONS, INCLUDING BOARD AND COMMITTEE MEMBERS COMPLETE A DISCLOSURE

STATEMENT WHICH ADDRESSES ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

2) THE DISCLOSURE STATEMENT IS DONE ELECTRONICALLY AND THE RETURN OF THE

COMPLETED STATEMENT IS A CONDITION OF CONTINUED APPOINTMENT, EMPLOYMENT

OR PARTICIPATION WITH THE ORGANIZATION.

3) ALL ACTUAL OR POTENTIAL CONFLICTS ARE REVIEWED, INVESTIGATED AND

RESOLVED BY THE CHIEF GOVERNANCE OFFICER AND THE CORPORATE RESPONSIBILITY

OFFICER, WITH THE RESULTS SHARED WITH THE CHIEF EXECUTIVE OF THE

ORGANIZATION.

4) PERIODIC REVIEWS ARE CONDUCTED BY GOVERNANCE, COMPLIANCE AND INTERNAL

AUDIT TO ENSURE THE ORGANIZATION IS OPERATING CONSISTENT WITH THE POLICY

AND ENFORCING THE POLICY'S TERMS.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

COMPENSATION REVIEW

PART VI, SECTION B, QUESTION 15

VIA CHRISTI HOSPITALS WICHITA, INC. FOLLOWS THE COMPENSATION REVIEW

POLICIES ESTABLISHED BY VIA CHRISTI HEALTH, INC. (VCH). (VCH) HAS

ESTABLISHED A COMMON PHILOSOPHY, STRATEGY, AND PROCESSES FOR EXECUTIVE

COMPENSATION. THROUGH THE OVERSIGHT OF THE VCH EXECUTIVE COMPENSATION

COMMITTEE, EXECUTIVE COMPENSATION IS COMPETITIVELY POSITIONED AT ITS

STATED MARKET POSITION WHEN COMPARED TO THE COMPENSATION PAID BY RELEVANT

ORGANIZATIONS (COMPARABLY-SIZED HEALTH SYSTEMS, HOSPITALS, AND LONG-TERM

CARE PROVIDERS).

VCH RECOGNIZES ITS RESPONSIBILITY TO ENSURE THAT ITS EXECUTIVE

COMPENSATION PROGRAM IS APPROPRIATE IN VIEW OF ITS MISSION AND TAX-EXEMPT

STATUS AND THAT ITS COMPENSATION LEVELS AND EXPENDITURES ARE REASONABLE

AND NOT EXCESSIVE. TO ENSURE THESE ENDS, THE VCH EXECUTIVE COMPENSATION

COMMITTEE HAS ESTABLISHED AND APPROVED THE EXECUTIVE COMPENSATION

PHILOSOPHY FOR VCH AND ALL RELATED ENTITIES. IT WILL ALSO APPROVE ALL

CHANGES IN THE COMPENSATION PACKAGE FOR VCH EXECUTIVES IN ADVANCE. ON AN

ANNUAL BASIS, THE COMMITTEE CONDUCTS A COMPREHENSIVE REVIEW OF TOTAL

COMPENSATION 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 THAT

REFLECT COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE AND

SCOPE

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

* DIFFICULTIES IN RECRUITING AND RETAINING EXECUTIVES

* 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 HOSPITALS WICHITA, INC.

48-1172106

GOVERNING DOCUMENTS

PART VI, SECTION C, QUESTION 19

VIA CHRISTI HOSPITALS WICHITA, 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 HOSPITALS WICHITA, INC.

48-1172106

COMMUNITY BENEFIT REPORT

PART III

PART III, 1

VIA CHRISTI HOSPITALS WICHITA, INC. (VCHW) HAS A LONG TRADITION OF PROVIDING PROGRAMS AND SERVICES TO PROMOTE HEALTH AND HEALING FOR IDENTIFIED COMMUNITY NEEDS AND IMPROVING ACCESS TO CARE FOR ALL IN THE GEOGRAPHIC AREAS IN WHICH WE SERVE.

COMMITMENT TO PROVIDING COMMUNITY BENEFIT

VCHW IS A MEMBER OF VIA CHRISTI HEALTH, INC. (VCH). AS A CATHOLIC HEALTH SYSTEM, VCH HAS ITS ORIGINS IN A FAITH-BASED RESPONSE TO THE HEALTH NEEDS OF THE COMMUNITY, WITH A PARTICULAR CONCERN FOR THOSE LIVING IN POVERTY AND OTHER SPECIAL POPULATIONS. VCH'S HISTORY EXTENDS BACK OVER 100 YEARS, WHEN OUR FOUNDING CONGREGATIONS - THE SISTERS OF THE SORROWFUL MOTHER AND THE CONGREGATION OF ST. JOSEPH - STARTED THEIR HEALTH CARE MINISTRIES IN RESPONSE TO COMMUNITY HEALTH NEEDS IN KANSAS AND NORTHEASTERN OKLAHOMA. TODAY, VCH IS SPONSORED BY THE SISTERS OF THE SORROWFUL MOTHER; THE CONGREGATION OF ST. JOSEPH, FOUR PROVINCES OF THE DAUGHTERS OF CHARITY AND THE SISTERS OF ST. JOSEPH OF CARONDELET. VCH INCLUDES HEALTH MINISTRIES WHICH OPERATE PROGRAMS TO SERVE PEOPLE THROUGHOUT KANSAS AND NORTHEASTERN OKLAHOMA.

ACCORDING TO THE VCH' MISSION STATEMENT, "AS A PART OF VIA CHRISTI HEALTH, WE SHARE THIS MISSION: INSPIRED BY THE GOSPEL AND OUR CATHOLIC

Name of the organization

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VIA CHRISTI HOSPITALS WICHITA, INC.

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TRADITION, WE SERVE AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR
NEIGHBORS WHO ARE VULNERABLE."

FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

QUANTIFIABLE COMMUNITY BENEFIT

THE FINANCIAL INFORMATION IN THIS REPORT WAS PREPARED IN ACCORDANCE WITH
THE CATHOLIC HEALTH ASSOCIATION'S (CHA) A GUIDE FOR PLANNING AND
REPORTING COMMUNITY BENEFIT GUIDELINES. PER THESE GUIDELINES, WE REPORT
THE NET EXPENSE FOR COMMUNITY BENEFIT SERVICES, I.E., THE TOTAL COMMUNITY
BENEFIT EXPENSE MINUS ANY ASSOCIATED REVENUE FROM PATIENTS, RESIDENTS,
PAYERS, AND OTHER EXTERNAL SOURCES.

THE CHA GUIDELINES REFLECT A CONSERVATIVE APPROACH TO REPORTING
QUANTIFIABLE COMMUNITY BENEFIT. THE GOAL OF THE GUIDELINES IS TO PRODUCE
COMMUNITY BENEFIT FINANCIAL REPORTS THAT REFLECT TRUE COSTS AND THAT
DESCRIBE COMMUNITY BENEFIT ACTIVITIES THAT INCREASE ACCESS TO HEALTH CARE
AND IMPROVE COMMUNITY HEALTH FOR ALL.

THE FOLLOWING ARE VCHW DEFINITIONS FOR QUANTIFIABLE COMMUNITY BENEFITS
REPORTS BELOW.

CHARITY CARE - FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PERSONS
WHO CANNOT AFFORD TO PAY AND WHO MEET VCHW'S CRITERIA FOR FINANCIAL
ASSISTANCE. CHARITY CARE IS REPORTED IN TERMS OF COSTS, NOT CHARGES.
CHARITY CARE DOES NOT INCLUDE BAD DEBT.

Name of the organization	Employer identification number
VIA CHRISTI HOSPITALS WICHITA, INC.	48-1172106

GOV'T SPONSORED MEANS-TESTED HEALTH CARE (MEDICAID) - INCLUDES UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS - THE SHORTFALL CREATED WHEN VCHW 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

SUBSIDIZED HEALTH SERVICES - ARE CLINICAL SERVICE LINES THAT ARE PROVIDED DESPITE A FINANCIAL LOSS, AND 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 ANOTHER NOT-FOR-PROFIT ORGANIZATION TO PROVIDE.

FOR FISCAL YEAR ENDED SEPTEMBER 30, 2009

COMMUNITY BENEFIT (VCHW, INC):

1) CHARITY CARE - AT COST \$26.2 MILLION

2) GOVERNMENT SPONSORED HEALTH CARE - NET EXPENSE \$10.2 MILLION

UNPAID COST OF PUBLIC INDIGENT CARE PROGRAMS

(INCLUDES MEDICAID, SCHIP, OTHER SAFETY NET

PROGRAMS; DOES NOT INCLUDE MEDICARE SHORTFALL)

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

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3) COMMUNITY BENEFIT PROGRAMS - NET EXPENSE \$17.1 MILLION

* HEALTH PROFESSIONS EDUCATION (PHYSICIANS,

NURSES, OTHER) \$11.0 MILLION

* SUBSIDIZED HEALTH SERVICES, INCLUDING BEHAVIORAL

HEALTH \$4.8 MILLION

4) TOTAL QUANTIFIABLE COMMUNITY BENEFIT \$53.5 MILLION

EXAMPLES OF SOME OF THE COMMUNITY PROGRAMS PROVIDED BY VIA CHRISTI
HOSPITALS WICHITA, INC. ARE DETAILED BELOW.

SCHOOL NURSE PROGRAM:

THE PRIMARY FOCUS OF THIS PROGRAM IS TO SERVE THE POOR AND UNDERSERVED
CHILDREN IN NON-PUBLIC SCHOOLS WITHOUT A SCHOOL NURSE. WE PROMOTE
HOLISTIC HEALTH FOR STUDENTS, PARENTS, AND SCHOOL STAFF AND PROVIDE
COMMUNITY-BASED LEARNING EXPERIENCES FOR STUDENT NURSES. THE PROGRAM
PROVIDES HEALTH SCREENINGS (VISION, HEARING, BLOOD PRESSURE, HEIGHT AND
WEIGHT, DENTAL), PROVIDES PARENTS WITH ASSISTANCE IN ACCESSING COMMUNITY
RESOURCES FOR HEALTH SERVICES, AND IMMUNIZATION COMPLIANCE AUDITING.
DURING THIS TIME PERIOD THEY PERFORMED OVER 6,830 SCREENINGS.

ENROLLMENT IN PUBLIC ASSISTANCE:

Name of the organization	Employer identification number
VIA CHRISTI HOSPITALS WICHITA, INC.	48-1172106

WHILE THE PRIMARY FOCUS OF THIS PROGRAM IS TO ASSIST PATIENTS IN ENROLLING IN PUBLIC ASSISTANCE PROGRAMS, OUR STAFF ENROLLED 2,794 PEOPLE WHO QUALIFIED FOR THIS ASSISTANCE. THESE APPLICATIONS REPRESENTED OUR STAFF GOING ABOVE AND BEYOND THE 'STANDARD OF CARE' REQUIRED BY HOSPITALS TO ENSURE THAT THIS VULNERABLE POPULATION IS ABLE TO ACCESS AVAILABLE PROGRAM.

CARE VAN:

VIA CHRISTI SECURITY HAS OFFERED TRANSPORTATION TO FAMILY MEMBERS OF PATIENTS, MANY WHO APPEAR TO HAVE LIMITED RESOURCES OR NO OTHER MEANS OF TRANSPORTATION, BACK TO THEIR HOTELS. THEY OFFERED 4,066 PEOPLE RIDES FOR A COMMUNITY BENEFIT OF APPROXIMATELY \$12,685. THE MAJORITY OF THESE PATIENTS' WERE ON MEDICAID, MEDICARE OR ELIGIBLE FOR FINANCIAL ASSISTANCE.

GERARD HOUSE:

VIA CHRISTI HOSPITALS WICHITA, INC. PROVIDES MONETARY AND IN-KIND SUPPORT TO GERARD HOUSE, ALONG WITH FINANCIAL PREPARATION, MAINTENANCE SUPPORT TO ENABLE IT TO CONTINUE ITS MISSION OF PROVIDING HOUSING AND CARE FOR UNWED MOTHERS. GERARD HOUSE IS A HOME FOR PREGNANT TEENAGERS, AGE 12 AND OLDER, WHO NEED A SAFE HOME ENVIRONMENT. COMPREHENSIVE SERVICES PROVIDED INCLUDE ON-SITE LAMAZE CLASSES, PARENTING CLASSES FOCUSING ON PRENATAL CARE, CHILD DEVELOPMENT AND PARENTING SKILLS. RESIDENTS ARE TUTORED IN SCHOOL SUBJECTS, GED COURSES, MEAL PREPARATION, NUTRITION AND SEWING. GERARD HOUSE PROVIDES PSYCHOLOGICAL, SPIRITUAL AND ADOPTION COUNSELING.

Name of the organization	Employer identification number
VIA CHRISTI HOSPITALS WICHITA, INC.	48-1172106

MANY OF THE RESIDENTS ARE COURT APPOINTED TEENS. GERARD HOUSE PROVIDED SERVICES TO 37 WOMEN AND 15 NEWBORNS DURING THIS PERIOD OF TIME. THE WOMEN CAN STAY UP TO 2 MONTHS AFTER THE BABY IS DELIVERED.

MEDICATIONS FOR INDIGENT PATIENTS:

OFTEN TIME'S PATIENTS WHO COME TO VIA CHRISTI ARE EITHER INDIGENT, HOMELESS, OR WITHOUT FUNDS TO BE ABLE TO LEAVE THE HOSPITAL WITH NEEDED MEDICATIONS. VIA CHRISTI OFTEN PROVIDES THESE MEDICATIONS FREE OF CHARGE TO THE PATIENTS. APPROXIMATELY 812 PEOPLE WERE SERVED IN THIS PROGRAM WITH A COST OF \$13,698.

RENT SUBSIDIES:

VIA CHRISTI HAS GIVEN RENT SUBSIDIES TO GRACE MEDICAL CLINIC IN ORDER FOR THEM TO RUN THEIR CLINIC FOR THE MEDICALLY UNDERINSURED AND UNINSURED PERSONS IN THE SEDGWICK COUNTY AREA. THIS IS A COMMUNITY BENEFIT OF \$66,300.

VIA CHRISTI HAS GIVEN RENT SUBSIDIES TO RESOURCE CENTER IN ORDER FOR THE COMMUNITY IN AN IMPOVERISHED AREA TO MEET AND HAVE HEALTH ACTIVITIES. THIS IS A COMMUNITY BENEFIT OF \$83,040.

VIA CHRISTI HAS GIVEN RENT SUBSIDIES TO RONALD MCDONALD HOUSE IN ORDER TO HOUSE FAMILIES OF CHILDREN. THIS IS A COMMUNITY BENEFIT OF \$23,475.

ROOM USAGE:

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

VIA CHRISTI HAS PROVIDED IN-KIND DONATION OF SPACE FOR MEETINGS AND CONFERENCES FOR AREA NON-PROFIT GROUPS AS A MEANS TO ALLOW GROUPS WITHOUT FUNDS TO MEET IN A CONDUCIVE PLACE FOR STRATEGIC PLANNING, PARTICIPATING IN EDUCATIONAL ENDEAVORS; ETC. THE AMOUNT OF COMMUNITY BENEFIT PROVIDED BY THIS ACTIVITY WAS \$92,514.

SUPPORT GROUPS:

VIA CHRISTI HAS A NUMBER OF SUPPORT GROUPS WHICH THEY EITHER CONDUCT ALONE OR IN COLLABORATION WITH OTHER AGENCIES OPEN TO THE BROAD COMMUNITY. THE MAIN SUPPORT GROUPS ARE:

* AMPUTEE SUPPORT GROUP

* ONCOLOGY SUPPORT GROUP

* REHABILITATION SUPPORT GROUP

* FIBROMYALGIA SUPPORT GROUP

* STROKE SUPPORT GROUP

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

MEMBERS

PART VI, SECTION A, QUESTIONS 6, 7A & 7B

VIA CHRISTI HEALTH, INC. IS THE SOLE CORPORATE MEMBER. THE MEMBER HAS THE FOLLOWING SPECIFIC RIGHTS AND RESPONSIBILITIES:

* APPROVE, BEFORE THEY MAY BECOME EFFECTIVE, ALL MISSION, PHILOSOPHY

AND VALUE STATEMENTS OF THE MEDICAL CENTER AND ALL AMENDMENTS

THERE TO.

* MONITOR COMPLIANCE WITH THE MISSION AND PHILOSOPHY OF THE MEMBER AND

SPONSORS THROUGH RECEIPT OF ANNUAL REPORTS, FINANCIAL STATEMENTS AND

OTHER PERTINENT INFORMATION.

* ENACT OR AMEND ARTICLES OF INCORPORATION FOR THE CORPORATION IN ITS

SOLE DISCRETION AND APPROVE ALL AMENDMENTS THERE TO.

* ENACT CORPORATE BYLAWS FOR THE CORPORATION IN ITS SOLE DISCRETION AND

APPROVE ALL AMENDMENTS THERE TO.

* APPOINT OR REMOVE THE TRUSTEES OF THE MEDICAL CENTER.

* APPOINT OR REMOVE THE PRESIDENT OF THE MEDICAL CENTER.

* APPROVE, BEFORE IT MAY BECOME EFFECTIVE, THE DISSOLUTION, MERGER OR

CONSOLIDATION OR SALE OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION.

* APPROVE ALL DONATIONS, TRANSFERS, LEASES, ENCUMBRANCES OR OTHER

CONVEYANCES OF THE PROPERTY OF ALL ASSETS OF THE MEDICAL CENTER IN

EXCESS OF THE LESSER OF THE CANONICAL ALIENATION THRESHOLD OR THE

AMOUNT SPECIFIED FROM TIME TO TIME BY THE MEMBER.

* APPROVE, BEFORE IT MAY BECOME EFFECTIVE, THE CREATION OF ANY TAXABLE

OR TAX-EXEMPT SUBSIDIARY ORGANIZATION TO THE MEDICAL CENTER.

* RECEIVE AND APPROVE ALL OPERATING AND CAPITAL BUDGETS OF THE MEDICAL

CENTER.

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

* APPROVE ALL UNBUDGETED EXPENSE IN EXCESS OF \$200,000 OR THE AMOUNT

SPECIFIED IN WRITING FROM TIME TO TIME BY THE MEMBER.

* APPROVE THE ISSUANCE OF ANY DEBT BY THE MEDICAL CENTER IN EXCESS OF

THE LESSER OF THE CANONICAL ALIENATION THRESHOLD OR THE AMOUNT

SPECIFIED IN WRITING FROM TIME TO TIME BY THE MEMBER.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

TRUSTEE CONTACT INFORMATION

PART VI, SECTION A, QUESTION 11

ALEX AMMAR MD 818 N EMPORIA STE 200

WICHITA KS 67214

CYNTHIA CARNAHAN 1551 N WATERFRONT PKWY STE 110

WICHITA KS 67206

NOREEN CARROCCI PHD 3100 MCCORMICK AVE

WICHITA KS 67213

SR. M. FELICIDAD CHAVEZ 1923 S UTICA

TULSA OK 74104

KEVIN CONLIN 8200 E THORN

WICHITA KS 67226

SR. LORETTA MARIE HALL PO BOX 140881

BROKEN ARROW OK 74014

DEBORAH HAYNES MD 3009 N CYPRESS

WICHITA KS 67226

B ANTHONY ISAAC 8100 E 22ND ST N BLDG 500

WICHITA KS 67226

J V JOHNSTON 12111 E 21ST ST N

WICHITA KS 67206

MICHAELNE MARINGER 929 N ST FRANCIS

WICHITA KS 67214

SR. DIANE LEARY 6739 PERRYTON ST

WICHITA KS 67226

JONATHAN DORT MD 818 N EMPORIA STE 200

WICHITA KS 67214

MAURICE L DUGGINS MD 1121 S CLIFTON

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

WICHITA KS 67218

DONALD SEERY MD

1121 S CLIFTON

WICHITA KS 67218

CHRIS SHANK

245 N WACO STE 300

WICHITA KS 67202

SR. AGNES WEBER

6700 E 45TH ST NORTH

WICHITA KS 67226

LYNDON WELLS

105 N MAIN

WICHITA KS 67202

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

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

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

TAX-EXEMPT BONDS

PART IV, QUESTION 24A

VIA CHRISTI HOSPITALS WICHITA (VCHW) ALONG WITH VIA CHRISTI HEALTH (VCH)

AND OTHER HEALTH SYSTEM HOSPITALS (THE "OBLIGATED GROUP"), ENTERED INTO A

MASTER TRUST INDENTURE AND AN OBLIGATED GROUP A VIA CHRISTI HEALTH

AGREEMENT WHEREBY THEY WERE JOINTLY AND SEVERALLY LIABLE FOR ALL AMOUNTS

DUE UNDER ANY AND ALL NOTES AND GUARANTEES ISSUED PURSUANT TO THE MASTER

TRUST INDENTURE. THE OBLIGATED GROUP CONSISTS OF THE VIA CHRISTI HEALTH

INC, VCHW, INC., VIA CHRISTI REHABILITATION HOSPITAL, AND VIA CHRISTI

HOSPITAL PITTSBURG.

ALL BOND DEBT IS REPORTED ON THE BOOKS OF VCH WITH INTERCOMPANY DEBT

REPORTED ON THE RESPECTIVE HOSPITAL MINISTRIES. FOR THE YEAR ENDED

SEPTEMBER 30, 2009 VCHW HAD INTERCOMPANY DEBT OUTSTANDING PAYABLE TO VCH

IN THE AMOUNT OF \$122,527. THIS DEBT RELATES TO THE FOLLOWING TAX EXEMPT

BOND ISSUES OUTSTANDING AND REPORT ON VCH FORM 990.

SERIES III 2009-A HOSPITAL REVENUE BONDS

48-600653

CUSIP 967250

9/24/2009

\$49,274,000

IMPROVEMENTS & REFUNDING OLD BONDS

SERIES III 2001 HOSPITAL FACILITIES REVENUE BONDS

48-600653

CUSIP 967250

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

5/1/2001

\$67,720,000

REFUNDING OLD BONDS AND IMPROVEMENTS

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

RELATED TAX-EXEMPT ORGANIZATIONS

SCHEDULE R, PART II

VIA CHRISTI HOSPITALS WICHITA, INC. IS CONTROLLED BY 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.

HEALTH SYSTEM ARE BEING LISTED AS RELATED ORGANIZATIONS ON SCHEDULE R.

Name of the organization

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

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 | | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to other organization(s) | | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from other organization(s) | <input checked="" type="checkbox"/> | |
| d Loans or loan guarantees to or for other organization(s) | <input checked="" type="checkbox"/> | |
| e Loans or loan guarantees by other organization(s) | <input checked="" type="checkbox"/> | |
| f Sale of assets to other organization(s) | | <input checked="" type="checkbox"/> |
| g Purchase of assets from other organization(s) | | <input checked="" type="checkbox"/> |
| h Exchange of assets | | <input checked="" type="checkbox"/> |
| i Lease of facilities, equipment, or other assets to other organization(s) | <input checked="" type="checkbox"/> | |
| j Lease of facilities, equipment, or other assets from other organization(s) | <input checked="" type="checkbox"/> | |
| k Performance of services or membership or fundraising solicitations for other organization(s) | <input checked="" type="checkbox"/> | |
| l Performance of services or membership or fundraising solicitations by other organization(s) | <input checked="" type="checkbox"/> | |
| m Sharing of facilities, equipment, mailing lists, or other assets | | <input checked="" type="checkbox"/> |
| n Sharing of paid employees | <input checked="" type="checkbox"/> | |
| o Reimbursement paid to other organization for expenses | <input checked="" type="checkbox"/> | |
| p Reimbursement paid by other organization for expenses | <input checked="" type="checkbox"/> | |
| q Other transfer of cash or property to other organization(s) | <input checked="" type="checkbox"/> | |
| r Other transfer of cash or property from other organization(s) | <input checked="" type="checkbox"/> | |

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

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	SEE SCHEDULE R-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., 48-1067110 6700 E. 45TH ST. N WICHITA, KS 67226	RTRMNT HOME	KS	501 (C) (3)	9	VCV
CIBOR, INC., 27-0564463 929 N. ST. FRANCIS WICHITA, KS 67214	RESEARCH	KS	501 (C) (3)	3	VC HOSPITAL
CORNERSTONE ASSISTED LIVING, INC., 48-1241079 3636 N. RIDGE ROAD WICHITA, KS 67205	RTRMNT HOME	KS	501 (C) (3)	9	VCV
GERARD HOUSE, INC., 48-1049532 3144 N. HOOD WICHITA, KS 67204	SHELTER	KS	501 (C) (3)	7	VC HOSPITAL
MARIAN HEALTH SYSTEM, INC., 36-3659989 1923 SOUTH UTICA AVENUE TULSA, OK 74104	HOSPITAL SUPOK	KS	501 (C) (3)	11	N/A
MERCY COMMUNITY HEALTH FOUNDATION, INC., 48-1152279 1823 COLLEGE AVE MANHATTAN, KS 66502	FOUNDATION	KS	501 (C) (3)	11	MERCY REG.
MERCY REGIONAL HEALTH CENTER, INC., 48-1186704 1823 COLLEGE AVE MANHATTAN, KS 66502	HOSPITAL	KS	501 (C) (3)	3	VCH
MERCY REGIONAL HOME MEDICAL SERVICES, LL, 43-2024491 2439 CLAFLIN ROAD MANHATTAN, KS 66502	HOME MEDICAL	KS	501 (C) (3)	11	MERCY REG.
MOUNT CARMEL FOUNDATION, 48-0961283 1102 E. CENTENNIAL DR PITTSBURG, KS 66762	FOUNDATION	KS	501 (C) (3)	11	VC MT CRML
SALINA REGIONAL HOME MEDICAL SERVICES, L, 43-1948057 520 S. SANTA FE AVE, STE 140 SALINA, KS 67401	HOME MEDICAL	KS	501 (C) (3)	11	SALINA REG.
ST. JOHN'S, INC., 20-2828680 2225 CANTEBURY DR HAYS, KS 67601	RTRMNT HOME	KS	501 (C) (3)	9	VCV
VIA CHRISTI FOUNDATION, INC., 48-1173588 723 N. MCLEAN BLVD WICHITA, KS 67203	FOUNDATION	KS	501 (C) (3)	11	VC HOSPITAL
VIA CHRISTI HEALTH PARTNERS, INC., 48-0958974 8200 E. THORN DRIVE, SUITE 300 WICHITA, KS 67226	MGMT CO.	KS	501 (C) (3)	9	VC HOSPITAL
VIA CHRISTI HEALTH, INC., 48-1172107 8200 E. THORN DRIVE, SUITE 300 WICHITA, KS 67226	HOSPITAL SUPKS	KS	501 (C) (3)	9	N/A
VIA CHRISTI HEALTHCARE OUTREACH PROGRAM, 48-1236589 2622 W. CENTRAL, SUITE 100 WICHITA, KS 67203	PACE COMMUNIKS	KS	501 (C) (3)	9	VCV

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	VC HOSPITAL
VIA CHRISTI HOSPITAL PITTSBURG, INC. 48-0543778 1102 E. CENTENNIAL DR PITTSBURG, KS 66762	HOSPITAL	KS	501 (C) (3)	3	VCH
VIA CHRISTI HOSPITAL WICHITA ST. TERESA 27-1965272 929 N. ST. FRANCIS WICHITA, KS 67214	HOSPITAL	KS	501 (C) (3)	3	VC HOSPITAL
VIA CHRISTI IMMEDIATE CARE, MMA, INC. 20-8374099 929 N. ST. FRANCIS WICHITA, KS 67214	MED. CLINIC	KS	501 (C) (3)	3	VC HOSPITAL
VIA CHRISTI PROPERTY SERVICES, INC. 48-0948571 1100 N. ST. FRANCIS, SUITE 240 WICHITA, KS 67214	PROPERTY MGMT	KS	501 (C) (4)	N/A	VCHP
VIA CHRISTI REHABILITATION HOSPITAL, INC. 48-1158274 1151 N. ROCK ROAD WICHITA, KS 67206	REHAB.	KS	501 (C) (3)	3	VC HOSPITAL
VIA CHRISTI VILLAGE GEORGETOWN, INC. 48-1129325 1655 S. GEORGETOWN WICHITA, KS 67218	RTRMNT HOME	KS	501 (C) (3)	9	VCH
VIA CHRISTI VILLAGE MANHATTAN, INC. 48-1078862 2800 WILLOWGROVE RD MANHATTAN, KS 66502	RTRMNT HOME	KS	501 (C) (3)	9	VCH
VIA CHRISTI VILLAGE MCLEAN, INC. 48-1247723 777 N. MCLEAN BLVD WICHITA, KS 67203	RTRMNT HOME	KS	501 (C) (3)	9	VCH
VIA CHRISTI VILLAGE PONCA CITY, INC. 73-1153337 1601 ACADEMY RD PONCA CITY, KS 74604	RTRMNT HOME	OK	501 (C) (3)	9	VCH
VIA CHRISTI VILLAGE PITTSBURG, INC. 74-3070971 1502 E. CENTENNIAL DR PITTSBURG, KS 66762	RTRMNT HOME	KS	501 (C) (3)	9	VCH
VIA CHRISTI VILLAGES, INC. 48-0559086 2622 W. CENTRAL, SUITE 100 WICHITA, KS 67203	MGMT CO.	KS	501 (C) (3)	11	VCH
WAMEGO HOSPITAL ASSOCIATION 72-1526400 711 GINN DR WAMEGO, KS 66547	HOSPITAL	KS	501 (C) (3)	3	MERCY REG.
ASCENSION HEALTH 31-1662309 P.O. BOX 45998 ST. LOUIS, MO 63145	HLTH SYS GOVMO		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) VIA CHRISTI FOUNDATION, INC.	R	863,727.
(8) VIA CHRISTI FOUNDATION, INC.	Q	400,607.
(9) VIA CHRISTI FOUNDATION, INC.	P	418,796.
(10) VIA CHRISTI FOUNDATION, INC.	O	336,461.
(11) VIA CHRISTI FOUNDATION, INC.	N	981,766.
(12) VIA CHRISTI HEALTH PARTNERS, INC.	P	376,598.
(13) VIA CHRISTI HEALTH PARTNERS, INC.	K	237,556.
(14) VIA CHRISTI HEALTH PARTNERS, INC.	L	320,803.
(15) VIA CHRISTI HEALTH PARTNERS, INC.	O	7,955,851.
(16) VIA CHRISTI HEALTH PARTNERS, INC.	J	103,680.
(17) VIA CHRISTI HOME HEALTH WICHITA, INC.	K	64,218.
(18) VIA CHRISTI HOME HEALTH WICHITA, INC.	P	89,800.
(19) VIA CHRISTI REHABILITATION HOSPITAL, INC.	P	1,891,269.
(20) VIA CHRISTI REHABILITATION HOSPITAL, INC.	K	262,359.
(21) VIA CHRISTI IMMEDIATE CARE, MMA, INC.	O	56,335.
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2008

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

=====

VIA CHRISTI HOSPITALS WICHITA (VCHW) HAS A LONG TRADITION OF PROVIDING PROGRAMS AND SERVICES TO PROMOTE HEALTH AND HEALING FOR IDENTIFIED COMMUNITY NEEDS AND IMPROVING ACCESS TO CARE FOR ALL IN THE GEOGRAPHIC AREAS IN WHICH WE SERVE.

COMMITMENT TO PROVIDING COMMUNITY BENEFIT

VCHW IS A MEMBER OF VIA CHRISTI HEALTH (VCH). AS A CATHOLIC HEALTH SYSTEM, VCH HAS ITS ORIGINS IN A FAITH-BASED RESPONSE TO THE HEALTH NEEDS OF THE COMMUNITY, WITH A PARTICULAR CONCERN FOR THOSE LIVING IN POVERTY AND OTHER SPECIAL POPULATIONS. VCH'S HISTORY EXTENDS BACK OVER 100 YEARS, WHEN OUR FOUNDING CONGREGATIONS - THE SISTERS OF THE SORROWFUL MOTHER AND THE CONGREGATION OF ST. JOSEPH - STARTED THEIR HEALTH CARE MINISTRIES IN RESPONSE TO COMMUNITY HEALTH NEEDS IN KANSAS AND NORTHEASTERN OKLAHOMA. TODAY, VCH IS SPONSORED BY THE SISTERS OF THE SORROWFUL MOTHER; THE CONGREGATION OF ST JOSEPH, FOUR PROVINCES OF THE DAUGHTERS OF CHARITY AND THE SISTERS OF ST. JOSEPH OF CARONDELET. VCH INCLUDES HEALTH MINISTRIES WHICH OPERATE PROGRAMS TO SERVE PEOPLE THROUGHOUT KANSAS AND NORTHEASTERN OKLAHOMA.

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
WICHITA CENTER FOR GRADUATE MEDICAL ED. 1010 N KANSAS WICHITA, KS 67214	PHYSICIAN SERVICES	8,779,468.
J E DUNN CONSTRUCTION COMPANY 929 HOLMES KANSAS CITY, MO 64106	CONSTRUCTION	25,723,529.
KANSAS PROFESSIONAL ANESTHESIA PO BOX 1761 WICHITA, KS 67201	ANESTHESIA SERVICES	2,620,000.
ANESTHESIA CONSULTING PO BOX 356 WICHITA, KS 67201-0356	ANESTHESIA SERVICES	4,902,605.
UKSM-WICHITA 1010 N KANSAS WICHITA, KS 67214	PHYSICIANS TEACHING	2,710,625.
TOTAL COMPENSATION		----- 44,736,227. =====

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
EARNINGS OF OPERATING JOINT VENTURES	1,831,022.	332,537.	1,498,485.	
INTEREST INCOME	6,818,721.			6,818,721.
DIVIDEND INCOME	61,584.			61,584.
TOTALS	8,711,327.	332,537.	1,498,485.	6,880,305.

SCHEDULE FOR DEPRECIATION CLAIMED

80

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

=====

OTHER INCOME

RENTAL INCOME

1,993,456.

1,993,456.

=====

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
RENTAL INCOME	1,993,456.			1,993,456.
	-----	-----	-----	-----
TOTALS	1,993,456.			1,993,456.
	=====	=====	=====	=====

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

=====

BORROWER: ELIZABETH RAITZ-COWBOY, MD
 ORIGINAL AMOUNT: 100,000.
 INTEREST RATE: 9.250000
 DATE OF NOTE: 03/14/2007
 MATURITY DATE: 03/13/2010
 REPAYMENT TERMS: MONTHLY PAYMENTS: 1/36 OF PRINCIPAL AND INT./MONTH
 SECURITY PROVIDED: PROMISSORY NOTE
 PURPOSE OF LOAN: STUDENT LOAN PAYMENTS
 RELATIONSHIP: EMPLOYEE

BEGINNING BALANCE DUE 51,285.
 ENDING BALANCE DUE 15,961.

BORROWER: SAMIR F. HENIEN, MD
 ORIGINAL AMOUNT: 169,733.
 INTEREST RATE: NONE
 DATE OF NOTE: 09/30/2001
 SECURITY PROVIDED: NONE
 PURPOSE OF LOAN: MEDICAL PRACTICE BUY-OUT
 RELATIONSHIP: NONE

BEGINNING BALANCE DUE 169,733.
 ENDING BALANCE DUE NONE

BORROWER: AARON FIELDS, DO
 ORIGINAL AMOUNT: 60,000.
 INTEREST RATE: 5.250000
 DATE OF NOTE: 08/01/2006
 MATURITY DATE: 07/31/2011
 REPAYMENT TERMS: MONTHLY PAYMENTS: 1/60 OF PRINCIPAL AND INT./MONTH
 SECURITY PROVIDED: PROMISSORY NOTE
 PURPOSE OF LOAN: STUDENT LOAN PAYMENT
 RELATIONSHIP: EMPLOYEE

BEGINNING BALANCE DUE 34,000.
 ENDING BALANCE DUE 22,000.

BORROWER: JOHN FLESHER, MD
 ORIGINAL AMOUNT: 100,000.
 INTEREST RATE: 12.000000
 DATE OF NOTE: 07/01/2004
 MATURITY DATE: 06/30/2009
 REPAYMENT TERMS: MONTHLY PAYMENTS: 1/60 OF PRINCIPAL AND INT./MONTH
 SECURITY PROVIDED: PROMISSORY NOTE
 PURPOSE OF LOAN: STUDENT LOAN PAYMENT
 RELATIONSHIP: EMPLOYEE

BEGINNING BALANCE DUE 15,000.
 ENDING BALANCE DUE NONE

BORROWER: SHERYL HEMMEN, MD
 ORIGINAL AMOUNT: 120,000.
 DATE OF NOTE: 09/15/1998
 MATURITY DATE: 10/01/2008
 REPAYMENT TERMS: MONTHLY PAYMENT: 1/120 OF PRINCIPAL AND INT./MONTH
 SECURITY PROVIDED: PROMISSORY NOTE
 PURPOSE OF LOAN: STUDENT LOAN PAYMENT
 RELATIONSHIP: EMPLOYEE

BEGINNING BALANCE DUE 1,000.
 ENDING BALANCE DUE NONE

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 271,018.
 =====

TOTAL ENDING NOTES AND LOANS RECEIVABLES 37,961.
 =====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAIDS	6,121,904.

TOTALS	6,121,904.
	=====

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE
=====

LENDER: VIA CHRISTI HEALTH, INC.
ORIGINAL AMOUNT: 71,090,000.
INTEREST RATE: 6.250000
DATE OF NOTE: 07/19/2001
MATURITY DATE: 10/31/2002
REPAYMENT TERMS: ANNUAL
SECURITY PROVIDED: BUILDING AND IMPROVEMENTS
PURPOSE OF LOAN: DEFEASE BOND DEBT

BEGINNING BALANCE DUE	68,370,000.
ENDING BALANCE DUE	67,720,000.

LENDER: CITY OF WICHITA
ORIGINAL AMOUNT: 29,444.
INTEREST RATE: 4.400000
DATE OF NOTE: 12/01/2002
MATURITY DATE: 12/20/2016
REPAYMENT TERMS: ANNUAL
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: STREET IMPROVEMENTS

BEGINNING BALANCE DUE	19,882.
ENDING BALANCE DUE	18,000.

LENDER: CITY OF WICHITA
ORIGINAL AMOUNT: 103,719.
INTEREST RATE: 4.400000
DATE OF NOTE: 09/01/2002
MATURITY DATE: 12/20/2016
REPAYMENT TERMS: ANNUAL
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: STREET IMPROVEMENTS

BEGINNING BALANCE DUE	70,030.
ENDING BALANCE DUE	66,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	68,459,912.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	67,804,000.
	=====

SCHEDULE D
(Form 1041)

Capital Gains and Losses

OMB No 1545-0092

2008

Department of the Treasury
Internal Revenue Service

▶ **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).**

Name of estate or trust

Employer identification number

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

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)
1a					

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

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)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-20,946,391.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	-20,946,391.

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
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		-20,946,391.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a	15		-20,946,391.

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

16	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	16	(3,000.)
a	The loss on line 15, column (3) or 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.

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

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 HOSPITALS WICHITA, INC.

48-1172106

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						-138,621.

3 Gain, if any, from Form 4684, line 45

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows

7

-138,621.

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

8 Nonrecaptured net section 1231 losses from prior years (see instructions)

8

9 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)

9

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)

11 Loss, if any, from line 7

11

(138,621.)

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 37 and 44a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17

-138,621.

18 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

a 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

18a

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

18b

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	

Supplement to Form 4797 Part I Detail

[illegible]

Form **8868**

(Rev. April 2009)

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

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **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 and click on *e-file for Charities & Nonprofits*

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of Exempt Organization

VIA CHRISTI REGIONAL MEDICAL CENTER INC

Employer identification number

48-1172106

Number, street, and room or suite no. If a P.O. box, see instructions

929 N SAINT FRANCIS

City, town or post office, state, and ZIP code. For a foreign address, see instructions

WICHITA, KS 67214

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 ► SHELLY TRENT

Telephone No ► 316 268-5600

FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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

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

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

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

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

- 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
	VIA CHRISTI REGIONAL MEDICAL CENTER INC	48-1172106
	Number street and room or suite no. If a P.O. box, see instructions	For IRS use only
	929 N SAINT FRANCIS	
	City, town or post office state and ZIP code For a foreign address, see instructions	
	WICHITA, KS 67214	

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 **SHELLY TRENT**
Telephone No **316 268-5600** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **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

- 4 I request an additional 3-month extension of time until **08/15/2010**
- 5 For calendar year _____, or other tax year beginning **10/01/2008** and ending **09/30/2009**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO ACCUMULATE THE NECESSARY INFORMATION FOR THE FILING OF A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ NONE
8c Balance Due. 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	8c \$

Signature and Verification

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

Signature **GRANT THORNTON LLP** Title **CPA** Date **5/11/10**

GRANT THORNTON LLP

8300 THORN DRIVE, SUITE 300

WICHITA, KS 67226-2708

Form 8868 (Rev 4-2009)