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JUL 16 '13

1009

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 48-1172106
		Doing Business As	
		Number and street (or P O box if mail is not delivered to street address)	Room/suite
		929 N SAINT FRANCIS	
		City or town, state or country, and ZIP + 4 WICHITA, KS 67214	
F Name and address of principal officer RANDALL PETERSON 8200 E THORN DRIVE, SUITE 300 WICHITA, KS 67226		E Telephone number (316) 268-5000	
G Gross receipts \$ 928,716,634.		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "No," attach a list (see instructions)	
H(c) Group exemption number 0928			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527			
J Website: WWW.VIA-CHRISTI.ORG			
K Form 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			
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 net 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	10
5	Total number of employees (Part V, line 2a)	5	5,664
6	Total number of volunteers (estimate if necessary)	6	795
7a	Total gross unrelated business revenue from Part VIII, column (C), lines 1-12	7a	4,911,204.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	4,368,320.	4,795,171.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	604,550,593.	602,002,719.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,373,685.	17,090,388.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,458,596.	16,617,294.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	614,003,824.	640,505,572.
14	Benefits paid to or for members (Part IX, column (A), line 4)	632,646.	592,702.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	291,841,591.	290,155,236.
16b	Total fundraising expenses, Part IX, column (D), line 25	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	302,575,432.	310,938,120.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	595,049,669.	601,686,058.
19	Revenue less expenses Subtract line 18 from line 12	18,954,155.	38,819,514.
20	Total assets (Part X, line 16)	Beginning of Year	End of Year
21	Total liabilities (Part X, line 26)	589,515,070.	624,754,846.
22	Net assets or fund balances Subtract line 21 from line 20	207,636,216.	205,393,198.
		381,878,854.	419,361,648.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
Sign Here	Signature of officer	Date	
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (see instructions)	
GRANT THORNTON LLP		EIN	
8300 THORN DRIVE, SUITE 300 WICHITA, KS 67226-2708		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 (2009)

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JUL 12 2013
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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 2

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 \$ 491,205,053 including grants of \$ 4,189,985.) (Revenue \$ 608,921,136)
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 ► 491,205,053.

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	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 United States?		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 United States? 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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities 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	

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		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?		
25 a	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? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	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 US Information Returns. Enter -0- if not applicable.	1a	390
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
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	5,664
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	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	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	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 17	
b Enter the number of voting members that are independent	1b 10	
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 organization 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	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a 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?	10b X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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	
If "Yes" to line 15a or 15b, 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, DIRECTOR 8200 E THORN DRIVE, SUITE 300 WICHITA, KS 67226**
316-719-3200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(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			
KEVIN CONLIN TRUSTEE	1.00	X						0.	1,012,572	185,739.
DEBORAH G HAYNES MD TRUSTEE	40.00	X						159,537.	0.	18,763.
RANDALL PETERSON INTERIM CEO/PRESIDENT	1.00	X		X				0.	408,833	134,873.
DONALD SEERY MD TRUSTEE	40.00	X						190,022.	0.	28,780.
MAURICE DUGGINS MD TRUSTEE	40.00	X						176,231.	0.	28,126.
MICHAELNE MARINGER PRESIDENT, CEO	40.00	X		X				0.	494,741	103,380.
SISTER AGNES WEBER TRUSTEE	1.00	X						0.	9,435	3,365.
BRAD ELLIOTT TRUSTEE	1.00	X						0.	0.	0.
CHRIS SHANK TREASURER	1.00	X		X				0.	0.	0.
CYNTHIA CARNAHAN TRUSTEE	1.00	X						0.	0.	0.
JEANNE E KROEKER MD TRUSTEE	1.00	X						0.	0.	0.
J V JOHNSTON CHAIR	1.00	X		X				0.	0.	0.
LYNDON WELLS VICE CHAIR	1.00	X		X				0.	0.	0.
MIKE BUKATY TRUSTEE	1.00	X						0.	0.	0.
NOREEN CARROCCI PHD SECRETARY	1.00	X		X				0.	0.	0.
ROBERT W BINGAMAN MD TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(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			
SR DIANE LEARY TRUSTEE	1.00	X						0.	0.	0.
SR LORETTA MARIE HALL TRUSTEE	1.00	X						0.	0.	0.
MIKE WEGNER CFO, SR VICE PRESIDENT	40.00			X				424,780.	0.	60,433.
GARY KNIGHT ASSISTANT SECRETARY	1.00			X				0.	330,369.	51,126.
SISTER SHERRI MARIE KUHN SR, VP OF MISSION INTEGRATION	40.00				X			203,934.	0.	10,720.
DR ED HETT PHYSICIAN	40.00				X			272,084.	0.	23,294.
CLAUDIO FERRARO VP OF PLANNING	40.00				X			223,436.	0.	42,563.
HEWITT C GOODPASTURE MD VP OF CLINICAL QUALITY	40.00				X			334,133.	0.	43,086.
ROBERT ALLAN ALLFORD SR VICE PRESIDENT	40.00				X			338,970.	0.	79,776.
SAAD EHTISHAM VP CHIEF NURSE OFFICER	40.00				X			251,929.	0.	40,990.
KEVIN STRECKER VICE PRESIDENT	40.00				X			0.	190,743.	37,702.
LAURIE LABARCA COO/EXECUTIVE VICE PRES	40.00				X			424,397.	0.	59,731.
ART HUBER VP OF FACILITIES	40.00				X			204,175.	0.	34,237.
1b Total CONTINUED AT SCHEDULE J-2								5,739,631.	2,446,693.	1,134,216.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **219**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **122**

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	4,189,985			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	605,186			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,795,171			
Program Service Revenue	2a	PATIENT SERVICE	Business Code	621400	602,002,719	601,955,079	47,640
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		602,002,719			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		9,758,401	751,314	2,439,593
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross Rents	(i) Real	2,006,023			
b		Less: rental expenses	(ii) Personal				
c		Rental income or (loss)		2,006,023			
d		Net rental income or (loss)		2,006,023		18,178	1,987,845
7a		Gross amount from sales of assets other than inventory	(i) Securities	292,836,900	2,706,149		
b		Less: cost or other basis and sales expenses	(ii) Other	285,271,721	2,939,341		
c		Gain or (loss)		7,565,179	-233,192		
d		Net gain or (loss)		7,331,987			7,331,987
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events		0			
9a		Gross income from gaming activities See Part IV, line 19					
b		Less: direct expenses					
c		Net income or (loss) from gaming activities		0			
10a		Gross sales of inventory, less returns and allowances					
b		Less: cost of goods sold					
c		Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue			Business Code				
11a	CAFETERIA/VENDING		722320	4,827,300		369,415	4,457,885
b	CHILD DEV CENTER		624410	1,103,306			1,103,306
c	CONTINUING ED		611600	286,468	286,468		
d	All other revenue		900099	8,394,197	5,951,411	2,036,378	406,408
e	Total. Add lines 11a-11d			14,611,271			
12	Total Revenue. See instructions			640,505,572	608,944,272	4,911,204	21,854,925

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 . . .	490,624.	490,624.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	102,078.	102,078.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,722,815.	1,380,148.	3,342,667.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	225,286,514.	196,948,818.	28,337,696.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	14,228,186.	11,177,725.	3,050,461.	
9 Other employee benefits	29,757,233.	23,474,689.	6,282,544.	
10 Payroll taxes	16,160,488.	13,720,717.	2,439,771.	
11 Fees for services (non-employees):				
a Management	18,115,024.		18,115,024.	
b Legal	244,865.	7,418.	237,447.	
c Accounting	47,899.	18,996.	28,903.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	62,945,895.	46,526,934.	16,418,961.	
12 Advertising and promotion	1,475,062.	106,703.	1,368,359.	
13 Office expenses	103,691,390.	99,887,263.	3,804,127.	
14 Information technology	22,347,690.	573,024.	21,774,666.	
15 Royalties	0.			
16 Occupancy	11,985,991.	11,549,129.	436,862.	
17 Travel	539,242.	177,616.	361,626.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	234,490.	65,260.	169,230.	
20 Interest	7,652,463.	7,323,848.	328,615.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	25,031,562.	23,128,597.	1,902,965.	
23 Insurance	6,669,965.	6,276,518.	393,447.	
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	47,062,595.	47,066,928.	-4,333.	
b MISCELLANEOUS EXPENSES	2,893,987.	1,202,020.	1,691,967.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	601,686,058.	491,205,053.	110,481,005.	0.
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	25,164,004.	1	10,039,645.
	2 Savings and temporary cash investments	67,708,273.	2	105,686,132.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	62,422,816.	4	69,083,789.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	37,961.	7	108,367.
	8 Inventories for sale or use	16,811,872.	8	16,011,183.
	9 Prepaid expenses and deferred charges	6,121,904.	9	6,288,330.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 568,158,803.		
	b Less: accumulated depreciation	10b 410,429,028.	10c	157,729,775.
	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	10,760,374.	14	10,053,656.
	15 Other assets. See Part IV, line 11	195,790,804.	15	249,753,969.
16 Total assets. Add lines 1 through 15 (must equal line 34)	589,515,070.	16	624,754,846.	
Liabilities	17 Accounts payable and accrued expenses	46,227,761.	17	42,893,892.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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. ATCH. 7	84,000.	23	73,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	161,324,455.	25	162,426,306.
	26 Total liabilities. Add lines 17 through 25	207,636,216.	26	205,393,198.
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	370,299,601.	27	406,959,821.
	28 Temporarily restricted net assets	5,683,912.	28	6,496,486.
	29 Permanently restricted net assets	5,895,341.	29	5,905,341.
	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	381,878,854.	33	419,361,648.
34 Total liabilities and net assets/fund balances.	589,515,070.	34	624,754,846.	

Form 990 (2009)

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

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

2009

Open to Public Inspection

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?

11g(ii)		
---------	--	--

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		
----------	--	--

h Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ☐

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

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

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
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No 1545-0047

2009

**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(c)(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 VIA CHRISTI HOSPITALS WICHITA, INC.	Employer identification number 48-1172106
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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

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

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

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 2 000

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(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 similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		34,133.
j Total. Add lines 1c through 1i			34,133.
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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 (see instructions)	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 1i.

Also, complete this part for any additional information
SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY

SCHEDULE C, PART II-B, QUESTION 1G

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

	CALENDAR		VCHW
	DUES 2010	% LOBBYING	LOBBYING
AHA	53,885.21	23.76%	12,803.13
KHA	88,653.00	15.20%	13,475.26
CHA	133,320.24	4.68%	6,239.39
CHAMBER OF COMMERCE	35,895.00	4.50%	1,615.28
	-----		-----
	311,753.45		34,133.06

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

2 Complete lines 2a through 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,497,500.		12,497,500.
b Buildings		288,238,858.	218,184,451.	70,054,407.
c Leasehold improvements		0.	0.	0.
d Equipment		250,963,879.	182,908,702.	68,055,177.
e Other		16,458,566.	9,335,875.	7,122,691.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				157,729,775.

Schedule D (Form 990) 2009

(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		
Closely-held equity interests		
Other _____		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

(a) Description	(b) Book value
BOARD DESIGNATED CAP. IMPROV.	175,757,378.
BOARD DESIGNATED COMM. SERVICE	2,051,720.
TRUSTEE HELD FUNDS	1,196,513.
CSV LIFE INSURANCE	627,495.
BENEFICIAL INTEREST-FOUNDATION	14,317,087.
OTHER ASSETS	843,912.
ASSETS INV. FOR CURRENT LIAB.	579,978.
MISCELLANEOUS RECEIVABLES	40,501,925.
INVESTMENTS IN UNCON AFFILIATE	13,849,503.
PREPAID PENSIONS	28,458.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	249,753,969.

1. (a) Description of liability	(b) Amount
Federal income taxes	
OTHER LIABILITIES	42,420,976.
MISCELLANEOUS LONG-TERM DEBT	7,220.
CURRENT PORTION OF LT DEBT	2,888,883.
EST. AMTS. DUE TO THIRD-PARTY	0.
NOTE PAYABLE VIA CHRISTI HEALTH/DEF	117,109,227.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	162,426,306.

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Schedule D (Form 990) 2009

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PAGE 2

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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	Other losses	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 must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48

SCHEDULE D, PART X

THE ORGANIZATION FOLLOWS THE FIN 48 POLICY OF VIA CHRISTI HEALTH, INC. (VCH) AND THE POLICY IS PROVIDED IN THE VCH CONSOLIDATED AUDITED FINANCIAL STATEMENTS. WITH THE EXCEPTION OF CERTAIN ENTITIES, 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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

- ▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number
48-1172106

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
1b If "Yes," is it a written policy?	X	
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 checked="" type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	X	
<input checked="" 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"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
5c If "Yes" to line 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?		X
6a Does the organization prepare an annual community benefit report?	X	
6b If "Yes," does the organization make it available to the public?	X	

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

	(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
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			36,362,317.	0.	36,362,317.	6.56
b Unreimbursed Medicaid (from Worksheet 3, column a)			73,409,360.	61,462,505.	11,946,855.	2.15
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			0.	0.	0.	0.00
d Total Charity Care and Means-Tested Government Programs			109,771,677.	61,462,505.	48,309,172.	8.71
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			647,768.	178,698.	469,070.	.08
f Health professions education (from Worksheet 5)			22,429,288.	11,449,227.	10,980,061.	1.98
g Subsidized health services (from Worksheet 6)			17,941,998.	16,518,867.	1,423,131.	.26
h Research (from Worksheet 7)			233,321.	0.	233,321.	.04
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,382,293.	11,481.	1,370,812.	.25
j Total Other Benefits			42,634,668.	28,158,273.	14,476,395.	2.61
k Total Add lines 7d and 7j			152,406,345.	89,620,778.	62,785,567.	11.32

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

Schedule H (Form 990) 2009

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Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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			0.	0.	0.	0.00
2 Economic development			3,735.	0.	3,735.	0.00
3 Community support			902.	0.	902.	0.00
4 Environmental improvements			6,138.	0.	6,138.	0.00
5 Leadership development and training for community members			382.	0.	382.	0.00
6 Coalition building			39,736.	0.	39,736.	.01
7 Community health improvement advocacy			4,120.	0.	4,120.	0.00
8 Workforce development			20,674.	0.	20,674.	0.00
9 Other			25.	0.	25.	0.00
10 Total			75,712.	0.	75,712.	.01

Part III Bad Debt, Medicare, & Collection Practices**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	X	
2 Enter the amount of the organization's bad debt expense (at cost)	2	12,095,191.	
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	0.	
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, and 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	175,314,550.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	181,132,065.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-5,817,515.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	X	
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	X	

Part IV Management Companies and Joint Ventures

(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 KS HEART HOSPITAL	CARDIAC ACUTE CARE HOSPITAL	49.00000		51.00000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI Supplemental Information

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
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 3

THE ORGANIZATION DOES NOT HAVE A REASONABLE WAY TO ESTIMATE THE BAD DEBT
EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S
CHARITY CARE POLICY AT THIS TIME AND IS THEREFORE REPORTING ZERO ON PART
III, LINE 3 FOR THE CURRENT REPORTING PERIOD.

PART I, LINE 3C:

VIA CHRISTI HOSPITALS WICHITA, INC. PROVIDES MEDICALLY NECESSARY CARE
TO ALL PATIENTS, REGARDLESS OF RACE, COLOR, CREED, ETHNIC ORIGIN,
GENDER, DISABILITY OR ECONOMIC STATUS. IN ADDITION TO FINANCIAL
ASSISTANCE INFORMATION POSTED IN OUR EMERGENCY DEPARTMENT, EACH
PATIENT IS GIVEN THE INFORMATION AT THE TIME OF THEIR ADMITTANCE. AT
A MINIMUM, PATIENTS WITH INCOMES LESS THAN OR EQUAL TO 200% OF THE
FPG WILL BE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF CHARGES FOR
SERVICES THAT HAVE BEEN PROVIDED TO THEM. PATIENTS WITH INCOMES ABOVE
200% OF THE FPG OUT OF POCKET RESPONSIBILITY WILL BE CAPPED AT 50% OF
THE HOUSEHOLD INCOME THAT EXCEEDS 200% OF THE FPG. IN ADDITION, OUR
MINISTRY USES TRANSUNION'S SOFTWARE TO DETERMINE INCOME LEVEL

Part VI Supplemental Information

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
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ASSISTANCE ELIGIBILITY THROUGH ZIP CODE ANALYSIS. WHEN PATIENTS ARE
DISCHARGED, A SUMMARY OF THE POLICY ALONG WITH FINANCIAL ASSISTANCE
CONTACT INFORMATION IS PROVIDED REGARDING BILLS AND ACCOUNTS.

PART I, LINE 6A:

VIA CHRISTI HEALTH, INC. (VCH), THE PARENT COMPANY OF VIA CHRISTI
HOSPITALS WICHITA, INC., PREPARES AND SHARES THE ANNUAL COMMUNITY
BENEFIT REPORT WITH THE COMMUNITY THROUGH A PRESS RELEASE, AN
ADVERTISEMENT IN THE LOCAL NEWSPAPER AND IT IS ON THE VCH HOMEPAGE AT
WWW.VIACHRISTI.ORG.

PART I, LINE 7G:

VIA CHRISTI HOSPITALS WICHITA, INC. REPORTS SUBSIDIZED CARE FOR
FAMILY PRACTICE AND SPECIALTY CLINICS THAT ARE STAFFED BY RESIDENTS
AS PART OF THE FAMILY PRACTICE GRADUATE MEDICAL EDUCATION TRAINING
PROGRAM. THE TOTAL ANNUAL SUBSIDY EXCLUDING CHARITY OR MEDICAID
PATIENTS WAS REPORTED AT \$342,807 FOR 2010.

PART I, LINE 7, COLUMN F:

Part VI Supplemental Information

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
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PER THE CATHOLIC HEALTH ASSOCIATION'S (CHA) A GUIDE FOR PLANNING AND

REPORTING COMMUNITY BENEFIT GUIDELINES, BAD DEBT EXPENSE IS REMOVED

FROM OPERATING EXPENSE TO ARRIVE AT THE RATIO OF COST TO CHARGE

CALCULATION. THE GROSS BAD DEBT EXPENSE REMOVED FROM THE DENOMINATOR

FOR THE CALCULATION IN COLUMN (F) IS \$47,062,595.

PART I, LINE 7:

THE COST OF PROVIDING CHARITY CARE, MEANS TESTED GOVERNMENT PROGRAMS,

AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST

DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH

ASSOCIATION (CHA) GUIDELINES. VIA CHRISTI HOSPITALS WICHITA, INC.

USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS

(E.G. INPATIENT, OUTPATIENT, MEDICAID, MEDICARE, UNINSURED, ETC).

THE BEST AVAILABLE DATA IS USED TO CALCULATE THE AMOUNTS REPORTED.

FOR CERTAIN CATEGORIES THIS MAY BE USING A COST ACCOUNTING SYSTEM

WHILE FOR OTHER CATEGORIES, A SPECIFIC COST-TO-CHARGE RATIO WAS

APPLIED.

Part VI Supplemental Information

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- 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
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PART III, LINE 4:

THE ORGANIZATION'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS DO NOT
 INCLUDE A FOOTNOTE SPECIFIC TO THE TREATMENT OF BAD DEBT EXPENSE OR
 UNCOLLECTIBLE ACCOUNTS. HOWEVER, DISCLOSURE CAN BE FOUND IN THE
 CONSOLIDATED AUDITED FINANCIAL STATEMENTS ON THE FACE OF THE BALANCE
 SHEET IN THE PATIENT ACCOUNTS RECEIVABLE (LESS ALLOWANCE FOR
 UNCOLLECTIBLE ACCOUNTS) LINE ITEM AS WELL AS ON THE STATEMENT OF
 OPERATIONS IN THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS LINE ITEM.
 THIS STATEMENT OF OPERATIONS REFLECTS THE CHARGES FOREGONE AND
 WRITTEN OFF AS BAD DEBT AFTER ALL EFFORTS TO COLLECT HAVE BEEN
 EXHAUSTED. A RATIO OF COST TO CHARGE CALCULATION, AS SET FORTH IN
 THE CHA GUIDELINES, IS USED TO CALCULATE THE COST OF BAD DEBT
 EXPENSE.

THE ORGANIZATION HAD NO SUITABLE BASIS FOR ESTIMATING BAD DEBT
 EXPENSE THAT WOULD BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE
 ORGANIZATION'S CHARITY CARE POLICY. FOR CALCULATION OF THE BAD DEBT
 EXPENSE AT COST, SEE THE RATIO OF COST TO CHARGE METHODOLOGY
 DESCRIBED IN PART IV, LINE 1; (PART 1, LINE 7) ABOVE.

Part VI Supplemental Information

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VIA CHRISTI HOSPITALS WICHITA, INC. REPORTS BAD DEBTS IN ACCORDANCE
WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP). HEALTHCARE
FINANCIAL MANAGEMENT STATEMENT 15 IS FOLLOWED TO THE EXTENT THAT IT
ALIGNS WITH THE GUIDELINES SET FORTH BY GAAP. BAD DEBT EXPENSE AT
COST IS DETERMINED USING THE SAME COST-TO-CHARGE RATIO THAT IS USED
FOR CHARITY CARE AND MEDICAID SHORTFALL. VIA CHRISTI HEALTH, INC.
FOLLOWS THE GUIDANCE FROM CHA AND DOES NOT CONSIDER BAD DEBT AS A
COMMUNITY BENEFIT.

PART III, LINE 8:

MEDICARE COSTS WERE TAKEN DIRECTLY FROM THE 2010 FILED MEDICARE COST
REPORT, LESS THE GRADUATE MEDICAL EDUCATION EXPENSES AND SUBSIDIZED
HEALTH SERVICES, WHICH ARE REPORTED IN PART I, LINES 7F AND 7G.

THE METHODOLOGY DESCRIBED IN THE INSTRUCTIONS TO SCHEDULE H, PART
III, SECTION B, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL COSTS INCURRED
BY THE HOSPITAL AND DOES NOT REPRESENT THE TOTAL MEDICARE SHORTFALL.
THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, SECTION B,

Part VI Supplemental Information

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LINE 6 WAS DETERMINED USING INFORMATION FROM THE ORGANIZATIONS

MEDICARE COST REPORT (USING THE MEDICARE COST REPORT STEP-DOWN

METHODOLOGY OF ALLOCATING COSTS). HOWEVER, UTILIZING AN INTERNAL

COST ACCOUNTING SYSTEM ACTUALLY RESULTS IN A MEDICARE SHORTFALL OF

\$19,976,647. THE MOST COMMON REASONS FOR A DIFFERENCE BETWEEN THE

MEDICARE SHORTFALL REPORTED ON SCHEDULE H AND THE ACTUAL SHORTFALL

REPORTED ABOVE INCLUDE - INCLUSION OF MEDICARE ADVANTAGE REVENUE AND

EXPENSES; INCLUSION OF MEDICARE PART B REVENUE AND EXPENSES;

INCLUSION OF OTHER FEE SCHEDULE REVENUE, OTHER TIMING ISSUES, AND

COSTS THAT ARE CONSIDERED UNALLOWABLE ON THE MEDICARE COST REPORT

THAT ARE, IN FACT, RELATED TO MEDICARE PATIENT CARE.

PART III, LINE 9B:

IT IS THE POLICY OF VIA CHRISTI HOSPITALS WICHITA, INC. (VCHW) TO

PROMOTE SOCIALLY JUST PRACTICES FOR BILLING AND COLLECTIONS FOR ALL

PATIENTS RECEIVING CARE. THE POLICY IS INTENDED TO FURTHER VCHW

MISSION BY REQUIRING ETHICAL CONDUCT IN BILLING AND COLLECTING

SELF-PAY BALANCES FROM PATIENT/GUARANTOR'S REGARDLESS OF ABILITY TO

PAY. THE POLICY ENSURES THAT PRIOR TO TURNING AN ACCOUNT TO A THIRD

Part VI Supplemental Information

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PARTY COLLECTION AGENT (AGENT) FOR COLLECTION ACTIVITY, VCHW WILL

PERFORM A REASONABLE REVIEW OF EACH ACCOUNT TO VERIFY THAT THE

PATIENT/GUARANTOR IS NOT POTENTIALLY ELIGIBLE FOR ANY GOVERNMENT

ASSISTANCE PROGRAM (E.G., MEDICAID, MEDICARE, ETC.) AND WOULD LIKELY

NOT QUALIFY FOR CHARITY CARE. VCHW WILL DIRECT ITS STAFF AND AGENTS

TO PERIODICALLY ASSESS EACH PATIENT/GUARANTOR'S ABILITY TO PAY OR TO

DETERMINE ELIGIBILITY FOR CHARITY CARE. THE REVIEW AND ASSESSMENT

SHOULD INCLUDE BUT MAY NOT BE LIMITED TO THE FOLLOWING:

A. ENSURE THE PATIENT/GUARANTOR HAS BEEN NOTIFIED OF VCHW'S

FINANCIAL ASSISTANCE POLICY;

B. ENSURE THE PATIENT/GUARANTOR WAS OFFERED A FINANCIAL ASSISTANCE

APPLICATION;

C. ENSURE DOCUMENTATION OF ANY KNOWN EXTRAORDINARY FINANCIAL

CIRCUMSTANCES OF THE PATIENT/GUARANTOR OR IF THEY ARE MEDICALLY

INDIGENT.

PART V:

VIA CHRISTI HOSPITALS WICHITA, INC. OPERATES 23 PHYSICIAN CLINICS, 2

FAMILY PRACTICE (RESIDENT) CLINICS, 1 WOUND CENTER, 1 CANCER CENTER

Part VI Supplemental Information

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AND 1 MEDICALLY SUPERVISED WEIGHT LOSS PROGRAM.

NEEDS ASSESSMENT:

PART VI SUPPLEMENTAL INFORMATION - QUESTION 2

VIA CHRISTI HEALTH, INC. CONDUCTS A COMMUNITY HEALTH ASSESSMENT EVERY
THREE YEARS, WITH THE MOST RECENT ONE COMPLETED IN SEPTEMBER 2009.

THIS HEALTH ASSESSMENT CONSISTED OF A COMPILATION OF PUBLIC HEALTH
AND CENSUS DATA, AN ANALYSIS OF EMERGENCY ROOM PATIENT DIAGNOSES AND
DISCHARGES, PERSONAL INTERVIEWS WITH OVER 40 DIFFERENT STAKEHOLDERS
LIVING OR WORKING IN THE WICHITA MSA AREA. AREA RESIDENTS,
PHYSICIANS, HOSPITALS, LOW-INCOME CLINICS, PUBLIC HEALTH PROVIDERS,
SOCIAL SERVICE AGENCIES, COMMUNITY LEADERS AND ELECTED OFFICIALS
PARTICIPATED IN THIS EFFORT. FOLLOWING THIS OUTREACH EFFORT, TWO
PRIORITY AREAS WERE SELECTED BY THE HOSPITAL LEADERSHIP TEAM FOR
FOLLOW-UP. THESE TWO PRIORITIES WERE DENTAL CARE ACCESS AND HEALTH
CARE ACCESS FOR DUALY DIAGNOSED INDIVIDUALS WITH MENTAL
ILLNESS/SUBSTANCE ABUSE ISSUES. THE COMPLETED HEALTH ASSESSMENT IS
AVAILABLE ON VCH'S WEBSITE FOR EASY ACCESS.

Part VI Supplemental Information

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IN ADDITION, MINISTRY REPRESENTATIVES ARE INVOLVED WITH NUMEROUS

COALITIONS THAT PERIODICALLY ASSESS COMMUNITY NEEDS (E.G.

VISIONEERING, UNITED WAY OF THE PLAINS, CENTRAL PLAINS AREA AGENCY ON

AGING COMMUNITY SERVICES ADVISORY BOARD, CENTRAL PLAINS REGIONAL

HEALTHCARE FOUNDATION, HEALTH & WELLNESS COALITION, KS HEALTH CARE

COLLABORATIVE, KS MENTAL HEALTH COALITION, SG CO HEALTH ACCESS

PROJECT, WICHITA BUSINESS COALITION ON HEALTHCARE, WICHITA CENTER FOR

GRADUATE MEDICAL EDUCATION AND OTHERS). IN ADDITION, VCH IS

PARTNERING WITH UNITED WAY OF THE PLAINS, SEDGWICK COUNTY HEALTH

DEPARTMENT AND WICHITA STATE UNIVERSITY'S SCHOOL OF NURSING TO START

A RESEARCH GROUP THAT WILL REVIEW WAYS TO COLLABORATE ON FUTURE

HEALTH AND COMMUNITY NEEDS ASSESSMENTS.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

PART VI SUPPLEMENTAL INFORMATION - QUESTION 3

VIA CHRISTI HOSPITALS WICHITA, INC. (VCHW) FINANCIAL ASSISTANCE STAFF

IS TRAINED ON HOW TO QUALIFY PATIENTS FOR MEDICAID, SCHIP AND OTHER

SUCH INCOME-BASED PROGRAMS. DURING THE REGISTRATION, ADMISSIONS AND

DISCHARGE PROCESSES, VCHW ATTEMPTS TO IDENTIFY PATIENTS WHO MAY BE

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ELIGIBLE FOR CHARITY OR DISCOUNTED CARE THROUGH THE CHARITY CARE

POLICY. IN ADDITION, VCHW USES A PERCENTAGE OF THE FEDERAL POVERTY

GUIDELINES (FPG) TO DETERMINE FREE AND DISCOUNTED CARE.

VCHW HAS POLICIES AND PROGRAMS IN PLACE TO ENSURE THAT BILLING AND

COLLECTION PROCESSES FOR UNINSURED/UNDERINSURED PERSONS REFLECT OUR

COMMITMENT TO HUMAN DIGNITY AND MEET THE FINANCIAL AND LOCAL NEEDS IN

THE COMMUNITIES IN WHICH WE OPERATE. VIA CHRISTI HOSPITALS WICHITA,

INC. PERSONNEL BEGIN BY GIVING THE PATIENT AND FAMILY INFORMATION

THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY AND AN APPLICATION FOR

FINANCIAL ASSISTANCE ONCE A PATIENT IS IDENTIFIED AS

UNINSURED/UNDERINSURED. FINANCIAL ASSISTANCE IS DETERMINED USING A

SLIDING SCALE BASED ON THE CURRENT FEDERAL POVERTY GUIDELINES/LEVELS

(FPL) AS PUBLISHED IN THE FEDERAL REGISTER. ALL UNINSURED PATIENTS

WILL RECEIVE A MINIMUM OF 45% SELF-PAY DISCOUNT FROM STANDARD CHARGES

ON THEIR BILL. ADDITIONAL SELF-PAY DISCOUNTS ARE ALSO AVAILABLE FOR

INDIVIDUALS THAT QUALIFY BASED ON INCOME. VCHW IS ALSO A CERTIFIED

PROVIDER WITH THE MEDICARE, MEDICAID AND CHAMPUS/TRICARE GOVERNMENT

SPONSORED HEALTH CARE PROGRAMS.

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.
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THROUGHOUT THE SEDGWICK/BUTLER COUNTY AREA.

IN THE EMERGENCY DEPARTMENT OR AT ADMISSIONS.

Part VI Supplemental Information

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COMMUNITY INFORMATION:

PART VI SUPPLEMENTAL INFORMATION - QUESTION 4

THE PRIMARY COUNTIES FOR VIA CHRISTI HEALTH, INC. INCLUDES SEDGWICK

AND BUTLER COUNTIES. SEDGWICK COUNTY HAS A LAND AREA OF 999 SQUARE

MILES WITH A 2009 POPULATION ESTIMATE OF 490,864. BUTLER COUNTY HAS A

LAND AREA OF 1,428 SQUARE MILES WITH A 2008 POPULATION ESTIMATE OF

64,084. SEDGWICK COUNTY'S POPULATION DEMOGRAPHICS INCLUDE: 82.9%

WHITE, 9.6% BLACK, 1.1% AMERICAN INDIAN, 4.0% ASIAN AND 11.1% PERSONS

OF HISPANIC OR LATINO ORIGIN. THE DIVERSITY OF THE POPULATION IN

SEDGWICK COUNTY IS GREATER THAN FOR EITHER BUTLER COUNTY OR THE STATE

OF KANSAS AS A WHOLE. RACIAL BREAKOUT FOR BUTLER COUNTY INCLUDE 94.6%

WHITE, 2.0% BLACK, 0.9% AMERICAN INDIAN, 0.6% ASIAN PERSONS, 3.1%

PERSONS OF HISPANIC OR LATINO ORIGIN.

IT WAS REPORTED BY 10.8% OF THE SEDGWICK COUNTY AND 3.3% OF THE

BUTLER COUNTY RESIDENTS THAT A LANGUAGE OTHER THAN ENGLISH IS SPOKEN

AT HOME. WHEN IT COMES TO EDUCATION, 85.1% OF SEDGWICK COUNTY

RESIDENTS COMPLETED HIGH SCHOOL AND 25.4% HAD A BACHELOR'S DEGREES OR

HIGHER. THIS COMPARES TO 87.3% FOR HIGH SCHOOL GRADUATES AND 20.4%

Part VI Supplemental Information

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
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BACHELOR'S DEGREES FOR BUTLER COUNTY.

MEDIAN HOUSEHOLD INCOME FOR SEDGWICK COUNTY RESIDENTS IN 2008 WAS

\$49,518 COMPARED TO \$57,678 FOR BUTLER COUNTY. THE MEDIAN VALUE OF

OWNER-OCCUPIED HOUSING UNITS IN SEDGWICK COUNTY WAS \$83,600 IN 2000

COMPARED TO \$83,900 FOR BUTLER COUNTY RESIDENTS.

SEDGWICK COUNTY REPORTS 12.3% OF ITS RESIDENTS ARE BELOW POVERTY

LEVEL COMPARED TO 8.7% FOR BUTLER COUNTY. THE STATEWIDE POVERTY LEVEL

IS AROUND 11.3%. APPROXIMATELY 66% OF ALL STUDENTS CURRENTLY ENROLLED

IN WICHITA, USD #259 SCHOOLS ARE ELIGIBLE FOR THE FREE/REDUCED MEAL

PROGRAM.

STATEWIDE, THE UNINSURED POPULATION REPRESENTS NEARLY 15% OF THE

UNDER 65 YEAR OLD POPULATION ACCORDING TO THE US CENSUS. IT SHOULD BE

NOTED THAT THIS IS 2005 DATA AND DOES NOT INCLUDE RECENT SHIFTS IN

THE MARKET DUE TO THE ECONOMIC DOWNTURN. AT THAT TIME, SEDGWICK

COUNTY REPORTED 10.9% AND BUTLER COUNTY REPORTED 11.7% RESIDENTS OVER

THE AGE OF 65 WERE NOT COVERED BY HEALTH INSURANCE. 12% OF SEDGWICK

Part VI Supplemental Information

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COUNTY RESIDENTS ARE UNINSURED AND 20% ARE ENROLLED IN MEDICAID. 50

SEDGWICK COUNTY CENSUS TRACKS HAVE BEEN IDENTIFIED AS FEDERAL

DESIGNATED MEDICALLY UNDERSERVED AREAS FOR PRIMARY MEDICAL CARE.

THERE ARE TEN INPATIENT HEALTH CARE FACILITIES IN OR AROUND WICHITA,

KANSAS. OF THESE FACILITIES, ONLY VIA CHRISTI HEALTH MINISTRIES ARE

CONSIDERED NOT-FOR-PROFIT. VIA CHRISTI'S BURN CENTER IS THE ONLY ONE

IN THE STATE, SO IT TAKES CARE OF ALL BURN VICTIMS THROUGHOUT THE

AREA WHEN NEEDED.

ACCORDING TO THE SEDGWICK COUNTY HEALTH DEPARTMENT'S DATA BOOK, APRIL

2009, THE TOP THREE LEADING CAUSES OF DEATH IN SEDGWICK COUNTY ARE

HEART DISEASE, CANCER AND CHRONIC LOWER RESPIRATORY DISEASES

COMMUNITY BUILDING ACTIVITIES:

PART VI SUPPLEMENTAL INFORMATION - QUESTION 5 AND PART II

A. SEDGWICK COUNTY CRISIS INTERVENTION TEAM (CIT) - A COUNTY-WIDE

COALITION APPROACH WORKING WITH SEDGWICK CO LAW ENFORCEMENT AND

SEDGWICK CO MENTAL HEALTH DEPARTMENT WHERE INDIVIDUALS IN THE

Part VI Supplemental Information

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.
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COMMUNITY CAN BE REDIRECTED AT THE OUTSET, AWAY FROM INCARCERATION

AND INTO COMMUNITY-BASED MENTAL HEALTH AND SUBSTANCE USE TREATMENT.

THE CIT MODEL HAS BEEN SHOWN TO OPERATE EFFECTIVELY AS A POLICE-BASED

CRISIS INTERVENTION MODEL AND A PRE-ARREST JAIL DIVERSION PROGRAM.

REDIRECTION AWAY FROM THE CRIMINAL JUSTICE SYSTEM AND INTO THE

TREATMENT SYSTEM RELIES HEAVILY ON COMMUNITY PARTNERSHIPS AND

LINKAGES.

B. THE RURAL TRAUMA TEAM DEVELOPMENT COURSE®, HEREAFTER KNOWN AS

RTTDC®, HAS BEEN DEVELOPED BY THE AD HOC RURAL TRAUMA COMMITTEE OF

THE AMERICAN COLLEGE OF SURGEON COMMITTEE ON TRAUMA TO HELP RURAL

HOSPITALS WITH DEVELOPMENT OF THEIR TRAUMA TEAMS. IT IS HOPED THAT

THE COURSE WILL IMPROVE THE QUALITY OF CARE IN THEIR COMMUNITY BY

DEVELOPING A TIMELY, ORGANIZED, RATIONAL RESPONSE TO THE CARE OF THE

TRAUMA PATIENT AND A TEAM APPROACH THAT ADDRESSES THE COMMON PROBLEMS

IN THE INITIAL ASSESSMENT AND STABILIZATION OF THE INJURED. IT IS

THE PURPOSE OF RTTDC® TO INCREASE THE EFFICIENCY OF RESOURCE

UTILIZATION AND IMPROVE THE LEVEL OF CARE PROVIDED TO THE INJURED

PATIENT IN THE RURAL ENVIRONMENT. VIA CHRISTI TRAUMA SPECIALISTS

Part VI Supplemental Information

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.
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DELIVERED THIS IMPORTANT PROGRAM TO 18 RURAL PARTICIPANTS IN OBERLIN,
KANSAS.

C. CENTER OF INNOVATION FOR BIOMATERIALS IN ORTHOPEDIC RESEARCH

RECEIVED A GRANT FROM THE KANSAS BIOSCIENCE AUTHORITY (KBA). THIS
GRANT IS TO PROMOTE THE RAPID DEVELOPMENT AND COMMERCIALIZATION OF
NEW OR ADAPTED TECHNOLOGIES IN THE AREA OF COMPOSITES FOR THE
CONSTRUCTION OF IMPROVED ORTHOPEDIC IMPLANTS, PROSTHESES (WHICH
REPLACE A PORTION OF THE SKELETAL ANATOMY), AND FRACTURE FIXATION
DEVICES (WHICH SUPPLEMENT THE MECHANICAL FUNCTION OF THE SKELETON
DURING HEALING AFTER AN INJURY OR SURGERY). THIS RESEARCH IS IN
COLLABORATION WITH WICHITA STATE UNIVERSITY'S NATIONAL INSTITUTE OF
AVIATION RESEARCH.

D. ST GIANNA ACADEMY - A COLLABORATIVE ACADEMIC PROGRAM BETWEEN VIA
CHRISTI HEALTH, INC., THE CATHOLIC DIOCESE OF WICHITA AND ITS TWO
HIGH SCHOOLS AND NEWMAN UNIVERSITY. THE MAIN GOAL IS ASSIST PROMISING
HIGH SCHOOL STUDENTS INTERESTED IN PURSUING HEALTH RELATED CAREERS AN
OPPORTUNITY TO WEIGH THEIR OPTIONS AND HAVE MORE HANDS-ON EXPERIENCE

Part VI Supplemental Information

Complete this part to provide the following information

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IN A REAL MEDICAL SETTING. THE PROGRAM USUALLY HAS 80 APPLICATIONS

FOR THE 24 SLOTS IT HAS AVAILABLE EACH SEMESTER. IT IS A VERY

COMPETITIVE PROGRAM IN WHICH STUDENTS COMPLETE 16 CLINICAL ROTATIONS

DURING THE ACADEMIC YEAR. A RECENT SURVEY OF 150 ALUMS SHOWED 85%

HAVE PURSUED HEALTH CARE CAREERS.

OTHER INFORMATION:

PART VI SUPPLEMENTAL INFORMATION - QUESTION 6

THE VCHW IS AN AFFILIATE OF VIA CHRISTI HEALTH, INC (VCH). VCH'S

AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT

MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN

GROUP PRACTICES, HOSPITAL ORGANIZATIONS, RESEARCH, HOME HEALTH,

DURABLE MEDICAL EQUIPMENT AND SENIOR FACILITIES). THESE MINISTRIES

WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A

PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR

OUR NEIGHBORS ESPECIALLY THOSE WHO ARE VULNERABLE. THIS COMMUNITY

BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION, AND

RESEARCH. THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES

AT THE LOCAL, REGIONAL AND STATE LEVEL. VCH AND ITS AFFILIATES

Part VI Supplemental Information

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ENRICH THE COMMUNITIES IN WHICH THEY OPERATE AS WELL AS THE BROADER
 COMMUNITY, IMPROVING MEDICINE THROUGH RESEARCH, EDUCATING PHYSICIANS
 AND OTHER HEALTHCARE PROVIDERS, AND PROVIDING CARE AND SUPPORT TO
 PEOPLE IN NEED. VCHW FURTHER SUPPORTS THIS MISSION WITH A COMMUNITY
 BOARD, OPEN MEDICAL STAFF, AND AN EMERGENCY ROOM AVAILABLE TO
 PATIENTS REGARDLESS OF ABILITY TO PAY. PLEASE REFER TO THE PROGRAM
 SERVICES ACCOMPLISHMENTS ON FORM 990, PART III, FOR FURTHER
 DESCRIPTION OF THE FILING ORGANIZATION'S ACTIVITIES.

COMMUNITY REPRESENTATION ON THE GOVERNING BODY
 THE BOARD OF TRUSTEES IS THE GOVERNING BODY OF VIA CHRISTI HOSPITALS
 WICHITA, INC. THE MAJORITY OF ITS MEMBERS ARE EXTERNAL MEMBERS
 COMPRISED OF PERSONS WHO RESIDE IN OR AROUND SEDGWICK COUNTY AND HAS
 OVERALL RESPONSIBILITY FOR THE CHARITABLE MISSION OF THE ORGANIZATION
 AS SET FORTH IN ITS ARTICLES OF INCORPORATION AND BY LAWS. THESE
 TRUSTEES ARE SELECTED BASED ON THEIR EXPERTISE, EXPERIENCE AND OTHER
 CRITERIA ESTABLISHED BY THE NOMINATING COMMITTEE OF THE BOARD OF
 TRUSTEES. AREAS OF EXPERTISE AND EXPERIENCE INCLUDE SUCH AREAS AS
 HEALTHCARE, FINANCE, EDUCATION, AND LOCAL GOVERNMENT. THE BOARD

Part VI Supplemental Information

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ACTIVELY DEBATES AND SETS POLICY AND STRATEGIC DIRECTION FOR THE

MINISTRY BUT DOES NOT GET INVOLVED IN ISSUES RELATED TO DAILY

OPERATIONS. THE BOARD TAKES A BALANCED APPROACH WHEN ADDRESSING

COMMUNITY AND BUSINESS/FINANCIAL CONCERNS. THE BOARD IS ALSO THE

PRIMARY GROUP FOR DETERMINING THE USE OF SURPLUS FUNDS GENERATED BY

THE ORGANIZATION WHICH ARE REINVESTED IN THE MINISTRY IN ORDER TO

ALLOW THE MINISTRY TO SUSTAIN ITS MISSION AND PREPARE FOR THE FUTURE.

OPEN MEDICAL STAFF

THE MEDICAL STAFF OF VCHW IS AN OPEN MEDICAL STAFF AND IS COMPOSED OF

PHYSICIANS, DENTISTS, AND PODIATRISTS LICENSED TO PRACTICE MEDICINE

IN THE STATE OF KANSAS.

VIA CHRISTI HEALTH, INC. PROVIDED A WIDE VARIETY OF BENEFITS TO THE

COMMUNITY IN FY2010 SUCH AS SOCIAL SERVICE AND SUPPORT COUNSELING FOR

PATIENTS AND FAMILIES, PASTORAL CARE, SPACE FOR COMMUNITY GROUPS TO

MEET AT NO CHARGE, A COMPREHENSIVE WEBSITE, EDUCATIONAL PROGRAMS AND

VIDEOS ABOUT SPECIFIC CONDITIONS THROUGHOUT THE COMMUNITY,

Part VI Supplemental Information

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INFORMATIONAL SERVICES AVAILABLE BY TELEPHONE FOR THE GENERAL PUBLIC,

AS WELL AS OTHERS PROFESSIONALS WHO MAY HAVE NEEDED SPECIAL

ASSISTANCE, FUNDRAISING ASSISTANCE TO THE LOCAL UNITED WAY CAMPAIGN

AND/OR OTHER ORGANIZATIONS WHO SUPPORT DISEASE PREVENTION, DISEASE

MANAGEMENT OR HEALTH PROMOTION. COMMUNITY OUTREACH INCLUDES PROGRAMS

SUCH AS FREE CLINICS, HEALTH SCREENINGS, CRISIS INTERVENTION,

DISASTER READINESS, HEALTH EDUCATION AS WELL AS IN-KIND SUPPORT FOR

NOT-FOR-PROFIT AGENCIES IN NEED OF RENT REDUCTION SPACE, DONATED LAB

SERVICES OR OTHER DONATIONS THAT ARE AVAILABLE THROUGH OUR STAFF'S

INVOLVEMENT ON VARIOUS BOARDS AND COMMITTEES THROUGHOUT OUR PRIMARY

HEALTHCARE REGION.

AFFILIATED HEALTH CARE SYSTEM ROLES:

PART VI SUPPLEMENTAL INFORMATION - QUESTION 7

THIS MINISTRY IS A PART OF THE VIA CHRISTI HEALTH (VCH) SYSTEM AND

SINCE ITS INCEPTION VCH AND ITS AFFILIATED ORGANIZATIONS HAVE BEEN

DEDICATED TO PROVIDING ACCESSIBLE QUALITY HEALTHCARE TO ALL PATIENTS

REGARDLESS OF THEIR ABILITY TO PAY. VCH OWNS AND OPERATES 11 MEDICAL

CENTERS AND OUTPATIENT FACILITIES, TWO DIAGNOSTIC IMAGING CENTERS,

Part VI Supplemental Information

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ONE LABORATORY SERVICE CENTER, A MULTI-SPECIALTY PHYSICIAN GROUP, SIX

DURABLE MEDICAL EQUIPMENT AND HOME HEALTH AGENCIES, ONE REAL ESTATE

MANAGEMENT SERVICE AND ELEVEN SENIOR CARE COMMUNITIES IN KANSAS. IN

ADDITION, VCH OWNS AND OPERATES ONE SENIOR CARE COMMUNITY IN

NORTHEAST OKLAHOMA. SYSTEM WIDE, IN FY2010 VCH PROVIDED MORE THAN

\$82.8 MILLION IN COMMUNITY BENEFIT INCLUDING TRADITIONAL CHARITY

CARE, HEALTH SERVICES, PROFESSIONAL EDUCATION, SUBSIDIZED HEALTH

CARE, RESEARCH, FINANCIAL CONTRIBUTIONS AND OTHER COMMUNITY BUILDING

ACTIVITIES.

PART VI SUPPLEMENTAL INFORMATION - QUESTION 8

KANSAS DOES NOT REQUIRE HOSPITALS TO FILE COMMUNITY BENEFIT REPORTS

BUT VIA CHRISTI HEALTH, INC. DISTRIBUTES OUR COMMUNITY BENEFIT TOTALS

AND ACTIVITIES ANNUALLY IN PRESS RELEASES AS WELL AS IN OUR ANNUAL

REPORT.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Department of the Treasury
Internal Revenue Service

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

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer Identification number

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" to

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | | |
|---|--|---|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 2 | ▲ |
| 3 | Enter total number of other organizations | 0 | ▲ |

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

Schedule I (Form 990) 2009

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

**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.

☐ First-class or charter travel

☐ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on 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

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

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

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

a The organization?

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

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

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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				
SISTER SHERRI MARIE KUHN	(i) 184,454.	(ii) 17,527.	(iii) 1,953.	6,837.	3,883.	214,654.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
KEVIN CONLIN	(i) 784,278.	(ii) 218,313.	(iii) 9,981.	173,446.	12,293.	1,198,311.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DEBORAH G HAYNES MD	(i) 158,239.	(ii) 0.	(iii) 1,298.	9,901.	8,862.	178,300.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
RANDALL PETERSON	(i) 365,043.	(ii) 27,097.	(iii) 16,693.	125,023.	9,850.	543,706.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MIKE WEGNER	(i) 369,538.	(ii) 49,361.	(iii) 5,881.	48,200.	12,233.	485,213.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DR ED HETT	(i) 270,795.	(ii) 0.	(iii) 1,289.	13,337.	9,957.	295,378.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
CLAUDIO FERRARO	(i) 200,373.	(ii) 19,826.	(iii) 3,237.	30,795.	11,768.	265,999.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
HEWITT C GOODPASTURE MD	(i) 289,447.	(ii) 29,309.	(iii) 15,377.	33,491.	9,595.	377,219.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ROBERT ALLAN ALLFORD	(i) 288,548.	(ii) 44,937.	(iii) 5,485.	67,716.	12,060.	418,746.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SAAD EHTISHAM	(i) 225,235.	(ii) 23,110.	(iii) 3,584.	28,686.	12,304.	292,919.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DONALD SEERY MD	(i) 188,294.	(ii) 0.	(iii) 1,728.	16,353.	12,427.	218,802.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BRADLY DART	(i) 601,754.	(ii) 0.	(iii) 1,658.	15,925.	9,540.	628,877.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MAURICE DUGGINS MD	(i) 175,847.	(ii) 0.	(iii) 384.	15,762.	12,364.	204,357.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MICHAELNE MARINGER	(i) 474,750.	(ii) 0.	(iii) 19,991.	101,894.	1,486.	598,121.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
KEVIN STRECKER	(i) 167,062.	(ii) 20,919.	(iii) 2,762.	26,234.	11,468.	228,445.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DAVID BRYANT	(i) 459,238.	(ii) 0.	(iii) 1,638.	15,790.	13,663.	490,329.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

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.

GROSS UP PAYMENTS PAID BY A RELATED ORGANIZATION

PART I, QUESTION 1

RANDALL PETERSON 873.12

KEVIN CONLIN 873.12

SOCIAL CLUB DUES PAID BY A RELATED ORGANIZATION

PART I, QUESTION 1

RANDALL PETERSON 4,651.12

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PAID BY A RELATED ORGANIZATION

PART I, QUESTION 4B

RANDALL PETERSON 106,012.92

KEVIN CONLIN 155,071.37

WRITTEN POLICY REGARDING PAYMENT AND REIMB./GROSSUP PAYMENTS & SOCIAL DUES

PART I, QUESTION 1B

VIA CHRISTI HOSPITALS WICHITA, INC. DOES NOT HAVE A WRITTEN POLICY

REGARDING THE ITEMS LISTED IN SCHEDULE J, PART 1, QUESTION 1B. THE VIA

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.

CHRISTI HEALTH, INC. EXECUTIVE COMPENSATION COMMITTEE HAS OVERSIGHT FOR

ANY COMPENSATION PAID TO VIA CHRISTI HOSPITALS WICHITA, INC. EXECUTIVES.

PAYMENT OF HEALTH AND/OR SOCIAL CLUB DUES WERE DISCONTINUED IN CALENDAR

YEAR 2009. GROSS-UP PAYMENTS ARE MADE IN SPECIFIC CIRCUMSTANCES AND ON A

LIMITED BASIS.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

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 (Schedule J, Part II)

[illegible]

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

Schedule J-1 (Form 990) 2009

Continuation Sheet for Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ See the Instructions for Form 990.

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

[illegible]

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2009

**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)

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

1	(a) Name of disqualified person	(b) 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.

Complete if the organization 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.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LYNDON O WELLS	BOARD OF TRUSTEES	243,362	BANK SERVICES & MERCHANT SERV		X
SAAD EHTISHAM	KEY EMPLOYEE	121,541	SPOUSE IS ALSO EMPLOYEE		X

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

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1

FORM 990 REVIEW

PART VI, SECTION A, QUESTION 11

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 A SECURE EMAIL PRIOR TO FILING WITH THE IRS.

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

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

AUDIT TO ENSURE THE ORGANIZATION IS OPERATING CONSISTENT WITH THE
POLICY AND ENFORCING THE POLICY'S TERMS.

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. VCH'S COMMON PHILOSOPHY, STRATEGY, AND PROCESS FOR
EXECUTIVE COMPENSATION ARE DESCRIBED NEXT. 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:

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

- * MARKET DATA FROM INDEPENDENT COMPENSATION SURVEYS AND SOURCES THAT REFLECT COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE AND SCOPE
- * 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.

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 UPON REQUEST.

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

COMMUNITY BENEFIT REPORT

PART III

VIA CHRISTI HOSPITALS WICHITA, INC. (VCHW) IS A MEMBER OF VIA CHRISTI HEALTH, INC. (VCH). AS A CATHOLIC HEALTH SYSTEM, VCH HAS ITS ORIGINS IN FAITH-BASED RESPONSES TO HEALTH NEEDS OF OUR COMMUNITIES, WITH A PARTICULAR CONCERN FOR THOSE LIVING IN POVERTY AND WHO ARE VULNERABLE. IN ADDITION TO TYPICAL INPATIENT AND OUTPATIENT SERVICES, VCH OPERATES PRIMARY CARE CLINICS, A LOW INCOME NEIGHBORHOOD OUTREACH CLINIC, SPECIALTY HOSPITALS AND CENTERS, HOME MEDICAL SERVICES, THERAPY CENTERS AND LONG-TERM CARE VILLAGES.

THE OBLIGATION TO REACH OUT TO THOSE IN NEED AND TO IMPROVE COMMUNITY HEALTH FLOWS DIRECTLY FROM VCH'S IDENTITY AS A FAITH-BASED HEALING MINISTRY. VCH CONTINUES ITS TRADITION IN PROVIDING COMMUNITY BENEFIT BECAUSE WE ARE COMMITTED TO:

- O PROMOTING AND DEFENDING HUMAN DIGNITY
- O CARING FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE POPULATIONS
- O PROMOTING THE COMMON GOOD
- O STEWARDING RESOURCES RESPONSIBLY

ACCORDING TO THE VCH' MISSION STATEMENT, "AS A PART OF VIA CHRISTI HEALTH, INC. WE SHARE THIS MISSION: INSPIRED BY THE GOSPEL AND OUR CATHOLIC TRADITION, WE SERVE AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS WHO ARE VULNERABLE."

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

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.

4A - CHARITY CARE - FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET VCH'S CRITERIA FOR FINANCIAL ASSISTANCE. CHARITY CARE IS REPORTED IN TERMS OF COSTS, NOT CHARGES. CHARITY CARE DOES NOT INCLUDE BAD DEBT.

4B - GOV'T SPONSORED MEANS-TESTED HEALTH CARE - INCLUDES UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS - THE SHORTFALL CREATED WHEN VCH RECEIVES PAYMENTS THAT ARE LESS THAN THE COST OF CARING FOR PUBLIC PROGRAM BENEFICIARIES. THIS PAYMENT

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

SHORTFALL IS NOT THE SAME AS A CONTRACTUAL ALLOWANCE, WHICH IS
THE FULL DIFFERENCE BETWEEN CHARGES AND GOVERNMENT PAYMENTS.

4C - HEALTH PROFESSIONS EDUCATION - HELPING TO PREPARE FUTURE
HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF
NOT-FOR-PROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT
COMMUNITY BENEFIT. THIS CATEGORY INCLUDES PROGRAMS AND FINANCIAL
ASSISTANCE FOR PHYSICIANS AND MEDICAL STUDENTS, NURSES AND
NURSING STUDENTS, INTERNS AND OTHER HEALTH PROFESSIONALS.

FOR FISCAL YEAR ENDED SEPTEMBER 30, 2010

COMMUNITY BENEFIT (VCHW, INC AND SUBSIDIARIES):

- | | | |
|----|--|----------------|
| 1) | CHARITY CARE - AT COST | \$36.9 MILLION |
| | | |
| 2) | GOVERNMENT SPONSORED HEALTH CARE - NET EXPENSE | \$13.6 MILLION |
| | UNPAID COST OF PUBLIC INDIGENT CARE PROGRAMS | |
| | (INCLUDES MEDICAID, SCHIP, OTHER SAFETY NET | |
| | PROGRAMS; DOES NOT INCLUDE MEDICARE SHORTFALL) | |
| | | |
| 3) | COMMUNITY BENEFIT PROGRAMS - NET EXPENSE | \$14.9 MILLION |
| | * HEALTH PROFESSIONS EDUCATION | |
| | (PHYSICIANS, NURSES, OTHER) | \$11.1 MILLION |

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

* SUBSIDIZED HEALTH SERVICES,

INCLUDING BEHAVIORAL HEALTH \$1.4 MILLION

4) TOTAL QUANTIFIABLE COMMUNITY BENEFIT \$65.4 MILLION

EXAMPLES OF SOME OF THE COMMUNITY BENEFIT PROGRAMS PROVIDED BY VIA CHRISTI HOSPITALS WICHITA, INC. REPORTED ABOVE IN NUMBER 3), ARE DETAILED BELOW.

SCHOOL NURSE PROGRAM:

VIA CHRISTI HOSPITALS WICHITA, INC. HAS PROVIDED THIS PROGRAM FOR A NUMBER OF YEARS. 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 STAFF AND PROVIDE COMMUNITY-BASED LEARNING EXPERIENCES FOR STUDENT NURSES. THE PROGRAM PROVIDES HEALTH SCREENINGS (VISION, HEARING, BLOOD PRESSURE, HEIGHT AND WEIGHT, DENTAL), PROVIDE PARENTS WITH ASSISTANCE IN ACCESSING COMMUNITY RESOURCES FOR HEALTH SERVICES, IMMUNIZATION COMPLIANCE AUDITING. DURING THIS TIME PERIOD THEY PERFORMED OVER 6,000 SCREENINGS.

CAR SEAT / BICYCLE SAFETY CLINICS:

VIA CHRISTI OUTREACH AND PREVENTION DEPARTMENT GOES TO VARIOUS PUBLIC SITES WHERE THE GENERAL PUBLIC CAN COME, HAVE THEIR CHILD'S CAR SEAT

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

INSPECTED FOR SAFETY, EDUCATED AS TO HOW TO PROPERLY USE THE CAR SEAT AND RECOMMEND WHERE A SEAT CAN BE EITHER BOUGHT OR GIVEN TO THEM IF THEY ARE FINANCIALLY UNABLE TO BUY ONE. THEY HAVE EXPANDED THIS PROGRAM TO INCLUDE BICYCLE SAFETY CLINICS WHERE BICYCLES ARE CHECKED FOR SAFETY AND EDUCATION IS GIVEN. 710 CAR SEATS WERE CHECKED FOR A COST OF \$15,952 IN COMMUNITY BENEFIT. BICYCLE SAFETY CHECKS WERE PROVIDED TO 888 PEOPLE AT A COST OF \$4,841 IN COMMUNITY BENEFIT.

CARE VAN:

VIA CHRISTI SECURITY HAS PROVIDED TRANSPORTATION TO FAMILY MEMBERS OF PATIENTS, AS WELL AS TO OUT-OF-TOWN PATIENTS WHO ARE ACCESSING SPECIALIST CARE, TO HOTELS WHEN THEY HAVE NO OTHER MEANS OF TRANSPORTATION OR RESOURCES. THEY PROVIDED 2,376 PEOPLE RIDES FOR A COMMUNITY BENEFIT OF \$9,163.

LODGING SERVICES:

VIA CHRISTI GUEST LODGING SERVICES WAS ESTABLISHED TO MEET THE NEEDS OF THOSE FAMILY MEMBERS FROM OUTSIDE OF WICHITA WHO COULD NOT AFFORD HOUSING COSTS AND WERE FINDING THEMSELVES STAYING IN WAITING ROOMS DAYS AND WEEKS AT A TIME. LODGING IS OFFERED TO THEM AT EITHER A REDUCED RATE OR FREE OF CHARGE DEPENDING ON THEIR ECONOMIC STATUS. IT OFFERS A 24-HOUR HOME ENVIRONMENT IN WHICH FAMILY MEMBERS CAN STAY, DO LAUNDRY, AND FIX A MEAL. THERE IS SOMEONE PRESENT 24/7 TO LISTEN TO FAMILY MEMBERS AND TO ASSIST THEM IN A STRANGE CITY. 1,079 PEOPLE WERE OFFERED LODGING AT A COMMUNITY BENEFIT COST OF \$162,900.

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

SANE/SART:

THIS PROGRAM IS A RESPONSE TO ALL VICTIMS OF SEXUAL ASSAULT WHO PRESENT THEMSELVES TO A WICHITA HOSPITAL BY PROVIDING IMMEDIATE AND FOLLOW-UP MEDICAL, ADVOCACY, AND CRIMINAL JUSTICE SERVICES IN AN ETHICAL AND COMPASSIONATE MANNER. THIS PROGRAM TREATED 329 PEOPLE PROVIDING \$2,468 OF COMMUNITY BENEFIT.

GERARD HOUSE:

VIA CHRISTI HOSPITALS WICHITA, INC. PROVIDES MONETARY 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. MOST OF THE RESIDENTS ARE COURT APPOINTED TEENS.

CANCER OUTREACH:

A COLORECTAL SCREENING INITIATIVE IN THE WICHITA COMMUNITY WAS SPONSORED BY VIA CHRISTI CANCER OUTREACH. THEY DISTRIBUTED FREE FECAL OCCULT BLOOD TESTS. 899 TESTS WERE RETURNED AND PROCESSED FOR \$5,365 OF COMMUNITY BENEFIT.

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

SKIN CANCER SCREENING WAS ALSO OFFERED FOR THE PUBLIC WITH 493 PEOPLE
PARTICIPATING WITH A COST OF \$559 IN COMMUNITY BENEFIT

VIA CHRISTI ORTHOPAEDIC RESEARCH:

THIS INSTITUTE ENGAGES IN EDUCATIONAL AND PUBLISHING ACTIVITIES FOR THE
DISSEMINATION OF MEDICAL INFORMATION TO THE PUBLIC AND OF TECHNOLOGY TO
THE MEDICAL COMMUNITY. IT INVOLVES THE APPLICATION OF ENGINEERING
METHODS, TECHNIQUES, AND PROCEDURES TO THE SOLUTION OF PROBLEMS IN
CLINICAL ORTHOPEDICS, RESULTING IN NEW DEVICES, SYSTEMS, MATERIALS, AND
PROCEDURES. INCLUDES BOTH APPLIED RESEARCH IN THE LABORATORY AND IN
CLINICAL SETTINGS TO ENHANCE THE UNDERSTANDING OF
ORTHOPEDIC-MUSCULOSKELETAL DISEASES, THEIR PREVENTION, DIAGNOSIS, AND
TREATMENT. RESEARCH STUDIES INVOLVING ORTHOPEDIC MEDICINES HAD A
COMMUNITY BENEFIT OF \$27,990.

CENTER FOR INNOVATION BIOMATERIALS ORTHOPAEDIC RESEARCH (CIBOR, INC.)
THIS CENTER HAS BEEN ESTABLISHED TO MELD HEALTH CARE AND AVIATION
RESEARCH IN DEVELOPING COMPOSITES FOR DESIGNING AND DEVELOPING ORTHOPEDIC
DEVICES WHICH WILL BE LONG LASTING AND LIGHTER. THE COMMUNITY BENEFIT
INVOLVED IN THIS WAS \$89,037.

VIA CHRISTI RESEARCH:

VIA CHRISTI RESEARCH ENGAGES IN EDUCATIONAL AND PUBLISHING ACTIVITIES FOR
THE DISSEMINATION OF MEDICAL INFORMATION TO THE PUBLIC AND TO THE MEDICAL

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

COMMUNITY. THE FINANCIAL AMOUNT OF COMMUNITY BENEFIT WHICH COMES FROM

THIS DEPARTMENT WAS \$233,321.

RENT SUBSIDIES:

VIA CHRISTI HOSPITALS WICHITA, INC. HAS GIVEN RENT SUBSIDIES TO GRACE MED
IN ORDER FOR THEM TO RUN THEIR CLINIC FOR THE MEDICALLY UNDERINSURED AND
UNINSURED PERSONS IN THE SEDGWICK COUNTY AREA AT A COMMUNITY BENEFIT OF
\$21,409.

VIA CHRISTI HOSPITALS WICHITA, INC. HAS GIVEN RENT SUBSIDIES TO MIDTOWN
COMMUNITY RESOURCE CENTER IN ORDER FOR THE COMMUNITY IN AN IMPOVERISHED
AREA TO MEET AND HAVE HEALTH ACTIVITIES. THIS IS A COMMUNITY BENEFIT OF
\$56,754.

VIA CHRISTI HOSPITALS WICHITA, INC. HAS GIVEN RENT SUBSIDIES TO RONALD
MCDONALD HOUSE IN ORDER TO HOUSE FAMILIES OF SICK AND/OR HOSPITALIZED
CHILDREN. THIS IS A COMMUNITY BENEFIT OF \$22,536.

VIA CHRISTI HOSPITALS WICHITA, INC. PROVIDES EMS GARAGES FOR AMBULANCES
FOR A COMMUNITY BENEFIT OF \$14,040.

ROOM USAGE:

VIA CHRISTI HOSPITALS WICHITA, INC. 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

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

PLANNING, PARTICIPATING IN EDUCATIONAL ENDEAVORS,; ETC. THE AMOUNT OF
COMMUNITY BENEFIT PROVIDED BY THIS ACTIVITY WAS \$138,287.

SUPPORT GROUPS:

VIA CHRISTI HOSPITALS WICHITA, INC. HAS A NUMBER OF SUPPORT GROUPS, WHICH
EITHER CONDUCT GATHERINGS ALONE OR IN COLLABORATION WITH OTHER AGENCIES,
MEETINGS OPEN TO THE BROAD COMMUNITY. DURING THIS FISCAL YEAR 20,193
PEOPLE WERE SERVED WITH A COMMUNITY BENEFIT OF \$2,247. THE MAIN SUPPORT
GROUPS ARE:

- AMPUTEE SUPPORT GROUP,
- ONCOLOGY SUPPORT GROUP,
- REHABILITATION SUPPORT GROUP AND
- STROKE SUPPORT GROUP.

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

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

APPROVE ALL AMENDMENTS THERETO.

- * 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.
- * 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.

TAX-EXEMPT BONDS

PART IV, QUESTION 24A

VIA CHRISTI HOSPITALS WICHITA, INC. (VCHW) ALONG WITH VIA CHRISTI HEALTH, INC. (VCH) AND OTHER HEALTH SYSTEM HOSPITALS (THE "OBLIGATED GROUP"), ENTERED INTO A MASTER TRUST INDENTURE AND AN OBLIGATED GROUP A VIA CHRISTI HEALTH, INC. 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

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

THE VIA CHRISTI HEALTH, INC., VIA CHRISTI HOSPITALS WICHITA, INC., VIA
CHRISTI REHABILITATION HOSPITAL, INC., VIA CHRISTI HOSPITAL PITTSBURG,
INC. AND VIA CHRISTI HOSPITAL WICHITA ST. TERESA, INC. ALL BOND DEBT IS
REPORTED ON THE BOOKS OF VCH WITH INTERCOMPANY DEBT REPORTED ON THE
RESPECTIVE HOSPITAL MINISTRIES.

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.

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.

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 1 (CONT'D)

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

CONSISTS OF CONSOLIDATED INFORMATION FOR THE YEAR ENDED DECEMBER 31,

2009.

PREFERRED HEALTH SYSTEMS, INC. WAS SOLD DURING THE FISCAL YEAR. THE SALE
WAS ANNOUNCED OCTOBER 2009 AND FINALIZED FEBRUARY 2010. PREFERRED HEALTH
SYSTEMS, INC. WAS NOT A RELATED ORGANIZATION AT THE END OF THE FISCAL
YEAR ENDING 09/30/2010.

HOURS WORKED BY OFFICERS/TRUSTEES FOR A RELATED ORGANIZATION

PART VII, COLUMN A

THE FOLLOWING INDIVIDUALS WORKED 40 HOURS PER WEEK FOR A RELATED

ORGANIZATION: RANDALL PETERSON, MICHAELNE MARINGER, KEVIN CONLIN, GARY

KNIGHT AND KEVIN STRECKER.

TAX-EXEMPT BOND LIABILITIES

PART X, LINE 20

STARTING WITH THE CURRENT YEAR, IT WAS DETERMINED THAT THE REPORTING OF

TAX-EXEMPT BOND LIABILITIES WOULD MORE PROPERLY BE REPORTED AT THE

CONTROLLING ORGANIZATION (VIA CHRISTI HEALTH, INC.) LEVEL. CONSEQUENTLY,

ALL TAX-EXEMPT BOND LIABILITIES HAVE BEEN RECLASSIFIED AS NOTES PAYABLE

TO THE PARENT FOR BOTH THE BEGINNING AND ENDING BALANCE SHEETS FOR THE

CURRENT YEAR.

ATTACHMENT 2

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 2 (CONT'D)

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

AS A PART OF VIA CHRISTI HEALTH, A CATHOLIC HEALTH SYSTEM, 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." VIA CHRISTI HEALTH SYSTEM'S HISTORY EXTENDS BACK OVER 100 YEARS AND TODAY, ALONG WITH OUR SPONSORING CONGREGATIONS - THE SISTERS OF THE SORROWFUL MOTHER, CONGREGATION OF ST JOSEPH, SISTERS OF ST JOSEPH OF CARONDOLET AND THE DAUGHTERS OF CHARITY WE CONTINUE TO RESPOND TO COMMUNITY NEEDS IN KANSAS AND NORTHEASTERN OKLAHOMA.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WICHITA CENTER FOR GRADUATE MEDICAL ED. 1010 N KANSAS WICHITA, KS 67214	PHYSICIAN SERVICES	8,715,475.
J E DUNN CONSTRUCTION COMPANY 929 HOLMES KANSAS CITY, MO 64106	CONSTRUCTION	27,082,404.
ANESTHESIA CONSULTING SERVICE PA PO BOX 356 WICHITA, KS 67201-0356	ANESTHESIA SERVICES	4,902,605.
UKSM-WICHITA 1010 N KANSAS WICHITA, KS 67214	PHYSICIANS TEACHING	3,005,719.
WICHITA OB/GYN 551 N. HILLSIDE, STE 510 WICHITA, KS 67214	OB/GYN SERVICES	3,297,605.
TOTAL COMPENSATION		<u>47,003,808.</u>

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 4

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	3,205,652.	751,314	2,439,593	14,745.
INTEREST INCOME	6,481,478.			6,481,478.
DIVIDEND INCOME	71,271			71,271
TOTALS	<u>9,758,401</u>	<u>751,314</u>	<u>2,439,593</u>	<u>6,567,494</u>

ATTACHMENT 5

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 15,961.
 ENDING BALANCE DUE 0.

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 22,000.
 ENDING BALANCE DUE 10,000.

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 5 (CONT'D)

BORROWER: LUCAS BRENNEN, M.D.
 ORIGINAL AMOUNT: 81,756.
 INTEREST RATE: 4.250000
 DATE OF NOTE: 08/08/2010
 MATURITY DATE: 08/31/2014
 REPAYMENT TERMS: 1/36 OF THE PRINCIPAL AND INTEREST EACH MONTH
 SECURITY PROVIDED: NONE - SIGNED RECRUITMENT AGREEMENT
 PURPOSE OF LOAN: RECRUITMENT
 RELATIONSHIP: EMPLOYEE

BEGINNING BALANCE DUE 0.
 ENDING BALANCE DUE 81,756.

BORROWER: YVONNE MURTHA, M.D.
 ORIGINAL AMOUNT: 11,644.
 INTEREST RATE: 4.250000
 DATE OF NOTE: 06/01/2010
 MATURITY DATE: 05/30/2014
 REPAYMENT TERMS: 1/36 OF PRINCIPAL AND INTEREST EACH MONTH
 SECURITY PROVIDED: NONE - SIGNED RECRUITMENT AGREEMENT
 PURPOSE OF LOAN: RECRUITMENT
 RELATIONSHIP: EMPLOYEE

BEGINNING BALANCE DUE 0.
 ENDING BALANCE DUE 11,644.

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 5 (CONT'D)

BORROWER: JANEE MAKI, M.D.
 ORIGINAL AMOUNT: 10,000.
 INTEREST RATE: 4.250000
 DATE OF NOTE: 05/20/2010
 MATURITY DATE: 12/24/2010
 REPAYMENT TERMS: 12 BIWEEKLY PAYMENTS
 SECURITY PROVIDED: NONE - SIGNED RECRUITMENT AGREEMENT
 PURPOSE OF LOAN: SALARY ADVANCE
 RELATIONSHIP: EMPLOYEE

BEGINNING BALANCE DUE 0.
 ENDING BALANCE DUE 4,967.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 37,961.

TOTAL ENDING NOTES AND LOANS RECEIVABLES 108,367.

ATTACHMENT 6FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAIDS	6,288,330.
TOTALS	6,288,330.

ATTACHMENT 7FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CITY OF WICHITA
 ORIGINAL AMOUNT: 133,163.
 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 84,000.
 ENDING BALANCE DUE 73,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 84,000.

Name of the organization

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

ATTACHMENT 7 (CONT'D)

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

73,000.

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CATHOLIC CARE CENTER, INC. 6700 E. 45TH ST. N WICHITA, KS 67226	RTRMNT HOME	KS	501 (C) (3)	9	VCV
CIBOR, INC. 9229 E. 27TH ST. N., SUITE 200 WICHITA, KS 67226	RESEARCH	KS	501 (C) (3)	7	VCHW
CORNERSTONE ASSISTED LIVING, INC. 3636 N. RIDGE ROAD WICHITA, KS 67205	RTRMNT HOME	KS	501 (C) (3)	9	VCV
GERARD HOUSE, INC. 3144 N. HOOD WICHITA, KS 67204	SHELTER	KS	501 (C) (3)	7	VCHW
MARIAN HEALTH SYSTEM, INC. 1923 SOUTH UTICA AVENUE TULSA, OK 74104	HOSPITAL SUPP	DE	501 (C) (3)	11	N/A
MERCY COMMUNITY HEALTH FOUNDATION, INC. 1823 COLLEGE AVE MANHATTAN, KS 66502	FOUNDATION	KS	501 (C) (3)	11	MERCY REG.
MERCY REGIONAL HEALTH CENTER, INC. 1823 COLLEGE AVE MANHATTAN, KS 66502	HOSPITAL	KS	501 (C) (3)	3	VCH

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
AMBULATORY SURGERY CENTER, L P 8200 E THORN DR, SUITE 300 SURGERY CTR		KS	N/A	N/A	0	0.			0	
AMS DIAGNOSTICS, LLC 48-122365 8200 E. THORN DR., SUITE 300 DIAGNOSTIC IM		KS	N/A	N/A	0.	0.			0.	
KS SURGERY AND RECOVERY CTR 2770 NORTH WEBB ROAD SURGERY CTR		KS	N/A	N/A	0	0			0.	
MERCY IMAGING, LLC 48-1251984 1823 COLLEGE AVENUE DIAGNOSTIC IM		KS	N/A	N/A	0	0			0.	
MR IMAGING CENTER, LLC 48-1000 8200 E THORN DR, SUITE 300 DIAGNOSTIC IM		KS	N/A	N/A	0	0.			0	
PFI, LLC 72-1557076 8200 E THORN DR, SUITE 300 MEDICAL SERVI		KS	N/A	N/A	0	0			0	
PREFERRED PET IMAGING OF KS 48 8200 E THORN DRIVE, SUITE 300 DIAGNOSTIC IM		KS	N/A	N/A	0	0			0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
PREFERRED HEALTH SYSTEMS, INC 8535 21ST NORTH WICHITA, KS 67206 48-1134570	INSURANCE HOLDING	KS	VC HEALTH, INC	C CORP	439,254,485	182,890,046	100.0000
AFFILIATED MEDICAL SERVICES 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LAB	KS	VC HEALTH, INC	C CORP	12,537,000.	7,230,000	100.0000
SUNFLOWER ASSURANCE LTD P O BOX 1085 KY-1102 GRAND CAYMAN, CAYMAN ISLANDS 98-0223159	INSURANCE CO	CJ	N/A	FOREIGN CORP	4,300,000	29,641,000	100.0000

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input checked="" type="checkbox"/>	<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	(b) Transaction type (a-r)	(c) Amount involved
(1)	VIA CHRISTI FOUNDATION, INC.	B	361,521.
(2)	VIA CHRISTI FOUNDATION, INC.	C	657,442.
(3)	VIA CHRISTI FOUNDATION, INC.	N	161,604.
(4)	VIA CHRISTI FOUNDATION, INC.	K	63,300.
(5)	VIA CHRISTI FOUNDATION, INC.	P	463,323.
(6)	VIA CHRISTI HEALTH PARTNERS, INC.	J	106,273.

Schedule R (Form 990) 2009

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

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

[illegible]

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
MERCY REGIONAL HOME MEDICAL SERVICES 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	VCH PITTS.
SALINA REGIONAL HOME MEDICAL SERVICES 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	VCHW
VIA CHRISTI HEALTH PARTNERS, INC. 48-0958974 8200 E. THORN DRIVE, SUITE 300 WICHITA, KS 67226	MGMT CO.	KS	501(C)(3)	9	VCHW
VIA CHRISTI HEALTH, INC. 48-1172107 8200 E. THORN DRIVE, SUITE 300 WICHITA, KS 67226	HOSPITAL SUP	KS	501(C)(3)	9	N/A
VIA CHRISTI HEALTHCARE OUTREACH PROGRAM 48-1236589 2622 W. CENTRAL, SUITE 100 WICHITA, KS 67203	PACE COMMUNI	KS	501(C)(3)	9	VCV
VIA CHRISTI HOME HEALTH WICHITA, INC. 48-1046371 555 S. WASHINGTON WICHITA, KS 67211	HOME HEALTH	KS	501(C)(3)	9	VCHW
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 14800 W. ST. TERESA WICHITA, KS 67235	HOSPITAL	KS	501(C)(3)	3	VCH
VIA CHRISTI IMMEDIATE CARE, MMA, INC. 20-8374099 929 N. ST. FRANCIS WICHITA, KS 67214	MED. CLINIC	KS	501(C)(3)	9	VCHW
VIA CHRISTI PROPERTY SERVICES, INC. 48-0948571 1100 N. ST. FRANCIS, SUITE 240 WICHITA, KS 67214	PROPERTY MGM	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	VCHW
VIA CHRISTI VILLAGE GEORGETOWN, INC. 48-1129325 1655 S. GEORGETOWN WICHITA, KS 67218	RTRMNT HOME	KS	501(C)(3)	9	VCV
VIA CHRISTI VILLAGE MANHATTAN, INC. 48-1078862 2800 WILLOWGROVE RD MANHATTAN, KS 66502	RTRMNT HOME	KS	501(C)(3)	9	VCV
VIA CHRISTI VILLAGE MCLEAN, INC. 48-1247723 777 N. MCLEAN BLVD WICHITA, KS 67203	RTRMNT HOME	KS	501(C)(3)	9	VCV
VIA CHRISTI VILLAGE PONCA CITY, INC. 73-1153337 1601 ACADEMY RD PONCA CITY, OK 74604	RTRMNT HOME	OK	501(C)(3)	9	VCV

Schedule R-1 (Form 990) 2009

Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

Part III

Continuation of Identification of Related Organizations Taxable as a Partnership

[illegible]

Schedule R-1 (Form 990) 2009

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 HEALTH PARTNERS, INC.	F	526,563.
(8)	VIA CHRISTI HEALTH PARTNERS, INC.	N	127,131.
(9)	VIA CHRISTI HEALTH PARTNERS, INC.	K	342,192.
(10)	VIA CHRISTI HEALTH PARTNERS, INC.	L	124,867.
(11)	VIA CHRISTI HEALTH PARTNERS, INC.	P	63,436.
(12)	VIA CHRISTI HEALTH PARTNERS, INC.	O	6,883,912.
(13)	VIA CHRISTI HOME HEALTH, INC.	K	66,082.
(14)	VIA CHRISTI HOME HEALTH, INC.	P	175,844.
(15)	VIA CHRISTI REHABILITATION HOSPITAL, INC.	K	622,971.
(16)	VIA CHRISTI REHABILITATION HOSPITAL, INC.	P	2,245,113.
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R-1 (Form 990) 2009

VIA CHRISTI HOSPITALS WICHITA, INC.

48-1172106

RENTAL INCOME

	Yes	No	Did you actively participate in the operation of the activity during the tax year?
--	-----	----	--

REAL RENTAL INCOME

RENTAL INCOME

2,006,023.

TOTAL GROSS INCOME	2,006,023.
------------------------------	------------

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)

LESS: Beneficiary's Portion

AMORTIZATION

LESS: Beneficiary's Portion

DEPLETION

LESS: Beneficiary's Portion

TOTAL EXPENSES

TOTAL RENT OR ROYALTY INCOME (LOSS)	2,006,023.
--	-------------------

Less Amount to

Rent or Royalty

Depreciation

Depletion

Investment Interest Expense

Other Expenses

Net Income (Loss) to Others

Net Rent or Royalty Income (Loss)	2,006,023.
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Deductible Rental Loss (if Applicable)**SCHEDULE FOR DEPRECIATION CLAIMED**[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME

2,006,023.
2,006,023.

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RENTAL INCOME	2,006,023.			2,006,023.
TOTALS	<u>2,006,023.</u>			<u>2,006,023.</u>

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No 1545-0092

2009

Name of estate or trust

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

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 2008 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 7,565,179.
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 2008 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 7,565,179.

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

Schedule D (Form 1041) 2009

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		7,565,179.
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		7,565,179.

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	()
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 \$2,300	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 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)		31	
32 Add lines 30 and 31		32	
33 Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)		33	
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)		34	

Schedule D (Form 1041) 2009

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

VIA CHRISTI HOSPITALS WICHITA, INC.

Employer identification number

48-1172106

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

[illegible]

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b	7,565,179.
--	------------

Schedule D-1 (Form 1041) 2009

ATTACHMENT 8

[illegible]

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

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	VIA CHRISTI HOSPITALS WICHITA, INC.	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		

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

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

- The books are in the care of ► SHELLY TRENT

Telephone No. ► 316 719-3200FAX 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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or
- ☒ tax year beginning 10/01, 20 09, and ending 09/30, 20 10

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

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

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

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

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

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	VIA CHRISTI HOSPITALS WICHITA, INC.	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	

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

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

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

• The books are in the care of ☒ SHELLY TRENT, CONTROLLER

Telephone No. ☒ 316 719-3200

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, 2011.
- 5 For calendar year 2009, or other tax year beginning 10/01, 2009, and ending 09/30, 2010.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS 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 \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (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 K. Thornton Title CPA Date 5/9/11
GRANT THORNTON LLP
8300 THORN DRIVE, SUITE 300
WICHITA, KS 67226-2708

Form 8868 (Rev. 1-2011)