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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047  <b>2010</b>  <b>Open to Public Inspection</b>
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<b>A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011</b>		
<b>B</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	<b>C</b> Name of organization VIA CHRISTI HOSPITALS WICHITA INC  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	<b>D Employer identification number</b>  48-1172106  <b>E Telephone number</b>  (316) 268-5000  <b>G</b> Gross receipts \$ 849,169,092
	<b>F</b> Name and address of principal officer CARL RIDER 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ 0928
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	<b>J Website:</b> ▶ www.via-christi.org	
	<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation 1995		
<b>M</b> State of legal domicile KS		

Part I		Summary		
Activities & Governance	<b>1</b> 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			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .		<b>3</b> 18	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .		<b>4</b> 11	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .		<b>5</b> 5,794	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .		<b>6</b> 803		
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .		<b>7a</b> 4,412,951		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .		<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .		<b>Prior Year</b> 4,795,171	<b>Current Year</b> 4,657,736
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		602,002,719	541,190,374
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .		17,090,388	21,392,927
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,617,294	17,887,935
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		640,505,572	585,128,972
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .		592,702
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0	0	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		290,155,236	285,021,594	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0	0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0				
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		310,938,120	267,250,429	
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		601,686,058	552,812,234	
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .		38,819,514	32,316,738	
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .		624,754,846	595,746,091
	<b>21</b> Total liabilities (Part X, line 26) . . . . .		205,393,198	207,563,652
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		419,361,648	388,182,439

<b>Part II Signature Block</b>					
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			2012-08-01 Date	
	MIKE WEGNER SR VICE PRESIDENT AND CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Kimberly Temple	Preparer's signature Kimberly Temple	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GRANT THORNTON LLP				Firm's EIN ▶
	Firm's address ▶ 8300 THORN DRIVE SUITE 300 WICHITA, KS 672262708				Phone no ▶ (316) 265-3231
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the 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

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 \$ 443,772,955 including grants of \$ 540,211 ) (Revenue \$ 549,016,621 )

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 \$ 443,772,955

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
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 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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 	6	No
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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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 	9	No
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 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b 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. 	11b	No
c 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. 	11c	No
d 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. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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, Parts I and IV	14b	No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions)	17	No
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	18	No
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	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b Yes	

Part IV

Checklist of Required Schedules (continued)

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> . . . . .	21	Yes	
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> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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> . . . . .	25b		No
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> . . . . .	26		No
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> . . . . .	27		No
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> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
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> . . . . .	33	Yes	
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> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	393
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	5,794
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	18	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	11	
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
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 . . . . .	9		No

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	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
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	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	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	Yes	
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	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> KS
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> 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**

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

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

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

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

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

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

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								6,359,466	2,391,560	988,299

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: 233

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## 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
WICHITA CENTER FOR GRADUATE MEDICAL 1010 N KANSAS WICHITA, KS 67214	PHYSICIAN SERVICES	9,644,168
J E DUNN CONSTRUCTION COMPANY 929 HOLMES KANSAS CITY, MO 64106	CONSTRUCTION	11,116,716
ANESTHESIA CONSULTING SERVICE PA PO BOX 356 WICHITA, KS 672010356	ANESTHESIA SERVICES	4,915,136
UKSM-WICHITA 1010 N KANSAS WICHITA, KS 67214	PHYSICIAN TEACHING	2,833,906
WICHITA OBGYN 551 N HILLSIDE STE 510 WICHITA, KS 67214	OB/GYN SERVICES	3,237,803

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 ►117

Part VIII

Statement of Revenue

					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	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	4,220,097				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	437,639				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .			4,657,736			
Program Service Revenue	2a				Business Code			
		PATIENT SERVICE			621400	541,190,374	541,139,814	50,560
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			541,190,374			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .						
					10,727,852	645,450	2,264,261	7,818,141
	4	Income from investment of tax-exempt bond proceeds . . . . .			0			
	5	Royalties . . . . .			0			
	6a	Gross Rents	(i) Real	(ii) Personal				
			2,053,208					
	b	Less rental expenses						
	c	Rental income or (loss)	2,053,208					
	d	Net rental income or (loss) . . . . .			2,053,208		-199,262	2,252,470
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			274,641,216	63,979				
	b	Less cost or other basis and sales expenses	263,912,244	127,876				
	c	Gain or (loss)	10,728,972	-63,897				
	d	Net gain or (loss) . . . . .			10,665,075			10,665,075
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
b	Less direct expenses . . . . .	b						
c	Net income or (loss) from fundraising events . . . . .			0				
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a						
b	Less direct expenses . . . . .	b						
c	Net income or (loss) from gaming activities . . . . .			0				
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
b	Less cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue				Business Code				
11a	CAFETERIA/VENDING		722320	4,887,536		285,749	4,601,787	
b	CHILD DEV CENTER		624410	1,088,292			1,088,292	
c	CONTINUING ED		611600	249,423	249,423			
d	All other revenue . . . . .			9,609,476	6,981,934	2,011,643	615,899	
e	Total. Add lines 11a-11d . . . . .			15,834,727				
12	Total revenue. See Instructions . . . . .			585,128,972	549,016,621	4,412,951	27,041,664	

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	484,881	484,881		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	55,330	55,330		
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 . . . . .	3,978,588	723,414	3,255,174	
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	226,663,390	203,511,598	23,151,792	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	11,635,978	9,849,083	1,786,895	
9	Other employee benefits . . . . .	29,088,575	24,013,467	5,075,108	
10	Payroll taxes . . . . .	13,655,063	11,514,601	2,140,462	
a	Fees for services (non-employees)				
	Management . . . . .	15,913,920		15,913,920	
b	Legal . . . . .	247,011	20,482	226,529	
c	Accounting . . . . .	32,768	18,061	14,707	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	70,218,302	44,725,692	25,492,610	
12	Advertising and promotion . . . . .	1,297,502	72,403	1,225,099	
13	Office expenses . . . . .	105,735,597	102,575,068	3,160,529	
14	Information technology . . . . .	24,197,514	805,870	23,391,644	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	11,360,988	10,908,966	452,022	
17	Travel . . . . .	501,181	216,190	284,991	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	170,843	63,443	107,400	
20	Interest . . . . .	5,019,352	5,019,352		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	22,875,561	21,842,689	1,032,872	
23	Insurance . . . . .	6,771,061	6,333,707	437,354	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	BAD DEBT EXPENSE	21,000	21,000		
b	MISCELLANEOUS EXPENSES	2,887,829	997,658	1,890,171	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	552,812,234	443,772,955	109,039,279	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			10,039,645	1	8,074,758
	2	Savings and temporary cash investments . . . . .			105,686,132	2	85,527,834
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			69,083,789	4	66,783,892
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			108,367	7	144,233
	8	Inventories for sale or use . . . . .			16,011,183	8	14,851,831
	9	Prepaid expenses and deferred charges . . . . .			2,300,019	9	2,212,604
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	588,603,569			
	b	Less: accumulated depreciation . . . . .	10b	428,511,704	157,729,775	10c	160,091,865
	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 . . . . .			10,053,656	14	17,254
	15	Other assets. See Part IV, line 11 . . . . .			253,742,280	15	258,041,820
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			624,754,846	16	595,746,091	
Liabilities	17	Accounts payable and accrued expenses . . . . .			42,893,892	17	41,593,691
	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 . . . . .			73,000	23	63,720
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			162,426,306	25	165,906,241
	26	Total liabilities. Add lines 17 through 25 . . . . .			205,393,198	26	207,563,652
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 . . . . .			406,959,821	27	375,562,107
	28	Temporarily restricted net assets . . . . .			6,496,486	28	6,714,991
	29	Permanently restricted net assets . . . . .			5,905,341	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 . . . . .			419,361,648	33	388,182,439
34	Total liabilities and net assets/fund balances . . . . .			624,754,846	34	595,746,091	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	585,128,972
2	Total expenses (must equal Part IX, column (A), line 25)	2	552,812,234
3	Revenue less expenses Subtract line 2 from line 1	3	32,316,738
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	419,361,648
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-63,495,947
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	388,182,439

Part XII

Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2010

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 the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. 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 ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE 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

2010

Open to Public Inspection

**If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

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

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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-

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												
1a 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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Part III-A

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

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

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY	SCHEDULE C, PART II-B, QUESTION 1I	A PORTION OF DUES PAID TO THE VARIOUS ORGANIZATIONS LISTED BELOW IS USED FOR LOBBYING Calendar VCHW Dues 2011 % Lobbying Lobbying AHA 56,886 24 60% 13,994 KHA 96,543 15 00% 14,482 CHA 135,035 5 15% 6,954 Chamber of Commerce 35,895 4 50% 1,615 ----- ----- 324,359 37,045 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

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

2010

Open to Public  
Inspection

Name of the organization

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?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, 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

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

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

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 . . . . .		303,610,731	221,024,247	82,586,484
c Leasehold improvements . . . . .		0	0	0
d Equipment . . . . .		258,097,587	197,683,126	60,414,461
e Other . . . . .		14,397,751	9,804,331	4,593,420
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				160,091,865



Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	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 should equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
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.



Additional Data

Software ID:

Software Version:

EIN: 48-1172106

Name: VIA CHRISTI HOSPITALS WICHITA INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
BOARD DESIGNATED CAP IMPROV	174,966,686
BOARD DESIGNATED COMM SERVICE	2,045,536
TRUSTEE HELD FUNDS	0
CSV LIFE INSURANCE	624,007
BENEFICIAL INTEREST-FOUNDATION	13,921,325
OTHER ASSETS	100,000
ASSETS INV FOR CURRENT LIAB	1,020,230
MISCELLANEOUS RECEIVABLES	50,849,562
INVESTMENTS IN UNCON AFFILIATE	13,862,418
PREPAID PENSIONS	0
SELF INSURANCE FUND-NONCURRENT	621,816
LONG TERM INVESTMENTS	30,240

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization  
VIA CHRISTI HOSPITALS WICHITA INC

Employer identification number  
48-1172106

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
b	If "Yes," is it a written policy? . . . . .	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input checked="" type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  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 FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%    <input type="checkbox"/> 150%    <input checked="" type="checkbox"/> 200%    <input type="checkbox"/> Other _____%</div> 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 . . . . . <div><input type="checkbox"/> 200%    <input type="checkbox"/> 250%    <input type="checkbox"/> 300%    <input type="checkbox"/> 350%    <input checked="" type="checkbox"/> 400%    <input type="checkbox"/> Other _____%</div> 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 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .		
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . .	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		No
c	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? . . . . .		
6a	Does the organization prepare a community benefit report during the tax year? . . . . .	Yes	
6b	If "Yes," did the organization make it available to the public? . . . . .	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			32,603,899	0	32,603,899	5 900 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			78,763,836	61,622,465	17,141,371	3 100 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs . . . . .			111,367,735	61,622,465	49,745,270	9 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			617,539	333,225	284,314	0 050 %
f Health professions education (from Worksheet 5)			23,797,075	11,684,352	12,112,723	2 190 %
g Subsidized health services (from Worksheet 6)			16,401,478	15,214,881	1,186,597	0 220 %
h Research (from Worksheet 7)			415,554	9,180	406,374	0 070 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			648,408	0	648,408	0 120 %
j Total Other Benefits . . . .			41,880,054	27,241,638	14,638,416	2 650 %
k Total. Add lines 7d and 7j . . .			153,247,789	88,864,103	64,383,686	11 650 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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		4,292	0	4,292	0 %
2	Economic development		787	0	787	0 %
3	Community support		2,823	0	2,823	0 %
4	Environmental improvements		4,417	0	4,417	0 %
5	Leadership development and training for community members		0	0	0	0 %
6	Coalition building		13,292	0	13,292	0 %
7	Community health improvement advocacy		0	0	0	0 %
8	Workforce development		3,060	0	3,060	0 %
9	Other		0	0	0	0 %
10	Total		28,671	0	28,671	0 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost) . . . . .	2	12,963,434
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance 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 a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	170,115,714
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	183,459,599
7	Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .	7	-13,343,885
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	Yes
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	Yes

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	49.000 %	51.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 3

**Schedule H (Form 990) 2010**

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: VIA CHRISTI HOSPITALS WICHITA INC

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply)	<b>1</b>	
<b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input type="checkbox"/> How data was obtained		
<b>e</b> <input type="checkbox"/> The health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b>	
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	<b>5</b>	
<b>a</b> <input type="checkbox"/> Hospital facility's website		
<b>b</b> <input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
<b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b> <input type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b> <input type="checkbox"/> Prioritization of health needs in the community		
<b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	<b>7</b>	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>8</b>	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	<b>9</b>	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance? . . . . .	12	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply)	18		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d <input type="checkbox"/> Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services			
d <input type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI	20		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI	21		

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: VIA CHRISTI HOSPITALS WICHITA INC

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply)	<b>1</b>	
<b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input type="checkbox"/> How data was obtained		
<b>e</b> <input type="checkbox"/> The health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b>	
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	<b>5</b>	
<b>a</b> <input type="checkbox"/> Hospital facility's website		
<b>b</b> <input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
<b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b> <input type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b> <input type="checkbox"/> Prioritization of health needs in the community		
<b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	<b>7</b>	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>8</b>	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	<b>9</b>	



Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance? . . . . .	12	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services			
d	<input type="checkbox"/> Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI			
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI			

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: VIA CHRISTI BEHAVIORAL HEALTH CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply)	<b>1</b>	
<b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input type="checkbox"/> How data was obtained		
<b>e</b> <input type="checkbox"/> The health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b>	
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	<b>5</b>	
<b>a</b> <input type="checkbox"/> Hospital facility's website		
<b>b</b> <input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
<b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b> <input type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b> <input type="checkbox"/> Prioritization of health needs in the community		
<b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	<b>7</b>	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>8</b>	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	<b>9</b>	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance? . . . . .	12	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply)	18		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d <input type="checkbox"/> Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services			
d <input type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI	20		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI	21		

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 26

Name and address	Type of Facility (Describe)
1 See Additional Data Table	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** 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
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
ANNUAL COMMUNITY BENEFIT REPORT	PART I, LINE 6A	ANNUALLY, A COMMUNITY BENEFIT REPORT IS PREPARED AND PRINTED IN THE VIA CHRISTI HEALTH'S ANNUAL REPORT WHICH IS RELEASED IN VARIOUS FORMATS TO THE PUBLIC AND IS ALSO AVAILABLE FROM THE VIA CHRISTI HEALTH WEBPAGE AT WWW.VIACHRISTI.ORG. IN ADDITION, VIA CHRISTI HOSPITALS AND THEIR MINISTRIES ARE HAPPY TO MAKE PUBLIC PRESENTATIONS WHEN REQUESTED ON THE FINDINGS OF THE HEALTH NEEDS ASSESSMENT.

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT PROGRAMS	PART I, LINE 7	FOR EXAMPLES OF SOME OF THE COMMUNITY BENEFIT PROGRAMS PROVIDED BY VIA CHRISTI HOSPITALS WICHITA, INC SEE THE SCHEDULE O FOOTNOTE FOR PART III, STATEMENT OF PROGRAM SERVICES



Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	PART II	<p>COMMUNITY BUILDING ACTIVITIES ARE ESSENTIAL ROLES FOR HEALTHCARE ORGANIZATIONS IN THAT THEY ADDRESS MANY OF THE UNDERLYING DETERMINANTS OF HEALTH. RESEARCH HAS CONSISTENTLY SHOWN THAT WHEN THE SOCIOECONOMIC FACTORS INFLUENCING HEALTH ARE EXPLORED, HEALTH CARE ACTUALLY PLAYS THE SMALLER ROLE PROPORTIONATELY. A REPORT IN THE JOURNAL OF AMERICAN MEDICAL ASSOCIATION AND THE CENTER FOR DISEASE CONTROL SUGGESTS THAT THE FACTORS IMPACTING HEALTH ARE AS FOLLOWS: LIFESTYLE AND BEHAVIORS, 50 PERCENT; ENVIRONMENT, 20 PERCENT; GENETICS AND HUMAN BIOLOGY, 20 PERCENT; AND HEALTH CARE, 10 PERCENT. COMMUNITY BUILDING ACTIVITIES HELP TO ADDRESS THE OTHER INDICATORS OUTSIDE OF THE ROLE TRADITIONALLY PLAYED BY HEALTH CARE ORGANIZATIONS. THESE ACTIVITIES ARE ALMOST EXCLUSIVELY DONE IN SOME FORM OF PARTNERSHIP IN WHICH THE COMMUNITY OR OTHER ORGANIZATIONS ARE BETTER SUITED TO ADDRESS IDENTIFIED COMMUNITY NEEDS. VCH PROVIDES TIMELY AND SPECIFIC RESOURCES TO HELP COMMUNITY ORGANIZATIONS THROUGH DONATIONS TO FULFILL THEIR MISSIONS OF IMPROVING THE WELL-BEING OF THE COMMUNITY AND CONTRIBUTING TO ITS OVERALL HEALTH STATUS IN WAYS THAT MAY DIFFER FROM DIRECT CLINICAL SERVICES PROVIDED BY THE HOSPITAL. DONATIONS SUCH AS STAFF TIME AND EXPERTISE FOR TRAININGS OR PRESENTATIONS TO CHAMBER, ROTARY OR OTHER SERVICE GROUPS, SPECIAL POPULATION OUTREACH EFFORTS FOR AT-RISK CHILDREN IN NEED OF MENTORING, ASSISTANCE IN BUILDING HOMES FOR THE HOMELESS OR DOMESTIC VIOLENCE VICTIMS, DONATING OUTDATED EQUIPMENT TO FREE CLINICS, OR OTHER DURABLE GOODS PROVIDED TO AREA SHELTERS AND OTHER ORGANIZATIONS ARE ALL WAYS TO MAXIMIZE THOSE AGENCIES' RESOURCES SO THEY CAN PROVIDE MORE PROGRAM SERVICES.</p> <p>WICHITA, KS PARTICIPATION IN VARIOUS COMMUNITY GROUPS IS OFTEN BASED ON THE SPECIFIC RESOURCES WE BRING TO THE TABLE IN TERMS OF STAFF EXPERTISE, LEADERSHIP SKILLS AND/OR HOSPITAL RESOURCES. TO SUGGEST THAT MANY OF THE ACTIVITIES LISTED BELOW DO NOT MEET A HEALTH NEED SEEMS VERY BLINDED, ESPECIALLY WHEN SO MANY OF THEM INCLUDE COMMUNITY PARTNERSHIPS WHERE THE NEED FOR MEDICAL INVOLVEMENT IS NOT SO NARROWLY DEFINED AND IS WELCOMED. THE FOLLOWING ACTIVITIES SHOULD BE CONSIDERED COMMUNITY BENEFIT AS OUR PARTICIPATION CERTAINLY BENEFITS THE COMMUNITY MORE THAN OUR MINISTRY. FOR EXAMPLE:</p> <ul style="list-style-type: none"><li>-PARTICIPATING IN THE ADVOCATES FOR SOUTHERN KANSAS KIDS COALITION WHOSE FOCUS IS ON PROVIDING CARE TO CHILDREN WHO ARE DEAF OR HARD OF HEARING. THE MISSION OF THE COALITION IS TO PROMOTE THE COLLABORATION, COMMUNICATION, EDUCATIONAL OPPORTUNITIES, COMMUNITY AWARENESS AND RESOURCES FOR PARENTS AND PROFESSIONALS ASSOCIATED WITH CHILDREN WHO EXHIBIT DEAF OR HARD OF HEARING DISORDERS.</li><li>-PARTICIPATING AND TAKING A LEADERSHIP ROLE IN THE SAFE KIDS COALITION WHOSE MISSION IS TO PREVENT UNINTENTIONAL CHILDHOOD INJURIES. UNINTENTIONAL INJURIES KILL MORE THAN 830,000 CHILDREN BETWEEN THE AGES OF 1 - 14 ANNUALLY WORLDWIDE AND PERMANENTLY DISABLE MANY MORE THROUGH EDUCATION, MEDIA AWARENESS CAMPAIGNS, COMMUNITY OUTREACH AND PUBLIC POLICY EFFORTS, THOUSANDS OF CHILDREN AND THEIR FAMILIES ARE REACHED WITH LIFESAVING INTERVENTIONS. SAFE KIDS' HEALTH EXPERTS CONDUCT RESEARCH AND DEVELOP AND EXECUTE DATA-DRIVEN CHILDHOOD INJURY PREVENTION AND ADVOCACY PROGRAMS IN PARTNERSHIP WITH LAW ENFORCEMENT OFFICERS, FIREFIGHTERS, PARAMEDICS, HEALTH PROFESSIONALS, EDUCATORS, BUSINESSES, PUBLIC POLICY MAKERS, PARENTS AND CHILDREN THEMSELVES. KIDS ENJOYS THE SUPPORT OF A GRASSROOTS ORGANIZATION.</li><li>-IN A COLLABORATIVE PARTNERSHIP WITH THE CENTER OF INNOVATION FOR BIOMATERIALS IN ORTHOPAEDIC RESEARCH, NATIONAL INSTITUTE FOR AVIATION RESEARCH, WICHITA STATE UNIVERSITY AND OTHERS, VCH-W RESEARCHERS ARE WORKING ON NUMEROUS PROJECTS FROM BATTLEFIELD SPLINTS TO HIP IMPLANTS MADE FROM VARIATIONS OF THE COMPOSITE MATERIALS DEVELOPED BY THE AIRCRAFT INDUSTRY.</li><li>-PARTICIPATION IN THE WORKFORCE INITIATIVE FOR ECONOMIC DEVELOPMENT (WIRED). THIS BOARD MANAGES A FEDERAL GRANT FOR WORKFORCE DEVELOPMENT WHICH ASSISTS IN TRAINING THE UNEMPLOYED AND UNDEREMPLOYED, AS WELL AS SMALL BUSINESS DEVELOPERS IN WORKING WITH COMPOSITE MATERIALS.</li><li>-HOSPITAL-WIDE RECYCLING EFFORTS HAVE TAKEN ON A NEW DIMENSION AS GREEN TEAM MEMBERS LOOK FOR OPPORTUNITIES TO RECYCLE ALL KINDS OF MATERIALS THAT COLLECT IN THE HOSPITAL. ALUMINUM CANS AND TABS ARE COLLECTED EVERY TWO WEEKS AND DRIVEN TO RONALD MCDONALD HOUSE OR ST. CECILIA'S CHURCH, WHERE THEY ARE COMBINED WITH OTHER COLLECTIONS TO BRING IN MONEY FOR THE NOT-FOR-PROFIT ORGANIZATIONS.</li><li>-PARTICIPATION IN THE GREATER WICHITA SPORTS COMMISSION, WHICH WAS DEVELOPED TO IMPROVE THE QUALITY OF LIFE AND THE WICHITA ECONOMY THROUGH SPORTS AS WELL AS PROVIDE MEDICAL SUPPORT TO EXISTING SPORTING EVENTS IN AND AROUND WICHITA.</li><li>-PARTICIPATION IN THE WICHITA WATER ADVISORY COUNCIL WHOSE SOLE PURPOSE IS TO ENSURE THE SAFETY AND SUPPLY OF WATER TO OVER HALF A MILLION WICHITA AND SEDGWICK COUNTY RESIDENTS.</li><li>-RECRUITMENT OF NEW PHYSICIANS FOR THE AREA THAT REPRESENT HARD TO FIND SPECIALISTS THAT HAVE BEEN IDENTIFIED IN C</li></ul>

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	PART II	COMMUNITY HEALTH NEEDS ASSESSMENTS OR BY OTHER THIRD-PARTY RESEARCHERS AS BEING IN SHORT SU PPPLY OR, IN SOME CASES, NON-EXISTENT IN THIS GEOGRAPHIC LOCATION

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	PART III, LINE 3	THE ORGANIZATION HAS NO SUITABLE BASIS FOR ESTIMATING BAD DEBT EXPENSE THAT WOULD BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY

Identifier	ReturnReference	Explanation
AUDIT FOOTNOTE - BAD DEBT EXPENSE	PART III, LINE 4	THE PROVISION FOR BAD DEBT EXPENSE IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYER CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBT EXPENSE TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE HEALTH SYSTEM ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTIONS EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE HEALTH SYSTEM'S POLICIES VCH-W 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 VCH FOLLOWS THE GUIDANCE FROM CHA AND DOES NOT CONSIDER BAD DEBT AS A COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
MEDICARE SHORTFALL	PART III, LINE 8	VCH-W FOLLOWS THE CHA GUIDELINES REGARDING MEDICARE AND DOES NOT INCLUDE IT AS COMMUNITY BENEFIT THE METHODOLOGY DESCRIBED IN THE INSTRUCTIONS TO SCHEDULE H, PART III, SECTION B, LINE 7 FOR REPORTING MEDICARE SHORTFALL 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, LINE 7 WAS DETERMINED USING INFORMATION FROM THE ORGANIZATION'S 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 \$23,348,617 THE MOST COMMON REASON 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

Identifier	ReturnReference	Explanation
DEBT COLLECTION POLICY	PART III, LINE 9B	<p>IT IS THE POLICY OF VCH-W TO PROMOTE SOCIALLY JUST PRACTICES FOR BILLING AND COLLECTIONS FOR ALL PATIENTS RECEIVING CARE THE POLICY IS INTENDED TO FURTHER THE VCH-W 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 OVER TO A THIRD PARTY COLLECTION AGENT (AGENT) FOR COLLECTION ACTIVITY, VCH-W 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 VCH-W 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</p> <p>A ENSURE THE PATIENT/GUARANTOR HAS BEEN NOTIFIED OF VCH'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</p>

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	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) AND IN 2009 VCH CONDUCTED THEIR OWN ASSESSMENT FOR THE WICHITA MSA COVERAGE AREA SECONDARY DATA, OTHER COMMUNITY ASSESSMENTS AND ONE-ON-ONE INTERVIEWS WITH COMMUNITY LEADERS, SOCIAL SERVICE PROVIDERS, HEALTH CARE PROVIDERS AND GOVERNMENT REPRESENTATIVES WERE USED TO CONDUCT THE MRHC AND WCH ASSESSMENTS

Identifier	ReturnReference	Explanation
PATIENT ELIGIBILITY FOR ASSISTANCE	PART VI, LINE 3	VCH FINANCIAL ASSISTANCE STAFF IS TRAINED ON HOW TO QUALIFY PATIENTS FOR MEDICAID, SCHIP AND OTHER INCOME-BASED PROGRAMS DURING THE PATIENT'S REGISTRATION, ADMISSIONS AND DISCHARGE PROCESSES, VCH ATTEMPTS TO IDENTIFY PATIENTS WHO MAY BE ELIGIBLE FOR CHARITY OR DISCOUNTED CARE THROUGH THE CHARITY CARE POLICY IN ADDITION, VCH USES A PERCENTAGE OF THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE FREE AND DISCOUNTED CARE



Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, LINE 4	<p>THE PRIMARY COUNTIES FOR VIA CHRISTI HEALTH INCLUDES SEDGWICK AND BUTLER COUNTIES SEDGWICK COUNTY HAS A LAND AREA OF 999 SQUARE MILES WITH A 2010 POPULATION OF 498,365 BUTLER COUNTY HAS A LAND AREA OF 1,428 SQUARE MILES WITH A 2008 POPULATION OF 65,880 SEDGWICK COUNTY'S POPULATION DEMOGRAPHICS INCLUDE 76 3% WHITE, 9 3% BLACK, 1 2% AMERICAN INDIAN, 4 1% ASIAN AND 13 0% 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 93 5% WHITE, 1 7% BLACK, 1 0% AMERICAN INDIAN, 0 7% ASIAN PERSONS, 3 9% PERSONS OF HISPANIC OR LATINO ORIGIN IT WAS REPORTED BY 11 8% OF THE SEDGWICK COUNTY AND 3 2% OF THE BUTLER COUNTY RESIDENTS THAT A LANGUAGE OTHER THAN ENGLISH IS SPOKEN AT HOME WHEN IT COMES TO EDUCATION, 88 1% OF SEDGWICK COUNTY RESIDENTS COMPLETED HIGH SCHOOL AND 27 2% HAD A BACHELOR'S DEGREES OR HIGHER THIS COMPARES TO 91 33% FOR HIGH SCHOOL GRADUATES AND 23 9% BACHELOR'S DEGREES FOR BUTLER COUNTY MEDIAN HOUSEHOLD INCOME FOR SEDGWICK COUNTY RESIDENTS IN 2010 WAS \$48,071 COMPARED TO \$54,165 FOR BUTLER COUNTY THE MEDIAN VALUE OF OWNER-OCCUPIED HOUSING UNITS IN SEDGWICK COUNTY WAS \$113,600 IN 2009 COMPARED TO \$116,800 FOR BUTLER COUNTY RESIDENTS SEDGWICK COUNTY REPORTS 13 5% OF ITS RESIDENTS ARE BELOW POVERTY LEVEL COMPARED TO 9 3% FOR BUTLER COUNTY THE STATEWIDE POVERTY LEVEL IS AROUND 13 2% 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</p>

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	PART VI, LINE 5	VCH-W AND ITS AFFILIATES 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 VCH-W FURTHER SUPPORTS THIS MISSION WITH A COMMUNITY BOARD, OPEN MEDICAL STAFF AND AN EMERGENCY ROOM AVAILABLE TO PATIENTS REGARDLESS OF ABILITY TO PAY COMMUNITY REPRESENTATION ON THE GOVERNING BODY - THE BOARD OF TRUSTEES IS THE GOVERNING BODY OF VCH-W 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 BYLAWS 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 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 VCH-W IS AN OPEN MEDICAL STAFF AND IS COMPOSED OF PHYSICIANS, DENTISTS AND PODIATRISTS LICENSED TO PRACTICE MEDICINE IN THE STATE OF KANSAS VCH-W STAFF ALSO PARTICIPATES IN THE COMMUNITY ON BOARDS OF OTHER NOT-FOR-PROFIT ORGANIZATIONS, GOVERNMENT ENTITIES, FOUNDATIONS, AREA COLLEGES AND UNIVERSITY COMMITTEES, STATE-WIDE COALITIONS, ETC IN 2010, VCH-W HAD LEADERSHIP STAFF PARTICIPATING IN NEARLY 50 OUTSIDE ORGANIZATIONS (E G AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, CENTER FOR HEALTH & WELLNESS, CENTRAL PLAINS REGIONAL HEALTHCARE FOUNDATION, GRACE MED CLINIC, GUADALUPE CLINIC, HARRY HYNES HOSPICE, KANSAS ALZHEIMERS ASSOCIATION, KANSAS MENTAL HEALTH COALITION, KANSAS TASK FORCE ON EMERGENCY MEDICINE, RONALD MCDONALD HOUSE, SENIOR SERVICES, SEDGWICK COUNTY HEALTH ACCESS PROJECT, UNITED WAY OF THE PLAINS, WICHITA CENTER FOR GRADUATE MEDICAL EDUCATION AND MANY MORE) HAVING THE ONLY BURN UNIT IN THE STATE OF KANSAS, VCH-W ROUTINELY TRAINS FIRST RESPONDERS, AS WELL AS OUTLYING HOSPITALS HOW TO CLINICALLY PREPARE BURN VICTIMS FOR MEDICAL TRANSPORT TO WICHITA FOR EMERGENCY CARE

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM	PART VI, LINE 6	THE VCH-WIS 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

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, LINE 7	KANSAS DOES NOT REQUIRE HOSPITALS TO FILE COMMUNITY BENEFIT REPORTS BUT VIA CHRISTI HEALTH DISTRIBUTES OUR COMMUNITY BENEFIT TOTALS AND ACTIVITIES ANNUALLY IN PRESS RELEASES AS WELL AS IN OUR ANNUAL REPORT

Additional Data

Software ID:

Software Version:

EIN: 48-1172106

Name: VIA CHRISTI HOSPITALS WICHITA INC

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? <u>26</u>	
Name and address	Type of Facility (Describe)
VIA CHRISTI CANCER CENTER 817 N EMPORIA WICHITA, KS 67214	CANCER CENTER
VIA CHRISTI CYBERKNIFE CENTER 825 N EMPORIA WICHITA, KS 67214	CYBERKNIFE CANCER TREATMENT
VIA CHRISTI WOUND CENTER 848 N EMPORIA WICHITA, KS 67214	WOUND CENTER
SOLUTIONS FOR LIFE 6100 E CENTRAL WICHITA, KS 67208	MEDICAL WEIGHT LOSS PROGRAM
VIA CHRISTI RESEARCH 1100 N ST FRANCIS WICHITA, KS 67214	MEDICAL RESEARCH
Via Christi Clinic Chang Family MED 707 N Emporia Wichita, KS 67214	Family Practice
Via Christi Clinic Family Medicine 1121 S Clifton Ave Wichita, KS 67218	Family Practice
VCMA Andover 308 E Central Andover, KS 67002	Family Practice Clinic
VCMA on North Cypress 3009 N Cypress Wichita, KS 67226	Family Practice Clinic
VCMA Diagnostic Svcs 848 N St Francis Suite 1962 Wichita, KS 67214	Family Practice Clinic
VCMA St Teresa Fam Med 14700 W St Teresa Suite 130 Wichita, KS 67235	Family Practice Clinic
VCMA Iola 401 S Washington IOLA, KS 66749	Family Practice Clinic
VCMA W 21st St - Reflection 8444 West 21st Wichita, KS 67205	Family Practice Clinic
VCMA West Maple 13610 West Maple Wichita, KS 67235	Family Practice Clinic
VCMA Epileptology 848 N St Francis Suite 3901 Wichita, KS 67214	Family Practice Clinic
VCMA on North Amidon 1900 N Amidon Wichita, KS 67203	Family Practice Clinic
VCMA Ped Gastro & Ped Neuro 848 N St Francis Suite 3949 Wichita, KS 67214	Family Practice Clinic
VCMA Hillsboro 508 S Ash Hillsboro, KS 67063	Family Practice Clinic
VCMA Wichita OBGYN 551 N Hillside Suite 510 Wichita, KS 67214	Family Practice Clinic
Dr Anthony Johnstone 1230 E 6th Winfield, KS 67156	Family Practice Clinic
VCMA Andale-Closed Mar'11 228 Andale Rd Andale, KS 67001	Family Practice Clinic
VCMA ENT-Closed Jun'11 848 N St Francis Suite 2925 Wichita, KS 67214	Family Practice Clinic
VCMA Endocrinology-Closed Jul'11 848 N St Francis Suite 2968 Wichita, KS 67214	Family Practice Clinic
VCMA Goddard-Closed Mar'11 216 N Main Goddard, KS 67052	Family Practice Clinic
VCMA Pulmonology-Closed Jul'11 848 N St Francis Suite 1962 WICHITA, KS 67214	Family Practice Clinic
VCMA OBGYN-Moved to VCC Sep'11 14700 W St Teresa Suite 370 WICHITA, KS 67235	Family Practice Clinic

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VIA CHRISTI HOSPITALS WICHITA INC

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

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 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. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION8630 E 32ND CT N WICHITA,KS 67226	13-5613797	501(C)(3)	11,500				SPONSORSHIPS - 5,000 CRYSTAL HEART GALA, 5,000 HEART WALK SPONSORSHIP, 1,500 GO RED FOR WOMEN SPONSORSHIP
(2) FAMILY LIFE & NATURAL FAMILY PLANNING1515 S CLIFTON STE 400 WICHITA,KS 67218	48-0543780	501(C)(3)	40,000				CORPORATE CONTRIB
(3) WICHITA METRO CHAMBER350 W DOUGLAS AVE WICHITA,KS 67202	48-0477290	501(C)(6)	25,000				PROGRAM SUPPORT
(4) WICHITA STATE UNIVERSITY1845 FAIRMOUNT ST WICHITA,KS 67260	48-1124839	501(C)(3)		24,041	FMV	CIBOR STOCK	DONATION

2

Enter total number of section 501(c)(3) and government organizations

3

3

Enter total number of other organizations

1

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	52	55,331			

Part IV

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

Identifier	Return Reference	Explanation
MONITOR GRANT FUNDS	PART I, QUESTION 2	SCHOLARSHIPS ARE GIVEN TO BOTH EMPLOYEES AND NON-EMPLOYEES WHO ARE ACCEPTED INTO AN APPROVED DEGREE PROGRAM IN THE LAST YEAR TO TWO YEARS BEFORE GRADUATION SCHOLARSHIPS ARE MONITORED THROUGH THE EDUCATION DEPARTMENT STAFF SCHOLARSHIPS ARE RENEWED EACH SEMESTER TO RENEW THE SCHOLARHIP, STUDENTS MUST SUBMIT A COMPLETED RENEWAL APPLICATION, A COPY OF THEIR PRE-REGISTRATION SCHEDULE FOR THE UPCOMING SEMESTER AND A COPY OF THEIR CURRENT COURSE GRADES UPON COMPLETION OF EACH SEMESTER STUDENTS MUST MAINTAIN A 3.0 GPA, BE A RESIDENT OF KS AND A CITIZEN OR NATIONAL OF THE U.S. STUDENTS WHO CHOOSE NOT TO RENEW THEIR SCHOLARSHIP OR ARE INELIGIBLE TO RENEW THEIR SCHOLARSHIP MUST CONTINUE TO SUBMIT THEIR PRE-REGISTRATION SCHEDULE FOR THE UPCOMING SEMESTER AND A COPY OF THEIR CURRENT COURSE GRADES UPON COMPLETION OF EACH SEMESTER TO ENSURE THEY ARE CONTINUING IN THEIR COURSE OF STUDY IF STUDENTS DROP OUT OF A PROGRAM, ALL SCHOLARSHIP MONIES ARE IMMEDIATELY DUE AND PAYABLE BACK TO THE HOSPITAL

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
VIA CHRISTI HOSPITALS WICHITA INC

Employer identification number  
48-1172106

Part I

Questions Regarding Compensation

		Yes	No
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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	



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

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

**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				
See Additional Data Table								
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE PAYMENTS	PART I, QUESTION 4A	MICHAELNE MARINGER 327,119 82
SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PAID BY A RELATED ORGANIZATION	PART I, QUESTION 4B	RANDALL PETERSON \$132,987 12 KEVIN CONLIN \$158,172 85 Claudio Ferraro \$ 19,360 01 Hewitt C Goodpasture, MD \$ 17,970 20 Robert Allan Allford \$ 42,191 84 Art Huber \$ 11,879 16 Laurie Labarca \$ 29,350 61 Cynthia LaFleur \$ 9,902 69 Mike Wegner \$ 29,824 87

Software ID:

Software Version:

EIN: 48-1172106

Name: VIA CHRISTI HOSPITALS WICHITA INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SISTER SHERRI MARIE KUHN	(i)	188,143	32,941	2,373	19,399	8,644	251,500	0
	(ii)	0	0	0	0	0	0	0
KEVIN CONLIN	(i)	0	0	0	0	0	0	0
	(ii)	801,193	381,945	11,351	176,548	10,453	1,381,490	0
DEBORAH G HAYNES MD	(i)	172,945	0	1,460	10,500	8,291	193,196	0
	(ii)	0	0	0	0	0	0	0
RANDALL PETERSON	(i)	0	0	0	0	0	0	0
	(ii)	443,357	81,238	12,729	151,362	8,588	697,274	0
MIKE WEGNER	(i)	378,981	94,097	6,896	48,200	10,724	538,898	0
	(ii)	0	0	0	0	0	0	0
DR ED HETT	(i)	234,095	0	2,595	13,422	9,823	259,935	0
	(ii)	0	0	0	0	0	0	0
CLAUDIO FERRARO	(i)	210,453	38,262	3,682	39,875	10,280	302,552	0
	(ii)	0	0	0	0	0	0	0
HEWITT C GOODPASTURE MD	(i)	292,620	55,421	17,275	36,345	8,403	410,064	0
	(ii)	0	0	0	0	0	0	0
ROBERT ALLAN ALLFORD	(i)	286,761	77,200	6,036	60,567	10,463	441,027	0
	(ii)	0	0	0	0	0	0	0
SAAD EHTISHAM	(i)	70,753	44,038	1,307	733	3,439	120,270	0
	(ii)	0	0	0	0	0	0	0
DONALD SEERY MD	(i)	198,793	0	1,791	17,170	9,799	227,553	0
	(ii)	0	0	0	0	0	0	0
MAURICE DUGGINS MD	(i)	182,380	0	399	16,226	12,139	211,144	0
	(ii)	0	0	0	0	0	0	0
MICHAELNE MARINGER	(i)	0	0	0	0	0	0	0
	(ii)	164,339	148,675	330,719	1,513	518	645,764	0
DAVID BRYANT	(i)	601,958	7,350	1,380	15,925	13,434	640,047	0
	(ii)	0	0	0	0	0	0	0
JOHN ANDERS	(i)	600,633	7,350	51,902	15,925	10,875	686,685	0
	(ii)	0	0	0	0	0	0	0
ROBERT STANGL	(i)	250,630	33,693	281,004	20,825	13,600	599,752	0
	(ii)	0	0	0	0	0	0	0
LAURIE LABARCA	(i)	362,948	90,475	8,325	47,726	10,803	520,277	0
	(ii)	0	0	0	0	0	0	0
ART HUBER	(i)	184,831	34,857	4,335	26,121	10,225	260,369	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA LAFLEUR	(i)	149,357	18,711	3,429	24,354	10,101	205,952	0
	(ii)	0	0	0	0	0	0	0
JOSEPH KELLEY	(i)	592,361	7,350	1,241	15,925	13,499	630,376	0
	(ii)	0	0	0	0	0	0	0
MOHAMMED ANSARI	(i)	462,007	0	1,642	18,375	13,127	495,151	0
	(ii)	0	0	0	0	0	0	0

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

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 of grant or 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
(1) LYNDON O WELLS	BOARD OF TRUSTEES	307,090	BANK SERVICES & MERCHANT SERV		No
(2) SAAD EHTISHAM	KEY EMPLOYEE	95,736	SPOUSE IS EMPLOYEE OF VCHW		No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
VIA CHRISTI HOSPITALS WICHITA INC

Employer identification number  
48-1172106

Identifier	Return Reference	Explanation
FORM 990 REVIEW	PART VI, SECTION B, 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

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, QUESTION 12C	THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY AS FOLLOWS 1) AT TIME OF APPOINTMENT AND ANNUALLY THEREAFTER, ALL INTERESTED PERSONS, INCLUDING BOARD AND COMMITTEE MEMBERS COMPLETE A DISCLOSURE STATEMENT WHICH ADDRESSES ACTUAL OR POTENTIAL CONFLICTS OF INTEREST 2) THE DISCLOSURE STATEMENT IS DONE ELECTRONICALLY AND THE RETURN OF THE COMPLETED STATEMENT IS A CONDITION OF CONTINUED APPOINTMENT, EMPLOYMENT OR PARTICIPATION WITH THE ORGANIZATION 3) ALL ACTUAL OR POTENTIAL CONFLICTS ARE REVIEWED, INVESTIGATED AND RESOLVED BY THE CHIEF GOVERNANCE OFFICER AND THE CORPORATE RESPONSIBILITY OFFICER, WITH THE RESULTS SHARED WITH THE CHIEF EXECUTIVE OF THE ORGANIZATION 4) PERIODIC REVIEWS ARE CONDUCTED BY GOVERNANCE, COMPLIANCE AND INTERNAL AUDIT TO ENSURE THE ORGANIZATION IS OPERATING CONSISTENT WITH THE POLICY AND ENFORCING THE POLICY'S TERMS

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	PART VI, SECTION B, QUESTION 15	<p>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</p> <ul style="list-style-type: none"> <li>* Market data from independent compensation surveys and sources that reflect comparable positions in organizations of similar size and scope</li> <li>* Difficulties in recruiting and retaining executives</li> <li>* Skills, experience and performance history of individual executives</li> <li>* Critical business or strategic issues that the organization may face</li> <li>* Market position for total compensation</li> </ul> <p>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</p>



Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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 THERETO * 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 THERETO * ENACT CORPORATE BY LAWS FOR THE CORPORATION IN ITS SOLE DISCRETION AND 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

Identifier	Return Reference	Explanation
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 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.

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
BAD DEBT	PART VIII/PART IX	<p>In July 2011, the FASB issued ASU 2011-07, Health Care Entities (Topic 954) Presentation and Disclosure of Patient Services Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities ASU 2011-07 includes amendments to FASB's ASC Topic 954, Health Care Entities The objective of the update is to provide financial statement users with greater transparency about a health care entity's net patient service revenue and the related allowance for doubtful accounts The amendments requires health care entities that recognize significant amounts of patient service revenue at the time services are rendered, even though they do not immediately assess the patients' ability to pay, to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations The Heath System elected to adopt this standard as of September 30, 2011, which did not have a significant impact on the consolidated financial statements</p>

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI, QUESTION 5	UNREALIZED LOSS (19,877,377) CHANGE IN OTHER COMP INCOME - PENSION (8,753,137) CUMULATIVE EFFECT OF CHANGE IN ACCTG PRIN (10,744,241) EQUITY TRANSFER - VCH CAPITAL FUND (25,909,747) CIBOR NET ASSETS 1,205,286 EQUITY TRANSFER - VCIC MMA (101,980) EQUIPMENT TRANSFER - VCH & VCHIP (39,961) EQUIPMENT TRANSFER - VCHW 291,662 BENEFICIAL INTEREST - FOUNDATION (614,267) FOUNDATION FUNDS RELEASED 851,729 CHANGE IN TEMP RESTRICTED 218,505 CHANGE IN NET ASSETS - CIBOR (21,627) MISCELLANEOUS (792) ----- TOTAL (63,495,947)

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT	PArt III	<p>VIA CHRISTI HOSPITALS WICHITA, INC (VCH-W) IS A MEMBER OF VIA CHRISTI HEALTH (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 - PROMOTING AND DEFENDING HUMAN DIGNITY - CARING FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE POPULATIONS - PROMOTING THE COMMON GOOD - STEWARDING RESOURCES RESPONSIBLY. ACCORDING TO THE VCH MISSION STATEMENT, "AS A PART OF VIA CHRISTI HEALTH, WE SHARE THIS MISSION. INSPIRED BY THE GOSPEL AND OUR CATHOLIC TRADITION, WE SERVE AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS WHO ARE VULNERABLE." 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 VCH-W DEFINITIONS FOR QUANTIFIABLE COMMUNITY BENEFITS: 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. GOVERNMENT 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 SHORTFALL IS NOT THE SAME AS A CONTRACTUAL ALLOWANCE, WHICH IS THE FULL DIFFERENCE BETWEEN CHARGES AND GOVERNMENT PAYMENTS. 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, 2011: COMMUNITY BENEFIT (VCH-W, INC. AND SUBSIDIARIES): 1. CHARITY CARE - AT COST \$34.9 MILLION 2. GOVERNMENT SPONSORED HEALTH CARE - NET EXPENSE \$21.5 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) \$12.2 MILLION SUBSIDIZED HEALTH SERVICES (INCLUDING BEHAVIORAL HEALTH) \$1.2 MILLION Other Community Services (Donations, in-kind, research) \$1.5 million 4. TOTAL QUANTIFIABLE COMMUNITY BENEFIT \$71.3 MILLION. LISTED BELOW ARE JUST A FEW OF THE COMMUNITY BENEFIT PROGRAMS OFFERED BY VIA CHRISTI HOSPITALS WICHITA, INC (VCH-W). THIS IS NOT A COMPLETE LISTING BUT A SAMPLING OF HOW THE HOSPITAL GIVES BACK TO THE WICHITA/SEDGWICK COUNTY AREA WHILE MEETING CURRENT NEEDS. CAR SEAT CLINICS - VIA CHRISTI OUTREACH AND PREVENTION DEPARTMENT PROVIDES A CHILD'S CAR SEAT THAT IS INSPECTED FOR SAFETY AND EDUCATES PARENTS ON HOW TO PROPERLY USE AND INSTALL THE CAR SEAT. IN FY 2011, OVER 530 CAR SEATS WERE CHECKED FOR A COST OF \$21,324. IN COMMUNITY BENEFIT TARGETED POPULATION HEALTH FAIR/SCREENINGS ARE CONDUCTED ANNUALLY FOR CHILDREN, SENIORS AND THE BROADER COMMUNITY. DURING FY 2011, NEARLY 3,200 PEOPLE WERE SERVED FOR A COST OF JUST OVER \$8,100 BY HAVING THEIR BLOOD PRESSURE CHECKED, EYES EXAMINED, HEARING TESTED, LABS DRAWN, SKIN SCREENED FOR CANCER AND FECAL OCCULT BLOOD TESTS PROCESSED. SUPPORT GROUPS &amp; EDUCATIONAL PRESENTATIONS ARE HOSTED (E.G. AMPUTEE, STROKE, ETC) AND NUMEROUS EDUCATIONAL PRESENTATIONS (E.G. SAFETY FOR SENIORS AND CHILDREN, ATHLETIC TRAINING FOR COACHES, BURN PREVENTION, CARDIAC CARE, KIDNEY TRANSPLANTS, NUTRITION AND WEIGHT LOSS, CANCER, SEXUAL ASSAULT, TRAUMA, ETC) WERE GIVEN IN THE WICHITA AREA. IN FY 2011, OVER 15,200 ATTENDEES PARTICIPATED IN THESE EDUCATIONAL EVENTS AT A COST OF \$266,361. LODGING SERVICES - VIA CHRISTI GUEST LODGING SERVICES WAS ESTABLISHED TO MEET THE NEEDS OF THOSE FAMILY MEMBERS.</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT	PArt III	RS 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, OVER 1,000 PEOPLE WERE GIVEN LODGING AT A COMMUNITY BENEFIT COST OF OVER \$111,000 IN FY 2011. ENROLLMENT ASSISTANCE IN PUBLIC PROGRAMS - IN RESEARCHING THE FINANCIAL ELIGIBILITY OF PATIENTS FOR HOSPITAL FINANCIAL ASSISTANCE, MANY TIMES IT BECOMES QUITE CLEAR THAT THESE PATIENTS ARE ALSO ELIGIBLE FOR OTHER GOVERNMENT PROGRAMS BUT WERE UNAWARE OF THEIR QUALIFICATIONS. AS A RESULT, VCH-W SOCIAL WORKERS WENT OUT OF THEIR WAY TO ASSIST THE PATIENTS IN PREPARING AND SUBMITTING THE REQUIRED PAPERWORK FOR PROCESSING BY THE STATE AGENCIES. NEARLY 2,200 APPLICATIONS WERE SUBMITTED AS A RESULT OF THEIR EXTRA EFFORT AT A COST OF \$47,487.



Identifier	Return Reference	Explanation
COMMUNITY BENEFIT	PART III CONTINUED	<p>TRANSPORTATION AFTER HOURS - MANY TIMES PATIENTS ARE UNABLE TO FIND AND AFFORD TRANSPORTATION BACK HOME ONCE THEY ARE DISCHARGED FROM THE EMERGENCY ROOM OR FROM THE HOSPITAL AND/OR THEIR FAMILIES ARE UNABLE TO FIND OR AFFORD TRANSPORTATION BACK TO THEIR HOTELS WHEN THEIR LOVED ONES ARE HOSPITALIZED FOR SERIOUS ILLNESSES OR INJURIES. IN ORDER TO PROVIDE THEM WITH A SAFE MODE OF TRANSPORTATION, ESPECIALLY FOR THOSE WHO MAY BE TOO OLD OR SICK TO WALK FAR, VCH-W PROVIDES TRANSPORTATION FOR THEM. IN FY 2011, NEARLY 2,800 RIDES WERE PROVIDED AT A COST OF \$8,894.</p> <p>HEALTH NEEDS ASSESSMENT PRIORITY INITIATIVE - FOLLOWING THE 2010 HEALTH NEEDS ASSESSMENT BY VCH-W, ONE OF THE ISSUES IDENTIFIED WAS THE NEED FOR ADDITIONAL ORAL HEALTH CARE PROVIDERS. AS A RESULT, VCH-W PARTNERED WITH WICHITA STATE UNIVERSITY AND OTHERS IN THE COMMUNITY TO OPEN A DENTAL TRAINING PROGRAM. VCH-W IS AN ACTIVE MEMBER OF THE BOARD AND OVERSEES THE STRATEGY AND IMPLEMENTATION OF PROVIDING MORE DENTAL SERVICES TO THE POOR. IN FY 2011, VCH-W PROVIDED \$125,330 TO UNDERWRITE STAFF START-UP COSTS FOR THIS NEW PROGRAM.</p> <p>HEALTH PROFESSION EDUCATION OF AREA PHYSICIANS, NURSES, PHYSICIAN ASSISTANTS, NURSING STUDENTS AND OTHER HEALTH CARE PROFESSIONALS WHO ARE EITHER LOOKING FOR CONTINUING EDUCATION CREDITS, WANTING MORE HANDS-ON TRAINING, OR ARE IN NEED OF FIELD PRACTICUM PLACEMENTS, ETC ARE WELCOMED AT VCH-W FOR ADDITIONAL TRAINING OPPORTUNITIES. OVER 344 HEALTH CARE PROFESSIONALS AND/OR STUDENTS HOPING TO ENTER THE HEALTH CARE FIELD RECEIVED TRAINING OPPORTUNITIES THROUGH THE VARIOUS PROGRAMS OFFERED BY VCH-W AT A COST OF NEARLY \$12,200,000.</p> <p>SUBSIDIZED SERVICES - BOTH VCH-W'S OUTPATIENT DEPARTMENTS AND BEHAVIORAL HEALTH SERVICES NEEDED TO BE SUBSIDIZED DUE TO PATIENT'S INABILITY TO COVER COSTS.</p> <p>COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY UNITED WAY OF THE PLAINS, VISIONEERING OF WICHITA AND VIA CHRISTI HEALTH HAS IDENTIFIED THESE TWO AREAS AS BEING CRITICAL SERVICE AREAS NEEDED BY THE WICHITA/SEDGWICK COUNTY AREA. LOCAL LAW ENFORCEMENT HAS PARTICULARLY SUPPORTED THE BEHAVIOR HEALTH SERVICES NEED, ESPECIALLY AFTER NORMAL WORKING HOURS, AS THERE IS NO OTHER PLACE TO TAKE PEOPLE WHO MAY BE EXPERIENCING A CRITICAL ISSUE LATE AT NIGHT AND WHO ARE IN NEED OF A SAFE AND PROTECTED ENVIRONMENT. IN FY 2011, THESE PROGRAMS WERE SUBSIDIZED AT A COST OF NEARLY \$1.2 MILLION.</p> <p>CLINICAL RESEARCH WAS CONDUCTED BY THE VIA CHRISTI ORTHOPAEDIC RESEARCH GROUP WHICH 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 FOR THE SOLUTION OF PROBLEMS IN CLINICAL ORTHOPAEDICS, RESULTING IN NEW DEVICES, SYSTEMS, MATERIALS AND PROCEDURES. IT INCLUDES BOTH APPLIED RESEARCH IN THE LABORATORY AND IN CLINICAL SETTINGS TO ENHANCE THE UNDERSTANDING OF ORTHOPAEDIC-MUSCULOSKELETAL DISEASES, THEIR PREVENTION, DIAGNOSIS AND TREATMENT. IN ADDITION, VIA CHRISTI HAS PARTNERED WITH WICHITA STATE UNIVERSITY AND THE AVIATION INDUSTRY LOCATED IN WICHITA TO ESTABLISH THE CENTER FOR INNOVATION BIOMATERIALS ORTHOPAEDIC RESEARCH (CIBOR). 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 COST OF CONDUCTING THIS TYPE OF CLINICAL RESEARCH AND SHARING IT WITH THE RESEARCH COMMUNITY IN FY 2011 WAS \$377,548.</p> <p>IN-KIND DONATIONS THROUGH SERVICE ON HEALTH RELATED COMMUNITY BOARDS (E.G. GRACE MED HEALTH CLINIC, GUADALUPE CLINIC, INDEPENDENT LIVING RESOURCE CENTER, CHILDREN'S MIRACLE NETWORK, PROJECT ACCESS, UNITED WAY OF THE PLAINS, ETC) AND/OR SHARING OF HOSPITAL SPACE TO CONDUCT HEALTH RELATED NOT-FOR-PROFIT BUSINESS IS ANOTHER AREA IN WHICH VCH-W GIVES BACK TO THE COMMUNITY.</p> <p>IN FISCAL YEAR 2011, VCH-W CONTRIBUTED NEARLY \$300,000 THROUGH FINANCIAL AND IN-KIND CONTRIBUTIONS.</p> <p>RENT SUBSIDIES - VIA CHRISTI HAS GIVEN RENT SUBSIDIES TO GRACE MED CLINIC (A FQHC), A COMMUNITY CENTER, RONALD MCDONALD HOUSE AND EMERGENCY MEDICAL SERVICES IN THE WICHITA AREA FOR SEVERAL YEARS. THESE AGENCIES ARE ALL LOCATED IN MID-TOWN WICHITA WHICH IS A LOW INCOME AREA, HIGH IN UNEMPLOYMENT AND UNINSURED. THIS COMMUNITY SUPPORT ADDED UP TO NEARLY \$93,000 IN FY 2011.</p> <p>ST. GIANNA ACADEMY REPRESENTS A PARTNERSHIP COMPRISED OF VCH-W, THE CATHOLIC DIOCESE OF WICHITA, NEWMAN UNIVERSITY, KAPAUN MT. CARMEL AND BISHOP CARROLL CATHOLIC HIGH SCHOOLS. THIS ACADEMY PROVIDES AN IN-DEPTH LOOK AT ALL KINDS OF HEALTHCARE CAREERS FOR HIGH SCHOOL SENIORS BY ROTATING THEM THROUGH 16 CLINICAL AREAS WHERE THEY PARTNER WITH CLINICIANS AND SHADOW THEM AS THEY PERFORM THEIR DAILY WORK. EACH YEAR, 50 STUDENTS ARE SELECTED AND SPEND TWO TO THREE HOURS MONDAY THROUGH FRIDAY AT THE HOSPITAL LEARNING TO THINK CRITICALLY. SINCE THE PROGRAM BEGAN, OVER 525 STUDENTS HAVE GRADUATED WITH 85% OF THEM PURSUING HEALTH CARE CAREERS. IN FY 2011, VCH-W COST TO SUPPORT TH</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT	PART III CONTINUED	IS PROGRAM WAS NEARLY \$15,600 COMMUNITY BENEFIT OPERATIONS COMMUNITY BENEFIT STAFF USES AND TRAINS OTHERS TO USE THE COMMUNITY BENEFIT INVENTORY SOCIAL ACCOUNTABILITY (CBISA) SOFTWARE, DEVELOPED BY LYON SOFTWARE AND USED BY OVER 1,700 HOSPITALS THROUGHOUT THE COUNTRY CBISA SOFTWARE FOLLOWS THE REPORTING GUIDELINES ADOPTED BY CATHOLIC HEALTH ASSOCIATION AND DOES NOT INCLUDE BAD DEBT OR UNPAID MEDICARE REIMBURSEMENTS AS COMMUNITY BENEFIT

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KEVIN CONLIN TITLE TRUSTEE - TERM 12/31/10 HOURS 50

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RANDALL PETERSON TITLE INTERIM CEO/PRESIDENT HOURS 50

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MIKE WEGNER TITLE CFO, SR VICE PRESIDENT HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SISTER SHERRI MARIE KUHN TITLE SR VP OF MISSION INTEGRATION HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ART HUBER TITLE VP OF FACILITIES HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.CYNTHIA LAFLEUR TITLE.PRESIDENT POST-ACUTE HOURS 25



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
VIA CHRISTI HOSPITALS WICHITA INC

Employer identification number  
48-1172106

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VIA CHRISTI EMERGENCY PHYSICIAN SERVICES 8200 THORN DR SUITE 300 WICHITA, KS 67226 45-0528343	HEALTHCARE	KS	-2,972,727	3,151	na

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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
(1) AFFILIATED MEDICAL SERVICES 2916 E CENTRAL WICHITA, KS67214 48-1239522	MEDICAL LAB	KS	NA	C CORP	12,321,597	7,892,802	100 000 %
(2) SUNFLOWER ASSURANCE LTD  98-0223159	INSURANCE CO	CJ	NA	FOREIGN CORP	3,651,768	38,500,707	100 000 %
(3) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS67208 48-0941549	CLINIC SERVICES	KS	NA	C CORP	58,758,618	41,790,046	100 000 %
(4) VCH IOWA PC TRUST 8200 THORN DRIVE SUITE 300 WICHITA, KS67226 27-6937322	BENEFICIARY TRUST	IA	NA	TRUST	0	0	100 000 %
(5) VCH IOWA PC 8200 THORN DRIVE SUITE 300 WICHITA, KS67226 27-3983977	PROF CORP	IA	NA	C-CORP	0	0	100 000 %
(6) VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS67208 48-0993446	PROF CORP	KS	NA	C-CORP	116,439,508	24,067,602	100 000 %

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

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	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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 VII

Supplemental Information

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

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 48-1172106

Name: VIA CHRISTI HOSPITALS WICHITA INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Catholic Care Center Inc  6700 E 45th St N Wichita, KS67226 48-1067110	Rtrmnt Home	KS	501(C)(3)	9	VCV		
CIBOR Inc  9229 E 27TH ST N SUITE 200 Wichita, KS67226 27-0564463	Research	KS	501(C)(3)	7	vchw		
Cornerstone Assisted Living Inc  3636 N Ridge Road Wichita, KS67205 48-1241079	Rtrmnt Home	KS	501(C)(3)	9	VCV		
Gerard House Inc  3144 N Hood Wichita, KS67204 48-1049532	Shelter	KS	501(C)(3)	7	VCHW		
Marian Health System Inc  1923 South Utica Avenue Tulsa, OK74104 36-3659989	Hospital Supp	DE	501(C)(3)	11	NA		
Mercy Community Health Foundation Inc  1823 College Ave Manhattan, KS66502 48-1152279	Foundation	KS	501(C)(3)	11	Mercy Reg		
Mercy Regional Health Center Inc  1823 College Ave Manhattan, KS66502 48-1186704	Hospital	KS	501(C)(3)	3	VCH		
Mercy Regional Home Medical Services  2439 Claflin Road Manhattan, KS66502 43-2024491	Home Medical	KS	501(C)(3)	11	Mercy Reg		
Mount Carmel Foundation  1102 E Centennial Dr Pittsburg, KS66762 48-0961283	Foundation	KS	501(C)(3)	11	VCH PITTS		
Salina Regional Home Medical Services  520 S Santa Fe Ave Ste 140 Salina, KS67401 43-1948057	Home Medical	KS	501(C)(3)	11	Salina Reg		
St John's Inc  2225 Canterbury Dr Hays, KS67601 20-2828680	Rtrmnt Home	KS	501(C)(3)	9	VCV		
Via Christi Foundation Inc  723 N McLean Blvd Wichita, KS67203 48-1173588	Foundation	KS	501(C)(3)	11	VCHW		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Via Christi Health Partners Inc  8200 E Thorn Drive SUITE 300 Wichita, KS67226 48-0958974	Mgmnt Co	KS	501(C)(3)	9	VCHW		
Via Christi Health Inc  8200 E Thorn Drive SUITE 300 Wichita, KS67226 48-1172107	Hospital Supp	KS	501(C)(3)	9	NA		
Via Christi Healthcare Outreach Program  2622 W Central Suite 100 Wichita, KS67203 48-1236589	PACE Communit	KS	501(C)(3)	9	VCV		
Via Christi Home Health Wichita Inc  555 S Washington Wichita, KS67211 48-1046371	Home Health	KS	501(C)(3)	9	VCHW		
Via Christi Hospital Pittsburg Inc  1102 E Centennial Dr Pittsburg, KS66762 48-0543778	Hospital	KS	501(C)(3)	3	VCH		
Via Christi Hospital Wichita St Teresa  14800 W ST TERESA Wichita, KS67235 27-1965272	Hospital	KS	501(C)(3)	3	VCH		
Via Christi Immediate Care MMA INC  929 N St Francis Wichita, KS67214 20-8374099	Med Clinic	KS	501(C)(3)	9	VCHW		
Via Christi Property Services Inc  1100 N St Francis Suite 240 Wichita, KS67214 48-0948571	Property Mgmt	KS	501(C)(4)	N/A	VCHP		
Via Christi Rehabilitation Hospital Inc  1151 N Rock Road Wichita, KS67206 48-1158274	Rehab	KS	501(C)(3)	3	VCHW		
Via Christi Village Georgetown Inc  1655 S Georgetown Wichita, KS67218 48-1129325	Rtrmnt Home	KS	501(C)(3)	9	VCV		
Via Christi Village Manhattan Inc  2800 Willowgrove Rd Manhattan, KS66502 48-1078862	Rtrmnt Home	KS	501(C)(3)	9	VCV		
Via Christi Village McLean Inc  777 N McLean Blvd Wichita, KS67203 48-1247723	Rtrmnt Home	KS	501(C)(3)	9	VCV		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Via Christi Village Ponca City Inc  1601 Academy Rd Ponca City, OK74604 73-1153337	Rtrmnt Home	OK	501(C)(3)	9	VCV		
Via Christi Village Pittsburg Inc  1502 E Centennial Dr Pittsburg, KS66762 74-3070971	Rtrmnt Home	KS	501(C)(3)	9	VCV		
Via Christi Villages Inc  2622 W Central Suite 100 Wichita, KS67203 48-0559086	Mgmnt Co	KS	501(C)(3)	11	VCH		
Wamego Hospital Association  711 Genn Dr Wamego, KS66547 72-1526400	Hospital	KS	501(C)(3)	3	Mercy Reg		
ASCENSION HEALTH  PO BOX 45998 ST LOUIS, MO63145 31-1662309	HLTH SYS GOV	MO	501(C)(3)	11	NA		
VIA CHRISTI INMYHOME INC  2622 W CENTRAL SUITE 100 WICHITA, KS67203 27-1889960	HLTH AGENCY	KS	501(C)(3)	9	VCV		
VIA CHRISTI CLINIC SERVICES INC  8200 THORN DRIVE SUITE 300 WICHITA, KS67226 27-3984287	MED CLINIC	KS	501(C)(3)	11	VCH		



Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, 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 on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Ambulatory Surgery Center LP  8200 E thorn dr suite 300 Wichita, KS67226 48-1114690	surgery ctr	KS	na	n/a	0	0			0			0 %
AMS Diagnostics LLC  8200 E thorn dr suite 300 Wichita, KS67226 48-1223653	Diagnostic Im	KS	na	n/a	0	0			0			0 %
KS Surgery and Recovery Ctr LLC  2770 North Webb Road Wichita, KS67226 48-1148580	surgery ctr	KS	na	n/a	0	0			0			0 %
Mercy Imaging LLC  1823 College Avenue Manhattan, KS66502 48-1251984	Diagnostic Im	KS	na	n/a	0	0			0			0 %
MR Imaging Center LLC  8200 E THORN DR SUITE 300 Wichita, KS67226 48-1000538	Diagnostic Im	KS	NA	n/a	0	0			0			0 %
PFI LLC  8200 E THORN DR SUITE 300 Wichita, KS67226 72-1557076	Medical Servi	KS	NA	n/a	0	0			0			0 %
Preferred PET Imaging of KS  8200 E THORN DRIVE SUITE 300 Wichita, KS67226 48-1250123	Diagnostic Im	KS	na	n/a	0	0			0			0 %
Via Christi Cyberknife LLC  8200 E THORN DR SUITE 300 Wichita, KS67226 35-4588711	RADIOLOGY SVC	KS	NA	N/A	0	0			0			0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
St Joseph MRI LLC  8200 E THORN DR SUITE 300 Wichita, KS67226 48-1007220	MEDICAL SVCS	KS	NA	N/A	0	0			0			0 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	VIA CHRISTI FOUNDATION INC	a	427	
(2)	VIA CHRISTI FOUNDATION INC	b	198,990	
(3)	VIA CHRISTI FOUNDATION INC	c	524,015	
(4)	VIA CHRISTI FOUNDATION INC	f	181,047	
(5)	VIA CHRISTI FOUNDATION INC	n	91,057	
(6)	VIA CHRISTI FOUNDATION INC	o	231,419	
(7)	VIA CHRISTI FOUNDATION INC	p	463,085	
(8)	VIA CHRISTI HEALTH PARTNERS INC	j	106,765	
(9)	VIA CHRISTI HEALTH PARTNERS INC	k	56,163	
(10)	VIA CHRISTI HEALTH PARTNERS INC	o	7,418,622	
(11)	VIA CHRISTI HOME HEALTH WICHITA INC	a	5,807	
(12)	VIA CHRISTI HOME HEALTH WICHITA INC	k	73,628	
(13)	VIA CHRISTI HOME HEALTH WICHITA INC	o	143,274	
(14)	VIA CHRISTI HOME HEALTH WICHITA INC	p	104,966	
(15)	VIA CHRISTI REHABILITATION HOSPITAL INC	K	483,490	
(16)	VIA CHRISTI REHABILITATION HOSPITAL INC	P	577,717	

# **Via Christi Health, Inc. and Subsidiaries**

**Consolidated Financial Statements and  
Other Financial Information  
September 30, 2010 and 2009**

**Via Christi Health, Inc. and Subsidiaries**  
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**September 30, 2010 and 2009**

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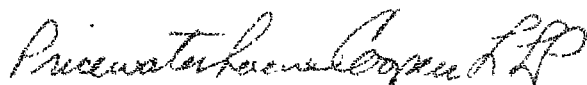
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**Report of Independent Auditors**

Board of Trustees  
Via Christi Health, Inc and Subsidiaries

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations and changes in net assets and of cash flows present fairly, in all material respects, the financial position of Via Christi Health, Inc and Subsidiaries (the "Health System") at September 30, 2010 and 2009, and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Health System's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information on Schedules 1 through 8 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual companies. Accordingly, we do not express an opinion on the financial position or results of operations of the individual companies. However, the consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.



December 16, 2010

**Via Christi Health, Inc. and Subsidiaries**  
**Consolidated Balance Sheets**  
**September 30, 2010 and 2009**

<i>(in thousands of dollars)</i>	<b>2010</b>	<b>2009</b>
<b>Assets</b>		
Current assets		
Cash and cash equivalents	\$ 60,774	\$ 77,223
Short-term investments	494,067	331,756
Assets whose use is limited that are required for current liabilities	626	589
Patient accounts receivable (less allowance for uncollectible accounts of \$23,209 in 2010 and \$25,172 in 2009)	108,884	99,680
Estimated amounts receivable from third-party payors	4,245	104
Subscribers premiums receivable	-	310
Inventories	23,738	24,061
Other current assets	20,976	46,624
Assets of discontinued operations, held for sale	-	139,113
Total current assets	<u>713,310</u>	<u>719,460</u>
Assets whose use is limited		
Designated by Board for capital improvements	183,582	167,592
Other	5,463	6,506
Held by trustee		
Under bond indenture	40,926	84,689
Self-insurance arrangements	13,588	13,185
	<u>243,559</u>	<u>271,972</u>
Less assets whose use is limited that are required for current liabilities	<u>(626)</u>	<u>(589)</u>
Total noncurrent portion of assets whose use is limited	<u>242,933</u>	<u>271,383</u>
Property and equipment		
Land and improvements	62,361	61,075
Buildings and fixed equipment	636,135	562,964
Equipment	410,046	382,300
Less accumulated depreciation	(624,208)	(593,843)
Construction in progress	9,937	38,440
Total net property and equipment	<u>494,271</u>	<u>450,936</u>
Other assets		
Investments in unconsolidated affiliates	88,028	83,444
Prepaid pension costs	1,036	1,446
Intangible assets, net of accumulated amortization	11,344	12,316
Long-term investments	19,044	12,247
Other assets	12,253	11,754
Total assets	<u>\$ 1,582,219</u>	<u>\$ 1,562,986</u>

The accompanying notes are an integral part of these consolidated financial statements

**Via Christi Health, Inc. and Subsidiaries**  
**Consolidated Balance Sheets**  
**September 30, 2010 and 2009**

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<i>(in thousands of dollars)</i>	<b>2010</b>	<b>2009</b>
<b>Liabilities and Net Assets</b>		
Current liabilities		
Current maturities of long-term debt	\$ 11,388	\$ 5,988
Accounts payable	28,172	29,935
Accrued liabilities	65,514	63,078
Liabilities of discontinued operations, held for sale	-	65,919
Total current liabilities	<u>105,074</u>	<u>164,920</u>
Noncurrent liabilities		
Long-term debt, less current maturities	456,423	460,954
Pension liabilities	44,811	39,965
Other noncurrent liabilities	41,088	50,896
Noncontrolling interest	62,439	56,204
Total noncurrent liabilities	<u>604,761</u>	<u>608,019</u>
Total liabilities	<u>709,835</u>	<u>772,939</u>
Net assets		
Unrestricted	857,815	777,697
Temporarily restricted	8,639	6,430
Permanently restricted	5,930	5,920
Total net assets	<u>872,384</u>	<u>790,047</u>
Total liabilities and net assets	<u>\$ 1,582,219</u>	<u>\$ 1,562,986</u>

The accompanying notes are an integral part of these consolidated financial statements



**Via Christi Health, Inc. and Subsidiaries**  
**Consolidated Statements of Operations and Changes in Net Assets**  
**Years Ended September 30, 2010 and 2009**

<i>(in thousands of dollars)</i>	<b>2010</b>	<b>2009</b>
<b>Revenues, gains and other support</b>		
Net patient service revenues	\$ 944,924	\$ 931,399
Premium revenues	11,046	12,215
Other operating revenues	53,122	45,572
Total operating revenues	<u>1,009,092</u>	<u>989,186</u>
<b>Operating expenses</b>		
Salaries and employees benefits	514,489	487,320
Purchased services and other expenses	159,398	152,857
Supplies	158,999	164,002
Interest	16,874	21,327
Depreciation and amortization	56,959	58,496
Provision for uncollectible accounts	56,866	58,335
Total operating expenses	<u>963,585</u>	<u>942,337</u>
Income from operations	<u>45,507</u>	<u>46,849</u>
<b>Nonoperating gains (losses)</b>		
Investment Income	13,928	13,039
Net gains (losses) on investments	34,178	(14,111)
Equity in earnings of investee organizations	3,528	4,341
Loss on refunding of debt	(2,934)	(938)
Income tax and other	810	(3,313)
Total nonoperating gains (losses)	<u>49,510</u>	<u>(982)</u>
Excess of revenues over expenses before noncontrolling interest	95,017	45,867
Noncontrolling interest	<u>(9,790)</u>	<u>(7,330)</u>
Excess of revenues over expenses	<u>\$ 85,227</u>	<u>\$ 38,537</u>

The accompanying notes are an integral part of these consolidated financial statements

**Via Christi Health, Inc. and Subsidiaries**  
**Consolidated Statements of Operations and Changes in Net Assets**  
**Years Ended September 30, 2010 and 2009**

<i>(in thousands of dollars)</i>	<b>2010</b>	<b>2009</b>
<b>Unrestricted net assets</b>		
Excess of revenues over expenses	\$ 85,227	\$ 38,537
Net assets released from restriction	-	413
Net pension adjustment	(12,280)	(41,906)
Net transfers to sponsoring organizations	(1,117)	(1,095)
Other changes in unrestricted net assets	672	4,771
Increase in unrestricted net assets	<u>72,502</u>	<u>720</u>
<b>Temporarily restricted net assets</b>		
Contributions	4,524	2,979
Investment income and gains	160	161
Net realized and unrealized gains (losses) on investments	458	(250)
Net assets released from restrictions	(2,851)	(2,964)
Other	1	486
Increase in temporarily restricted net assets	<u>2,292</u>	<u>412</u>
<b>Permanently restricted net assets</b>		
Contributions for endowment funds	10	(29)
Increase in permanently restricted net assets	<u>10</u>	<u>(29)</u>
Change in net assets before discontinued operations and accounting changes	74,804	1,103
Net gains (losses) from discontinued operations	7,533	(7,891)
Cumulative effect of accounting change resulting from pension measurement date change	-	(2,628)
Change in net assets	<u>82,337</u>	<u>(9,416)</u>
Net assets, beginning of year	<u>790,047</u>	<u>799,463</u>
Net assets, end of year	<u>\$ 872,384</u>	<u>\$ 790,047</u>

The accompanying notes are an integral part of these consolidated financial statements

**Via Christi Health, Inc. and Subsidiaries**  
**Consolidated Statements of Cash Flows**  
**Years Ended September 30, 2010 and 2009**

<i>(in thousands of dollars)</i>	<b>2010</b>	<b>2009</b>
<b>Operating activities</b>		
Increase (decrease) in net assets	\$ 82,337	\$ (9,416)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation and amortization	56,959	58,496
Amortization of bond discount	56	428
Provision for uncollectible accounts	56,866	58,335
Equity in earnings of investee organization	(3,528)	(4,341)
Noncontrolling interest in earnings	9,790	7,330
Net (gains) losses on investments	(34,636)	14,361
Loss on sale of property and equipment	46	576
Donated equipment	(96)	(149)
Net pension adjustment	12,280	41,906
Change in pension measurement date	-	2,628
Net (gain) on discontinued operations	(7,533)	-
(Increase) decrease in operating assets		
Net patient accounts receivable	(66,070)	(43,807)
Inventories and other assets	26,281	(2,456)
Increase (decrease) in operating liabilities		
Accounts payable and accrued liabilities	673	2,125
Net estimated amounts do to/from third-party payors	(4,141)	(948)
Other liabilities	(15,455)	(6,695)
Net transfers to sponsoring organizations	1,117	1,095
Net cash provided by operating activities	<u>114,946</u>	<u>119,468</u>
<b>Investing activities</b>		
Purchases of property and equipment	(99,999)	(63,769)
(Increase) decrease in assets whose use is limited	37,738	(81,658)
Purchase of investments	(276,732)	(288,552)
Proceeds from sale of investments	138,792	233,086
(Increase) in other assets	(7,413)	-
Proceeds from sales of property and equipment	211	8,829
Cash proceeds on disposition of discontinued operations	80,727	178
Net cash used in investing activities	<u>(126,676)</u>	<u>(191,886)</u>
<b>Financing activities</b>		
Proceeds from long-term debt	111,940	158,550
Payments on long-term debt	(111,127)	(67,925)
Distributions to noncontrolling interest holders	(4,415)	(5,223)
Net transfers to sponsoring organizations	(1,117)	(1,095)
Net cash (used in) provided by financing activities	<u>(4,719)</u>	<u>84,307</u>
Net (decrease) increase in cash and cash equivalents	<u>(16,449)</u>	<u>11,889</u>
<b>Cash and cash equivalents</b>		
Beginning of year	<u>77,223</u>	<u>65,334</u>
End of year	<u>\$ 60,774</u>	<u>\$ 77,223</u>
<b>Other cash disclosure</b>		
Cash paid during the year for interest	\$ 19,219	\$ 21,820
Cash paid during the year for income taxes	\$ 715	\$ 1,204
<b>Noncash transaction</b>		
Property and equipment purchases in accounts payable	\$ 6,452	\$ 6,950

The accompanying notes are an integral part of these consolidated financial statements

# **Via Christi Health, Inc. and Subsidiaries**

## **Notes to Consolidated Financial Statements**

### **September 30, 2010 and 2009**

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#### **1. Organization**

Via Christi Health, Inc. and subsidiaries (the "Health System") is a not-for-profit corporation operating a network of regional health care providers in Kansas. The Health System was formed effective October 2, 1995 through the consolidation of CSJ Health System of Wichita, Inc. ("CSJ") and St. Francis Ministry Corporation ("SFMC") into a newly organized Kansas not-for-profit corporation and is jointly sponsored and controlled by Marian Health System, Inc. and Ascension Health. The Sisters of St. Joseph of Wichita took action to transfer their 50% sponsorship of the Health System to the sponsors of Ascension Health as of July 1, 2007.

Via Christi Hospital Wichita, Inc. ("VCH-W"), owns and operates two hospitals on two campuses known as the hospital on East Harry and the Hospital on North St. Francis located in Wichita, Kansas. In addition, VCH-W opened a new hospital Via Christi Hospital – St. Teresa, Inc. in west Wichita during the year. VCH-W also owns and operates Via Christi Health Partners, Inc., Via Christi Foundation and Via Christi Rehabilitation Hospital, Inc. and in 2007 purchased a 49% interest in Kansas Heart Hospital, LLC also located in Wichita, Kansas. Additionally, other Health System acute care general hospitals include Via Christi Hospital, Pittsburg Inc., located in Pittsburg, Kansas, and Mercy Regional Health Center, Inc., located in Manhattan, Kansas.

Mercy Regional Health Center, Inc. was formed in 1996 through the operational consolidation of healthcare providers sponsored by the Health System and Memorial Hospital Association, each of whom contributed assets representing 50% interest. Due to management and operating agreements, the Health System is deemed to have a controlling financial interest, and therefore consolidates the operations of Mercy Regional Health Center, Inc.

Other entities which are owned and operated by the Health System include Via Christi Villages, Inc., Affiliated Medical Services Laboratory, Inc., Sunflower Assurance Ltd. The Health System sold Preferred Health Systems, Inc. ("PHS") to Coventry Health Care, Inc. as of January 31, 2010. See Note 15.

Investments in entities in which the Health System owns less than 50% and does not have control are accounted for on an equity basis of accounting or cost basis as determined by ownership percentage.

The accompanying consolidated financial statements include the accounts of the Health System and their affiliates, all of which are related through common control, after elimination of significant transactions among the entities.

#### **2. Significant Accounting Policies**

##### **Basis of Presentation**

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting. All significant intercompany accounts and transactions have been eliminated in consolidation. All subsidiaries that are majority owned are consolidated. Minority interests in the earnings of investee organizations are included in the consolidated statement of operations and changes in net assets, with corresponding eliminations.

## **Via Christi Health, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

#### **September 30, 2010 and 2009**

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#### **Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, expenses, gains, losses, and other changes in unrestricted net assets during the reporting period. Actual results could differ from those estimates.

#### **Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, bank deposits, investments in money market funds, and certificates of deposits purchased with maturities of three months or less. The Health System or affiliates have entered into overnight repurchase agreements with banks to purchase and resell direct obligations that are not FDIC insured. As of September 30, 2010 and 2009, approximately \$35.2 million and \$54.4 million, respectively, under repurchase agreements were included in cash and cash equivalents.

#### **Assets Whose Use is Limited and Investments**

Assets whose use is limited include assets set aside by the Board of Directors for future capital improvements over which the Board retains control and may at its discretion subsequently use for other purposes. Funds held by trustee are restricted by the bond indentures to be used primarily for construction, for debt service and for a debt reserve fund or are for self-insurance arrangements. The current portion of these funds represents the amount attributable to current liabilities.

Interest and dividend income (investment return), realized gains (losses), and unrealized gains (losses) on trading portfolios are included in excess of revenues over expenses in the accompanying statements of operations and changes in net assets. The Health System considers all investments as trading securities.

#### **Inventories**

Inventories, which consist primarily of supplies, are reported at the lower of cost or market, generally on a first-in, first-out basis.

#### **Property and Equipment**

Property and equipment are stated at cost (or fair value at date of donation, if applicable). The costs of repairs and maintenance are charged to operations as incurred, and the costs of replacements, renewals, and improvements are capitalized. Upon the retirement or other disposition of property and equipment, the cost and accumulated depreciation are removed from the accounts and the resulting gain or loss is recognized. Depreciation is computed by the straight-line method over the estimated useful lives ranging from 3 to 40 years.

Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements.

The Health System reviews its property and equipment for impairments when events or changes in circumstances indicate that the carrying value of the assets may not be fully recovered over their estimated lives. Impairments are recorded to reduce the carrying value of the assets to their fair values, if fair value is less than carrying value, determined by management based on facts and circumstances at the time of the determination.

## **Via Christi Health, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

#### **September 30, 2010 and 2009**

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#### **Intangible Assets**

Intangible assets, which are included in other assets, consist of covenants not to compete and goodwill. Intangible assets are being amortized over periods of 5 to 30 years. Management periodically reviews recoverability of intangible assets when events or changes in circumstances indicate that the carrying value of the assets may not be fully recovered over their estimated lives and believes all amounts reported in the accompanying consolidated balance sheets to be recoverable through future operations.

#### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Health System in perpetuity.

#### **Net Patient Service Revenues**

Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and include estimated retroactive adjustments due to future audits and reviews. Retroactive adjustments are considered in the recognition of revenues on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits or reviews. Changes to prior year third-party settlement estimates increased net patient service revenue and excess of revenues over expenses by approximately \$11.2 million and \$6.5 million for the years ended September 30, 2010 and 2009, respectively.

Net revenues from the Medicare program accounted for approximately 37% and 33% of the Health System's net patient revenues for the years ended 2010 and 2009, respectively. Net revenues from the Medicaid program accounted for approximately 11% and 10% of the Health System's net patient revenues for the years ended 2010 and 2009. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

#### **Charity Care**

The Health System has a policy of providing charity care to those who are deemed unable to pay for the services received based on financial information obtained from the patient. Since the Health System does not expect or pursue payment, charges for charity care are not reported in net patient service revenue.

#### **Contributions, Gifts, Bequests, and Grants**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value when the condition is met or at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as other operating revenue. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted support. Absent explicit donor stipulations about how these long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service. Donor-restricted contributions whose restrictions are met within the same year as received are reported as

## Via Christi Health, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

#### September 30, 2010 and 2009

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unrestricted contributions within other operating revenue in the accompanying consolidated statements of operations

#### **Fair Value of Financial Instruments**

The following methods and assumptions were used by the Health System in estimating the fair value of its financial instruments

*Cash and Cash Equivalents, Patient Accounts Receivable, Subscriber Premiums Receivable, Other Current Assets, Accounts Payable, Medical Claims Payable and Accrued Expenses*

The carrying amounts reported in the balance sheets for cash and cash equivalents, patient accounts receivable, subscriber premiums receivable, other current assets, accounts payable, medical claims payable and accrued expenses approximate their fair values

*Assets Whose Use is Limited and Investments*

These assets consist primarily of cash, short-term investments, marketable equity securities, corporate debt instruments, U S government obligations and interest receivable Investments are stated at fair value in the balance sheets, based generally on quoted market prices

*Long-Term Debt*

The fair value of the Health System's long-term debt has been derived based on the market price of bonds in the secondary market The fair value of long-term debt was approximately \$472 million at September 30, 2010 and 2009

*Derivative Financial Instruments*

The Health System terminated its fixed pay swap during the year

#### **Income Taxes**

✓ With the exception of PHS and certain other subsidiaries, all of the entities in the Health System are organizations described in Section 501 (c)(3) of the Internal Revenue Code and are generally exempt from payment of income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code Subsidiaries, which are for-profit organizations, are subject to federal and state income taxes Included in income taxes and other is tax expense totaling \$730,000 and \$1,188,000 for 2010 and 2009, respectively

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 operations 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 The Health System recorded a deferred tax liability of \$17,000 and \$29,000 at September 30, 2010 and September 30, 2009, respectively

#### **Performance Indicators**

*Operating Income*

The Health System's net operating income includes all unrestricted revenue, gains, net assets released from restrictions for operations, and other support and expenses from operations for the reporting period except for nonoperating gains including investment income, net capital contributions to and from affiliates, contributions of long-lived assets, net unrealized gains (losses) on investments, extraordinary items and transfers to affiliates

## **Via Christi Health, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

#### **September 30, 2010 and 2009**

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#### *Excess of Revenues Over Expenses*

The Health System's excess of revenues over expenses excludes other changes in unrestricted net assets, which is consistent with industry practice, including unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, discontinued operations and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets)

#### **Adoption of New Accounting Standards**

The Health System adopted FASB ASC 820-20, Fair Value Measurements and Disclosures, subject to the deferral provisions of FASB ASC 820-10. In accordance with FASB ASC 820-20, assets and liabilities recorded at fair value in the financial statements are categorized, for disclosure purposes, based upon whether the inputs used to determine their fair value are observable or unobservable. See Note 7 for related fair value disclosures.

In May 2009, the FASB issued authoritative guidance which changes the accounting for combinations entered into by not-for-profit organizations (NPOs). Goodwill and certain intangible assets that have indefinite lives will no longer be amortized and annual impairment evaluations will have to be performed. This guidance is effective for annual reporting periods ending after December 15, 2009. The Health System will adopt this new accounting pronouncement in fiscal year 2011 and is currently evaluating the impact of adoption.

#### **Subsequent Events**

The Health System has evaluated subsequent events through December 16, 2010, the date that the financial statements were available to be issued.

#### **Reclassification**

Certain prior year amounts were reclassified to conform to the current year presentation.

### **3. Charity Care and Community Benefits**

The Health System has adopted the community benefit reporting guidelines outlined in Community Benefit Planning and Reporting Guide developed by The Catholic Health Association of the United States, VHA, Inc. and others.

Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.

Unpaid cost of public programs represents the unpaid cost of services provided to persons covered by public programs for the poor.

Cost of other community benefit programs and services includes unreimbursed costs of programs specifically designed to serve the poor and vulnerable of the community as well as the general community, including health promotion and education, health clinics and screenings, and medical research.



**Via Christi Health, Inc. and Subsidiaries**  
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The net cost to the Health System of providing care of persons who are poor and for the broader community is as follows

*(in thousands of dollars)*

	<b>(Unaudited)</b>	
	<b>2010</b>	<b>2009</b>
Traditional charity care provided, at cost	\$ 48,510	\$ 39,693
Unpaid costs of public programs	17,078	18,949
Other community benefit programs, at cost	17,188	19,504
Total community benefit	<u>\$ 82,776</u>	<u>\$ 78,146</u>

All amounts are reported at cost, not charges. Community benefit, as reported above, does not include the cost of bad debt or the unreimbursed costs of providing care to Medicare beneficiaries.

The Health System actively sponsors community benefit programs that respond to identified community needs. These programs focus on the poor and underserved of the community and are implemented with the intention of improving the overall health of the community. The Health System endorses a broad definition of the meaning of a healthy community by encouraging systematic change, removal of barriers to access to health care, and development of strong partnerships within each community. Examples of these efforts are mobile clinics and school based screenings and health education, transportation, development of health ministry programs across all faith groups, community center-based health and social services, community case management, resources for indigent clinics and mental health services, and 24-hour emergency rooms.

#### **4. Net Patient Service Revenue**

The Health System has agreements with third-party payors that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

**Medicare** - Inpatient acute care and rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

Outpatient and home health services are paid on prospective payment methodologies that are based on clinical classification of the services provided.

Skilled nursing facility services are paid at prospectively established per diem rates. These rates vary according to a patient classification system that is based on clinical assessments.

Psychiatric services related to Medicare beneficiaries are paid based on a cost reimbursement methodology, subject to certain limitations.

For those services that the Health System is paid on a cost reimbursement basis, a tentative rate is initially computed with a final settlement determined after submission of an annual cost report by the Health System and completion of an audit thereof by the Medicare fiscal intermediary. The Health System's cost reports have generally been audited by the Medicare fiscal intermediary through 2008.

**Via Christi Health, Inc. and Subsidiaries**  
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**Medicaid** - Inpatient services rendered to Medicaid program beneficiaries are reimbursed based on prospectively established per diem rates. Outpatient services are reimbursed on a fee for service basis from predetermined fee schedules.

**Managed Care Organizations** - The Health System participates as a provider of health care services under agreements with certain managed care organizations and under contracts negotiated with area employers. The terms of each contract will vary, but typically include either prospectively determined per diem rates, established rates for specific procedures, or a negotiated discount rate offered by the constituent corporations for services provided to patients covered under the plan.

The Health System's gross charges and deductions for the years ended September 30, 2010 and 2009 are as follows:

	2010		2009	
	Gross Charges	Deductions	Gross Charges	Deductions
Medicare	\$ 1,106,273	\$ 770,717	\$ 1,069,383	\$ 757,462
Medicaid	349,463	254,040	351,181	258,518
Managed care and other	886,339	465,289	874,834	439,872
Uninsured and self pay	258,002	165,106	229,298	137,445
	<u>\$ 2,600,076</u>	<u>\$ 1,655,152</u>	<u>\$ 2,524,696</u>	<u>\$ 1,593,297</u>

**5. Concentration of Credit Risk**

The Health System generally grants credit without collateral to their patients, most of whom are local residents of the markets where the facilities are located and are insured under third-party payor agreements. The distribution of net patient accounts receivable by payer at September 30, 2010 and 2009 is as follows:

	2010	2009
Medicare	25%	26%
Medicaid	11%	9%
Other contracted payors/private pay	64%	65%
	<u>100%</u>	<u>100%</u>

**6. Short-term Investments and Assets Whose Use is Limited**

The Health System's short-term investments are primarily invested in the Health System pool administered by a bank custodian. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value as principally determined from quoted market values. Investments in the real estate and commodities fund are measured at fair value principally through the use of quoted prices for similar assets or inputs other than the quoted prices that are observable either directly or indirectly.

Assets whose use is limited consist of investments in the Health System investment pool totaling \$187,004,000 and \$167,885,000 at September 30, 2010 and 2009, respectively, and other amounts held by trustees.

**Via Christi Health, Inc. and Subsidiaries**  
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Health Systems investments including short-term investments, long-term investments and assets whose use is limited consist of the following

<i>(in thousands of dollars)</i>	<b>September 30,</b>	
	<b>2010</b>	<b>2009</b>
Cash and cash equivalents	\$ 49,203	\$ 98,097
Pooled funds (see below)	674,602	487,495
Marketable equity securities	6,362	6,605
U S treasury and other U S obligations	1,981	11,535
Corporate obligations	2,370	7,795
Other	22,152	4,448
	<u>\$ 756,670</u>	<u>\$ 615,975</u>

<i>(in thousands of dollars)</i>	<b>September 30,</b>	
	<b>2010</b>	<b>2009</b>
Cash and cash equivalents	\$ 72,562	\$ 111,945
Marketable equity securities	246,992	168,806
U S government obligations	185,674	81,547
Corporate fixed income	116,880	93,345
Real estate	28,114	14,530
Commodities	31,556	15,671
Investment Receivables/Payables	(7,176)	1,651
	<u>\$ 674,602</u>	<u>\$ 487,495</u>

**7. Fair Value Measurements**

The Health System adopted FASB ASC 820-20, Fair Value Measurements and Disclosures, subject to the deferral provisions of FASB ASC 820-10. In accordance with FASB ASC 820-20, assets and liabilities recorded at fair value in the financial statements are categorized, for disclosure purposes, based upon whether the inputs used to determine their fair value are observable or unobservable. FASB ASC 820-20 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure assets and liabilities at fair value. Level inputs, as defined by FASB ASC 820-20, are as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities on the reporting date

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specific (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs that are unobservable for the asset or liability.

**Via Christi Health, Inc. and Subsidiaries**  
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The fair values of Level 1 assets and liabilities were determined through quoted market prices, while fair values of Level 2 assets and liabilities were determined through prices obtained from third-party pricing sources, where quoted prices for such assets and liabilities are not available. The fair values of Level 3 assets and liabilities were based largely upon unobservable inputs, where there may be little, if any, market activity for the asset or liability. The determination of fair value for these instruments requires management judgment and estimation, considering factors specific to the asset or liability. While the level 3 positions could be valued individually, the Health System utilizes a third party investment advisor to assist in determination of its proportionate share of those positions.

The following table represents instruments measured at fair value on a recurring basis:

<i>(in thousands of dollars)</i>	<b>Fair Value Measurement at September 30, 2010</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Assets included in:				
Cash and cash equivalents	\$ 39,559	\$ 80,973	\$ -	\$ 120,532
Marketable equity securities - domestic	197,373	1,081	-	198,454
Marketable equity securities - foreign	58,404	-	-	58,404
U.S. government obligations	821	198,041	-	198,862
Corporate fixed income	2,424	125,465	9	127,898
Real estate	-	-	28,114	28,114
Commodities	-	-	31,556	31,556
Investment receivables/payables/other	-	(7,176)	26	(7,150)
	<u>\$ 298,581</u>	<u>\$ 398,384</u>	<u>\$ 59,705</u>	<u>\$ 756,670</u>

The following table is a rollforward of the balance sheet amounts for financial instruments classified by the Health System within level 3 of the fair value hierarchy:

<i>(in thousands of dollars)</i>	<b>Level 3 Inputs</b>			
	<b>Real Estate</b>	<b>Commodities</b>	<b>Marketable securities and other instruments</b>	<b>Derivatives</b>
Beginning balance	\$ 14,530	\$ 15,671	\$ 621	\$ (2,337)
Total realized and unrealized gains (losses) included in nonoperating gains (losses)	3,089	2,685	(34)	(335)
Purchases, sales, issuances and settlements	10,495	13,200	(242)	2,672
Transfers in (out) of Level 3	-	-	(310)	-
Ending balance	<u>\$ 28,114</u>	<u>\$ 31,556</u>	<u>\$ 35</u>	<u>\$ -</u>

**Via Christi Health, Inc. and Subsidiaries**  
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<i>(in thousands of dollars)</i>	<b>Fair Value Measurement at September 30, 2009</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Assets included in				
Cash and cash equivalents	\$ 140,035	\$ 68,837	\$ -	\$ 208,872
Marketable equity securities	170,971	-	-	170,971
U S treasury obligations	112	74,475	-	74,587
Other government fixed income	-	23,114	-	-
Corporate fixed income	3,270	102,687	596	106,553
Real estate	-	-	14,530	14,530
Commodities	-	-	15,671	15,671
Investment receivables/payables/other	-	1,651	26	1,677
	<u>\$ 314,388</u>	<u>\$ 270,764</u>	<u>\$ 30,823</u>	<u>\$ 592,861</u>
Derivative instruments	-	-	(2,337)	(2,337)

The following table is a rollforward of the balance sheet amounts for financial instruments classified by the Health System within level 3 of the fair value hierarchy

<i>(in thousands of dollars)</i>	<b>Level 3 Inputs</b>	
	<b>Marketable securities and other instruments</b>	<b>Derivatives</b>
Beginning balance	\$ 45,455	\$ 351
Total realized and unrealized gains (losses) included in nonoperating gains (losses)	1,471	(2,688)
Purchases, sales, issuances and settlements	(15,701)	-
Transfers in (out) of Level 3	(402)	-
Ending balance	<u>\$ 30,823</u>	<u>\$ (2,337)</u>

**8. Equity Investments**

Included in other assets are investments of \$88.0 million and \$83.4 million at September 30, 2010 and 2009, respectively, which in addition to certain net intangible assets, represent the Health System's investment in unconsolidated affiliates. The investment and summarized information below relates primarily to Salina Regional Health Center, Inc. and Kansas Heart Hospital LLC.

Financial information for the investee organizations is summarized as follows:

<i>(in thousands of dollars)</i>	<b>(Unaudited)</b>	
	<b>2010</b>	<b>2009</b>
Total assets	\$ 377,847	\$ 62,758
Total liabilities	\$ 91,584	\$ 94,388
Net assets	\$ 286,264	\$ 268,358
Total revenues	\$ 208,631	\$ 200,436
Total expenses	\$ 194,020	\$ 187,740

**Via Christi Health, Inc. and Subsidiaries**  
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**9. Long-Term Debt**

Long-term debt consists of the following

<i>(in thousands of dollars)</i>	<b>2010</b>	<b>2009</b>
Series 2010 Health Care Facilities Refunding Revenue Bonds, fixed interest rates from 1 50% to 5 25%, principal due annually and interest due semi-annually through 2031	\$ 16,585	\$ -
Series X 2009 Hospital Facilities Revenue Bonds, fixed interest rates from 1 50% to 5 00%, principal due annually and interest due semi-annually through 2024	88,110	-
Series III 2009-A Hospital Facilities Revenue Bonds, fixed interest rates from 2 00% to 5 00%, principal due annually and interest due semi-annually through 2034	75,000	75,000
Series III 2009-B Hospital Facilities Revenue Bonds, variable interest, principal due 2039 and interest due semi-annually through 2039	80,000	80,000
Series III 2001 Hospital Facilities Revenue Bonds, fixed interest rates from 4 375% to 6 25%, principal due annually and interest due semi-annually through 2031	159,065	159,475
Series 2001 Hospital Revenue Bonds, fixed interest rates from 4 05% to 5 50%, principal due annually and interest due semi-annually through 2031	32,205	33,050
Series 2001 Health Care Facilities Revenue Bonds principal due annually, fixed interest rates from 4 5% to 5 875%, and interest due semi-annually through 2031, net of unamortized discount	-	13,410
Series XI 1999 Hospital Facility Improvement and Refinancing Revenue Bonds ("Series 1999 Bonds") due annually through 2024, fixed interest rates from 5 3% to 6 75%	-	91,295
Series 2003 Health Care Facilities Refunding Revenue Bonds with varying maturities through 2018, fixed interest rates from 3 0% to 4 75%	-	3,125
Series II, 2004 Health Care Facilities Refunding Revenue Bonds with varying maturities through 2029, interest rates from 2 2% to 5 125%	7,050	7,290
Notes payable to bank, interest rates varying 5 45% to 7 13% as of September 30, 2010, collateralized by real property, buildings and improvements, payable in monthly principal and interest installments through 2011	2,110	42
Other long-term debt and capital lease obligations collateralized by certain property and equipment	5,046	3,894
	<u>465,171</u>	<u>466,581</u>
Less Current portion	(11,388)	(5,988)
Less Unamortized bond discounts	<u>2,640</u>	<u>361</u>
Long-term debt, less current portion	<u>\$ 456,423</u>	<u>\$ 460,954</u>

## **Via Christi Health, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

### **September 30, 2010 and 2009**

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The Health System, along with other Health System hospitals (the "Obligated Group"), entered into a master trust indenture and an obligated group agreement whereby they were jointly and severally liable for all amounts due under any and all notes and guarantees issued pursuant to the master trust indenture. The Obligated Group consists of the Health System, VCH-W, Via Christi Rehabilitation Hospital, Via Christi Hospital – Pittsburg and Via Christi Hospital – St Teresa, as defined.

In January 2010, Sedgwick County, Kansas issued \$16,860,000 of its Health Care Facilities Revenue Bonds bearing interest at 1.5% to 5.25% for the benefit of Catholic Care Center, a subsidiary of the Health System. These bonds were issued to refund and redeem the outstanding 2001 and 2003 Catholic Care Center Bonds. The Health System has agreed, in accordance with limitations and qualifications contained in the Master Trust Indenture to unconditionally guarantee the payment of principal premium, if any, and interest on the Catholic Care Center Bonds. The guaranty of the Health System is unsecured and constitutes an obligation of the Obligated Group members. Management of the Health System does not expect to incur any actual liability in connection with its guaranty of the Catholic Care Center Bonds.

In December 2009 the City of Wichita, Kansas (the "City") issued Hospital Facilities Refunding and Revenue Bonds Series X 2009 ("Series 2009-X Bonds") for the benefit of the Health System in the amount of \$88,110,000 bearing interest at 1.50% to 5.0%. The proceeds of the Series 2009-X Bonds, along with other monies, were used by the Health System to defease and refund the Series 1999 Bonds.

In September 2009 the City issued Hospital Facilities Refunding and revenue Bonds Series III-A 2009 ("Series 2009-A Bonds") for the benefit of the Health System in the amount of \$75,000,000 bearing interest at 2.0% to 5.0%. Also in September 2009, the City issued Hospital Facilities Variable Rate Revenue Bonds Series III-B-1 and Series III-B-2 ("Series 2009-B Bonds") for the benefit of the Health System in the aggregate amount of \$80,000,000. These bonds were issued as variable rate demand bonds and are secured by two irrevocable letters of credit issued by JP Morgan Chase Bank, NA. The letters of credit expire on December 31, 2012. A portion of the proceeds of the Series 2009-A and Series 2009-B Bonds, along with other monies, were used by the Health System to defease and refund the Series 1992 Bonds. The remainder of the bond proceeds was used to pay cost of issuance, and to establish a project fund to construct and equip a new hospital facility in west Wichita.

In July 2001, the City issued Hospital Facilities Revenue Bonds Series III 2001 ("Series 2001 Bonds") for the benefit of the Health System in the amount of \$162,775,000 bearing interest at 3.5% to 6.25%. The proceeds of the Series 2001 Bonds were used by the Health System to refund certain of the Series 1992 Bonds, pay cost of issuance, and to establish a project fund for the future capital improvements.

In February 2001, the City of Manhattan, Kansas issued \$38,000,000 of its Hospital Revenue Bonds bearing interest at 3.75% to 5.5% for the benefit of Mercy Regional Health Center of Manhattan. These bonds were issued to acquire, purchase, construct, equip and furnish certain improvements to the Mercy Regional Health Center facility and to pay insurance and other costs of issuance. At the date of issuance, Mercy Regional Health Center was the only member of its obligated group, as such term is used in the Master Indenture for this issue.

## **Via Christi Health, Inc. and Subsidiaries**

### **Notes to Consolidated Financial Statements**

#### **September 30, 2010 and 2009**

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In May 2001, Sedgwick County, Kansas issued \$14,000,000 of its Health Care Facilities Revenue Bonds bearing interest at 3.7% to 5.875% for the benefit of Catholic Care Center, a subsidiary of the Health System. These bonds were issued to pay the costs associated with the construction of a new 100-unit assisted living facility (consisting of 60 assisted living units and 40 special care units) to be operated by the Catholic Care Center. The Catholic Care Center Bonds provide substantially level debt service over their term. The Health System has agreed, in accordance with limitations and qualifications contained in the Master Trust Indenture to unconditionally guarantee the payment of principal premium, if any, and interest on the Catholic Care Center Bonds. The guaranty of the Health System is unsecured and constitutes an obligation of the Obligated Group members. Management of the Health System does not expect to incur any actual liability in connection with its guaranty of the Catholic Care Center Bonds.

In July 2003, the Health System took action to inform the bond trustee of the intent to make a tender offer to the holders of the outstanding Series 1992 Bonds. This tender offer consisted of principal, unpaid interest, call premium (if applicable) and a fee above the principal termed tender fees. All holders, excluding \$3,286,000, accepted the tender offer. The untendered bonds were retired. The purchase of the tendered Series 1992 Bonds was done by a third party.

In connection with this transaction, the Health System entered into a total return swap agreement, with the same third party. In May 2008 the total return swap counterparty was replaced. On November 30, 2008 the total return swap was terminated by the counterparty at minimal transaction cost to the Health System. At the same time in 2003, the Health System entered into another swap agreement with the same third party. This swap agreement had a notional amount of \$56,835,000, expired in two tranches in 2010 and 2017, and required the Health System to pay fixed interest rates, ranging from 2.04% to 2.752%, and the third party to pay a variable interest rate based on 67% of LIBOR. In June 2010 the Health System terminated the remaining swap. At September 30, 2010 and 2009, these swap agreements had a fair value of \$0 and (\$2,337,000), respectively. The fair value of these swap agreements are recorded in the accompanying balance sheets and the changes in their fair value are reported in the performance indicator.

Debt related to all in substance decreased prior issues of SFMC and CSJ, had a remaining outstanding principal balance of \$13.4 million at September 30, 2010. The debt and the related funds, which have been irrevocably placed with trustees in accordance with escrow deposit agreements, are excluded from the accompanying consolidated financial statements.

In connection with certain of the bond issuances, legal title to Via Christi Hospital - Pittsburg and the VCH-W facilities has been transferred to the City and lease agreements with the City have been executed. The Health System has the option to acquire legal title to these facilities at any time during the remaining term of the leases by paying amounts sufficient to redeem the principal amount of bonds outstanding plus accrued interest to the redemption date, and all other costs associated with the redemption, plus a nominal amount. These transactions have been accounted for as purchases, and accordingly, the consolidated financial statements reflect the indebtedness as liabilities and the cost of the applicable leased property and equipment as assets.

The Health System's debt agreements contain certain requirements to maintain various financial ratios including the maintenance of a minimum annual debt service ratio and days cash on hand. At September 30, 2010, the Health System was in compliance with all of its debt covenants.



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Scheduled principal repayments on long-term debt including capital leases are as follows

*(in thousands of dollars)*

2011	\$	11,388
2012		14,815
2013		14,731
2014		15,132
2015		15,070
Thereafter		394,035
	\$	<u>465,171</u>

**10. Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes or periods at September 30, 2010 and 2009

*(in thousands of dollars)*

	<b>2010</b>	<b>2009</b>
Medical education	\$ 651	\$ 720
Other designated health programs	<u>7,988</u>	<u>5,710</u>
	<u>\$ 8,639</u>	<u>\$ 6,430</u>

Designated health care programs relate mainly to assets held by foundations which are designated by donors or grantors to be used in specific health care programs for medical and patient services or capital equipment

Permanently restricted net assets of \$5,930,000 and \$5,920,000 at September 30, 2010 and 2009 are restricted to investments to be held in perpetuity, the income from which is expendable to support health care services

The Health System and affiliates invest funds associated with restricted net assets in the Health Systems pooled fund and in other investments for the purpose of maintaining the original gift amount and providing earnings with which to support programs as desired by the donors, and to the extent limited by statute. The Health System generally appropriates for expenditure the earnings on such funds at the time earned, therefore reports such earnings in unrestricted net assets

**11. Pension and Retirement Plans**

The Health System participates in defined contribution plans covering substantially all employees and employees of certain affiliates. Contributions charged to income approximated \$4,484,000 and \$4,588,000 for the years ended September 30, 2010 and 2009, respectively

**Via Christi Health, Inc. and Subsidiaries**  
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The Health System sponsors a noncontributory defined benefit pension plan that covers substantially all of the Health System's employees and employees of certain affiliates. The pension plan, which qualifies for church plan status and, accordingly, is exempt from the requirements of the Employment Retirement Income Security Act of 1974 ("ERISA"), provides benefits under an individual participant (cash balance) account based plan whereby participants are guaranteed a benefit equal to a percentage of their annual compensation based on years of service. Annual contributions to the plan are generally based on the minimum funding requirements of ERISA. Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future. Plan assets are invested in common stocks, corporate and government bonds, real estate, commodities and money market funds. The Health System adopted the measurement date provision of FASB ASC 715-30-35-62, Defined Pension Benefit Plan Subsequent Measurement, as of September 30, 2009. As a result, the increase to the benefit obligation and deferred pension cost for the effect of moving the measurement date from June 30 to September 30 was \$2,628,000. The effect on the Health System's consolidated balance sheet has been recognized as an adjustment to unrestricted net assets in the accompanying consolidated statements of operations and changes in net assets, representing the net periodic benefit cost attributable to the period June 30 through September 30, 2008.

Included in unrestricted net assets at September 30, 2010, are unrecognized actuarial losses of \$90,381,000 that have not yet been recognized in net periodic pension cost. The actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2010 is \$5,471,000.

The following table sets forth the plan's funded status and the amount recognized in the consolidated balance sheets at September 30.

*(in thousands of dollars)*

	2010	2009
<b>Changes in projected benefit obligation</b>		
Benefit obligation at beginning of year	\$ 208,181	\$ 182,113
Service cost	14,277	15,392
Interest cost	11,591	13,621
Actuarial (gain) loss	20,293	13,594
Benefits paid	(11,398)	(16,539)
Projected benefit obligation at end of year	<u>\$ 242,944</u>	<u>\$ 208,181</u>
<b>Changes in plan assets</b>		
Fair value of plan assets at beginning of year	\$ 168,216	\$ 176,371
Actual return on plan assets	16,587	(12,929)
Employer contribution	24,728	21,313
Benefits paid	(11,398)	(16,539)
Fair value of plan assets at end of year	<u>\$ 198,133</u>	<u>\$ 168,216</u>
<b>Amount Recognized in Statement of Financial Position</b>		
Funded status - Projected benefit obligation in excess of plan assets included in other non-current assets	\$ (44,811)	\$ (39,965)
<b>Amount Recognized in Accumulated Other Comprehensive Income</b>		
Net transition (asset) obligation	\$ -	\$ -
Prior service cost		3
net (gain) loss	90,381	77,932
Net amount recognized at end of year	<u>\$ 90,381</u>	<u>\$ 77,935</u>

**Via Christi Health, Inc. and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**September 30, 2010 and 2009**

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The following weighted average assumptions were used to determine the plan's benefit obligations as of September 30

	<b>2010</b>	<b>2009</b>
Discount rate	4.74 %	5.58 %
Rate of increase in compensation levels	4.00	4.00

The following table sets forth the net periodic pension cost recognized in the consolidated statements of operations and changes in net assets at September 30

	<b>2010</b>	<b>2009</b>
<b>Components of net periodic pension costs</b>		
Service cost benefits earned during the year	\$ 14,277	\$ 12,314
Interest cost on projected benefit obligation	11,591	10,897
Expected return on assets	(13,421)	(14,070)
Net amortization of unrecognized prior service cost and net loss	<u>4,680</u>	<u>1,551</u>
Net periodic pension cost	<u>\$ 17,127</u>	<u>\$ 10,692</u>
<b>Other changes in plan assets and benefit obligations recognized in other comprehensive income</b>		
Net actuarial loss	\$ 17,127	\$ 42,330
Amortization of unrecognized		
Prior service cost (credit)	(3)	(143)
Net actuarial (gain)	<u>(4,678)</u>	<u>-</u>
	<u>\$ 12,446</u>	<u>\$ 42,187</u>
 Total recognized in net periodic benefit cost and other comprehensive income	 <u>\$ 29,573</u>	 <u>\$ 52,879</u>

The following weighted-average assumptions were used to determine the pension cost for the years ending September 30

	<b>2010</b>	<b>2009</b>
Discount rate	5.58 %	6.00 %
Rate of increase in compensation levels	4.00	4.00
Expected long-term rate of return on assets	8.00	8.00

The Plan's investment assets at September 30, 2010 consisted of equities - 60%, debt securities - 27%, real estate - 4%, commodities - 5%, and cash and cash equivalents- 4%. Plan investment policies include a target asset allocation range of equities - 50% to 70%, debt securities - 24% to 34%, real estate - 2% to 8%, commodities - 2% to 8%, and cash and cash equivalents - 0% to 10%.

**Via Christi Health, Inc. and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**September 30, 2010 and 2009**

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The broad-based investment goals of the plan are to 1) at a minimum, preserve the inflation-adjusted value of the Pension assets after administrative costs and benefit payments, 2) prudently invest assets in a high-quality, diversified manner, 3) achieve the optimal return possible within the specified risk parameters, 4) achieve the actuarial earnings assumptions, 5) adhere to the established guidelines, and 6) foster and advance business practices and activities which reflect Christian principles, values and traditions embraced by the Health System

The split among various asset classes, particularly the equity versus fixed-income ratio, is the most significant decision to affect the overall volatility of results. The assets are viewed as having a long-term horizon with low to moderate liquidity constraints. The goal is to maximize returns over the long-term and accordingly, performance will be measured and reviewed regularly, the long-term allocation will be reviewed at least annually, and the asset allocation will be particularly rebalanced as the asset allocation nears the minimum and maximum of the established ranges.

Investments in debt securities are limited to a minimum quality of BBB and the average quality shall be no less than AA. Equity investments will be well diversified. Leverage of the portfolio is prohibited.

Investment managers must adhere to the moral and ethical principles that reflect social justice and peace according to the Gospel principles and are consistent with the principles and values of the Roman Catholic Church. Investment in organizations which engage in activities, services, or pursuits, or which are involved in the design, manufacture, fabrication, distribution or handling of products, not in concert with such principles, will be avoided or utilized to effect favorable change or other positive influences through the exercise of proxies, elections, votes and other corporate authority. Investment advisors and managers will place investments and will exercise stockholder's rights and other authority, as they may from time to time possess, in a manner consistent with and in furtherance of such principles.

The long-term rate of return reflects the average rate of earnings expected on the funds invested to provide for the benefits in the future. In estimating this rate, the appropriate consideration was given to the returns currently being earned by the plan assets (7.0% over the most recent eleven years) and the rates of return expected to be available for reinvestment. The present and expected asset mix was taken into account. The long-term rate is expected to be less volatile than the actual rate of return on assets, since the expected rate not only considers current returns, but also reinvestment rates in the future. This rate will generally be the same each year, unless asset mix and/or asset returns are expected to significantly change in the future.

Expected benefits to be paid in the next 10 years after September 30, 2010 are

<b>Year</b>	<b>Amount</b>
1	\$ 9,584
2	10,546
3	12,049
4	13,112
5	12,954
6-10	73,592

The employer contribution for the coming year, due June 15, 2011 is \$16,577,000

**Via Christi Health, Inc. and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
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The Health System believes that the oversight of the investments held under its employee benefit plans is rigorous and that the investment strategies are prudent. The market value of the investments within the employee benefit plans increased by approximately 18% during the year ended September 30, 2010.

The following table summarizes fair value measurements at September 30, 2010, by asset class and by level, for the pension plan assets and liabilities. The Health System follows the three-level fair value hierarchy to categorize plan assets and liabilities at fair value, which prioritizes the inputs used to measure such fair values. The inputs and valuations techniques discussed in the Fair Value Measurements note also apply to plan assets and liabilities as presented in the following table.

	Fair Value Measurement at September 30, 2010			
	Level 1	Level 2	Level 3	Total
<i>(in thousands of dollars)</i>				
Assets included in:				
Cash and cash equivalents	\$ 7	\$ 7,904	\$ -	\$ 7,911
Marketable equity securities - domestic	96,317	-	-	96,317
Marketable equity securities - foreign	22,162	-	-	22,162
U.S. government obligations	-	42,092	-	42,092
Real estate	-	12,043	8,146	20,189
Commodities	-	-	9,833	9,833
Investment receivables/payables/other	-	(371)	-	(371)
	<u>\$ 118,486</u>	<u>\$ 61,668</u>	<u>\$ 17,979</u>	<u>\$ 198,133</u>

The following table is a roll forward of the plan amounts for financial instruments classified by the Health System within level 3 of the fair value hierarchy.

	Level 3 Inputs	
	Real Estate	Commodities
<i>(in thousands of dollars)</i>		
Beginning balance	\$ 5,642	\$ 6,367
Total realized and unrealized gains (losses) included in nonoperating gains (losses)	817	366
Purchases, sales, issuances and settlements	1,687	3,100
Transfers in (out) of Level 3	-	-
Ending balance	<u>\$ 8,146</u>	<u>\$ 9,833</u>

**Via Christi Health, Inc. and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**September 30, 2010 and 2009**

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**12. Professional and General Liability Insurance**

One of the Health System's subsidiaries, VCH-W, is self-insured for professional liability claims up to \$200,000 per occurrence and \$600,000 in the aggregate per year. Mercy Regional Health Center, Via Christi Hospital-Pittsburg ("VCH-P") and Via Christi Rehabilitation Center have coverage on a claim made basis, through commercial insurance, up to \$200,000 per occurrence and \$600,000 in the aggregate per year. In addition, VCH-W, Mercy Regional Center, VCH-P, and Via Christi Rehabilitation Center have coverage provided by the Kansas Health Center Stabilization Fund ("HCSF") for each occurrence up to \$800,000 per occurrence and \$2,400,000 in the aggregate per year. Other Health System subsidiaries which are required to comply with the HCSF are insured up to \$1,000,000 per occurrence and \$3,000,000 in the aggregate per year through commercial claims made policies.

The Health System has purchased excess liability insurance in the amount of \$45,000,000 which sits above underlying hospital professional liability insurance, medical professional liability insurance, general liability insurance, automobile liability insurance, non-owned aircraft liability insurance, employers liability insurance, directors' and officers' liability insurance, errors and omissions liability insurance, employment practices liability insurance, and fiduciary liability insurance. This excess liability insurance is being provided through a captive insurance company which is a subsidiary of the Health System. The captive insurance company has purchased reinsurance to cover a significant portion of its exposure.

In addition to this coverage, the captive also provides professional liability coverage for the Health System's physician employees, senior care facilities, home health agencies, and other Health System health care providers.

The Health System is self-insured for workers' compensation, general liability and health insurance claims. Deposits in related revocable trust accounts for self-insurance programs, approximating \$13,588,000 and \$13,185,000 at September 30, 2010 and 2009, respectively, are included in assets whose use is limited in the accompanying consolidated financial statements. The Health System's accrual for professional liability claims which is included in other liabilities, and its accrual for workers' compensation claims, which is included in other accrued liabilities, are based upon actuarially determined estimates of potential losses to be incurred from asserted and unasserted claims, discounted based on interest rates of 4.25% - 6.0%. The accruals for professional liability claims were approximately \$17,250,000 and \$16,977,000 and the accruals for workers' compensation claims were approximately \$6,855,000 and \$5,077,000 at September 30, 2010 and 2009, respectively.

**Via Christi Health, Inc. and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**September 30, 2010 and 2009**

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**13. Commitment and Contingencies**

**Lease Commitments as Lessee**

The Health System's hospitals maintain certain departments and physician clinics in leased premises and are committed under equipment leases that have terms of one year or more. Future minimum annual rentals under the aforementioned lease agreements as of September 30, 2010 are as follows:

*(in thousands of dollars)*

2010	\$	5,923
2011		4,266
2012		3,891
2013		2,777
2014		2,131
Thereafter		7,857
	\$	<u>26,845</u>

Total rental expense for all operating leases, including amounts paid under lease agreements with initial terms less than one year in duration, in the years ended September 30, 2010 and 2009 approximated \$9,025,000 and \$8,331,000, respectively. Such amounts are included in other expenses in the accompanying consolidated statements of operations.

**Litigation**

The Health System is periodically involved in litigation and regulatory investigations arising in the course of business. Management is not aware of any matters that would have a material adverse effect on the Health System's future financial position, results from operations, or cash flows.

The Health System has two Medicare appeals claims outstanding for the Medicare terminating cost reports relative to the consolidation of St. Joseph Medical Center, Inc. and St. Francis Regional Medical Center, Inc. in Wichita, Kansas, effective October 2, 1995, with the potential for payments receivable in a material amount. A preliminary settlement offer on one of the claims has been received, but it is not considered to be a valid offer and has not been accepted. The timing and ultimate amounts of the settlements are unknown, and the consolidated financial statements do not include a receivable for these claims.

The Health System has been working with the Office of Federal Contract Compliance Programs (OFCCP) regarding a complaint alleging discriminatory hiring practices at one of its ministries. The OFCCP has notified the Health System that they will be making a demand. Accordingly, an estimate of the liability has been recorded.

**Regulatory Compliance**

The U.S. Department of Justice and other federal agencies are increasing resources dedicated to regulatory investigations and compliance audits of health care providers. The Health System is subject to these regulatory efforts and has received correspondence from federal agencies with regard to such initiatives. In addition, through its corporate compliance program and operational review processes, the Health System may periodically identify overpayments from federal or state programs. In consultation with legal counsel, management estimates these matters will be resolved without material adverse effect on the Health System's financial position or results of operations.

**Via Christi Health, Inc. and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**September 30, 2010 and 2009**

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**14. Functional Expenses**

The Health System affiliates provide health care services to residents within their geographic location. Expenses related to providing these services for the years ended are as follows:

<i>(in thousands of dollars)</i>	<b>2010</b>	<b>2009</b>
Health care services	\$ 868,274	\$ 754,519
General and administrative	95,311	187,818
	<u>\$ 963,585</u>	<u>\$ 942,337</u>

**15. Discontinued Operations**

In September 2009, the VCH Board of Trustees approved a plan by which Preferred Health Systems (PHS) would be sold. A definitive agreement for sale was signed in October 2009. The Health System closed on the sale of PHS effective January 31, 2010. The Health System will not have any significant continuing involvement in the operations of PHS after the disposition. PHS continues to act as the third party administrator for the Health System self insured health plan. In addition, PHS and the Health System continue to have provider contracts in place for PHS covered lives and other PHS third party administrator customers.

The financial position and results of operations of PHS for 2010 and 2009 have been presented as discontinued operations in the accompanying financial statements. Components of amounts reflected in the Health System's consolidated balance sheets and statements of operations and changes in net assets are presented in the following table:

<i>(in thousands of dollars)</i>	<b>2010</b>	<b>2009</b>
Current assets	\$ -	\$ 117,040
Property and equipment	-	1,853
Other assets	-	9,488
Assets of discontinued operations held for sale	<u>\$ -</u>	<u>\$ 128,381</u>
Current liabilities	\$ -	\$ 61,852
Noncurrent liabilities	-	4,067
Liabilities of discontinued operations held for sale	<u>\$ -</u>	<u>\$ 65,919</u>
Revenue	\$ 140,023	\$ 437,932
Expenses and other changes in net assets	145,493	445,823
Change in net assets	<u>\$ (5,470)</u>	<u>\$ (7,891)</u>
Gain on sale from discontinued operations prior to current period loss	13,003	
Net gain on sale of discontinued operations	<u>\$ 7,533</u>	



**Via Christi Health, Inc. and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**September 30, 2010 and 2009**

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**16. Subsequent events**

On November 19, 2010 Via Christi entered into an agreement to acquire the Wichita Clinic, PA and Integrated Healthcare Services, Inc. Wichita Clinic PA which is a multispecialty physician group employing over 160 physicians practicing in over 40 specialties. Integrated Healthcare Services, Inc. is the management services organization for the Wichita Clinic, PA and employs 1,030 support personnel. The acquisition of Wichita Clinic, PA and Integrated Healthcare Services, Inc. closed on December 9, 2010. Estimated annual revenues for Wichita Clinic, PA are \$157 million.

## **Consolidating Information**

**Via Christi Health, Inc. and Subsidiaries**  
**Consolidating Balance Sheet**  
**September 30, 2010**

**Schedule 1**

	VCH-W Consolidated	VCH-P Pittsburg	Mercy Manhattan	Wichita Health	Via Christi Villages	AMS Lab	Preferred Health Systems	Eliminations	FY 2010 Consolidated
<b>Assets</b>									
Current assets									
Cash and cash equivalents	\$ 23 952	\$ 11 172	\$ 10 558	\$ 2 737	\$ 11 220	\$ 1 135	\$ -	\$ -	\$ 60 774
Short-term investments	197 862	25 804	10 954	245 451	11 262	2 734	-	-	494 067
Assets whose use is limited that are required for current liabilities	580	-	-	-	46	-	-	-	626
Patient accounts receivable net	80 654	9 526	11 746	-	5 311	1 647	-	-	108 884
Estimated amounts receivable from third-party payors	4 069	287	-	-	-	-	-	(111)	4 245
Subscribers premiums receivable	-	-	-	-	-	-	-	-	-
Inventories	18 527	1 834	3 150	11	216	-	-	-	23 738
Other current assets	46 988	1 051	982	(10 825)	357	152	-	(17 729)	20 976
Assets of discontinued operations held for sale	-	-	-	-	-	-	-	-	-
Total current assets	372 632	49 674	37 390	237 374	28 412	5 668	-	(17 840)	713 310
Assets whose use is limited									
Designated by Board for capital improvements	177 993	-	5 589	-	-	-	-	-	183 582
Other	4 028	-	-	-	1 435	-	-	-	5 463
Held by trustee									
Under bond indenture	-	-	2 566	38 360	-	-	-	-	40 926
Self-insurance arrangements	1 777	-	-	11 811	-	-	-	-	13 588
	183 798	-	8 155	50 171	1 435	-	-	-	243 559
Less: Assets whose use is limited that are required for current liabilities	(580)	-	-	-	(46)	-	-	-	(626)
Total noncurrent portion of assets whose use is limited	183 218	-	8 155	50 171	1 389	-	-	-	242 933
Property and equipment									
Land and improvements	44 489	812	2 638	123	14 299	-	-	-	62 361
Buildings and fixed equipment	412 469	35 965	75 234	6 286	106 030	151	-	-	636 135
Equipment	313 317	37 324	39 167	5 408	12 024	2 806	-	-	410 046
Less accumulated depreciation	(480 354)	(40 363)	(50 853)	(6 712)	(44 463)	(1 463)	-	-	(624 208)
Construction in progress	8 598	138	74	-	1 127	-	-	-	9 937
Total net property and equipment	298 519	33 876	66 260	5 105	89 017	1 494	-	-	494 271
Other assets									
Investments in unconsolidated affiliates	13 849	251	273	73 896	32	-	-	(273)	88 028
Prepaid pension costs	28	-	1 008	-	-	-	-	-	1 036
Intangible assets net of accumulated amortization	10 238	-	1 106	-	-	-	-	-	11 344
Long-term investments	30	-	19 014	-	-	-	-	-	19 044
Other assets	6 806	153	210	271 774	521	-	-	(267 211)	12 253
Total assets	\$ 885 320	\$ 83 954	\$ 133 416	\$ 638 320	\$ 119 371	\$ 7 162	\$ -	\$ (285 324)	\$ 1 582 219

**Via Christi Health, Inc. and Subsidiaries**  
**Consolidating Balance Sheet**  
**September 30, 2010**

**Schedule 1**

	<b>VCH-W Consolidated</b>	<b>VCH-P Pittsburg</b>	<b>Mercy Manhattan</b>	<b>Wichita Health</b>	<b>Via Chrsti Villages</b>	<b>AMS Lab</b>	<b>Preferred Health Systems</b>	<b>Eliminations</b>	<b>FY 2010 Consolidated</b>
<b>Liabilities and Net Assets</b>									
Current liabilities									
Current maturities of long-term debt	\$ 7 650	\$ 905	\$ 2 306	\$ 8 275 ✓	\$ 3 907	\$ -	\$ -	\$ (11 655)	\$ 11 388
Accounts payable	19 357	1 919	3 185	7 347	1 957	235	-	(5 828)	28 172
Accrued liabilities	35 695	4 395	6 553	14 060	4 618	439	-	(246)	65 514
Estimated amounts due to third-party payors	-	-	111	-	-	-	-	(111)	-
Medical claims payable	-	-	-	-	-	-	-	-	-
Liabilities of discontinued operations held for sale	-	-	-	-	-	-	-	-	-
Total current liabilities	<u>62 702</u>	<u>7 219</u>	<u>12 155</u>	<u>29 682</u>	<u>10 482</u>	<u>674</u>	<u>-</u>	<u>(17 840)</u>	<u>105 074</u>
Noncurrent liabilities									
Long-term debt less current maturities	221 615	-	39 658	397 054	65 207	-	-	(267 111)	456 423
Other noncurrent liabilities	46 379	4 787	4 432	20 233	9 841	227	-	-	85 899
Noncontrolling interest	13 539	-	2 816	-	7 530	-	-	38 554	62 439
Total noncurrent liabilities	<u>281 533</u>	<u>4 787</u>	<u>46 906</u>	<u>417 287</u>	<u>82 578</u>	<u>227</u>	<u>-</u>	<u>(228 557)</u>	<u>604 761</u>
Total liabilities	<u>344 235</u>	<u>12 006</u>	<u>59 061</u>	<u>446 969</u>	<u>93 060</u>	<u>901</u>	<u>-</u>	<u>(246 397)</u>	<u>709 835</u>
Net assets									
Unrestricted	526 713	71 923	71 053	191 351	26 140	6 261	-	(35 626)	857 815
Temporarily restricted	8 442	25	2 654	-	171	-	-	(2 653)	8 639
Permanently restricted	5 930	-	648	-	-	-	-	(648)	5 930
Total net assets	<u>541 085</u>	<u>71 948</u>	<u>74 355</u>	<u>191 351</u>	<u>26 311</u>	<u>6 261</u>	<u>-</u>	<u>(38 927)</u>	<u>872 384</u>
Total liabilities and net assets	<u>\$ 885 320</u>	<u>\$ 83 954</u>	<u>\$ 133 416</u>	<u>\$ 638 320</u>	<u>\$ 119 371</u>	<u>\$ 7 162</u>	<u>\$ -</u>	<u>\$ (285 324)</u>	<u>\$ 1 582 219</u>

**Via Christi Health, Inc. and Subsidiaries**  
**Consolidating Statement of Operations and Changes in Net Assets**  
**Year Ended September 30, 2010**

**Schedule 2**

	VCH-W Consolidated	VCH-P Pittsburg	Mercy Manhattan	Wichita Health	Via Christi Villages	AMS Lab	Preferred Health Systems	Eliminations	FY 2010 Consolidated
<b>Revenues, gains and other support</b>									
Net patient service revenues	\$ 692,891	\$ 83,391	\$ 96,747	\$ -	\$ 62,385	\$ 12,537	\$ -	\$ (3,027)	\$ 944,924
Premium revenues	655	-	-	4,300	10,843	-	138,732	(143,484)	11,046
Other operating revenues	41,611	2,395	3,825	54,024	2,406	-	1,291	(52,430)	53,122
Total operating revenues	735,157	85,786	100,572	58,324	75,634	12,537	140,023	(198,941)	1,009,092
<b>Operating expenses</b>									
Salaries and employees benefits	340,776	44,098	49,259	33,185	42,961	4,210	12,413	(12,413)	514,489
Purchased services and other	159,358	15,216	16,486	(6,267)	11,596	3,855	136,437	(177,283)	159,398
Supplies	114,460	14,510	16,810	2,525	7,935	2,759	47	(47)	158,999
Interest	10,830	68	2,527	17,210	4,311	-	-	(18,072)	16,874
Depreciation and amortization	31,714	4,476	7,075	8,292	5,138	264	308	(308)	56,959
Provision for uncollectible accounts	48,853	4,563	2,707	-	550	193	-	-	56,866
Total operating expenses	705,991	82,931	94,864	54,945	72,491	11,281	149,205	(208,123)	963,585
Income (loss) from operations	29,167	2,855	5,708	3,379	3,143	1,256	(9,182)	9,182	45,507
<b>Nonoperating gains (losses)</b>									
Interest and dividend income	8,396	874	805	3,418	378	57	(321)	321	13,928
Net gains (losses) on investments	18,944	1,354	1,245	11,877	624	134	-	-	34,178
Equity in earnings of investee organizations	(306)	-	40	3,794	-	-	-	-	3,528
Loss on refunding of debt	-	-	-	(2,695)	(239)	-	-	-	(2,934)
Income tax and other	1,310	151	207	(515)	(22)	(321)	3,996	(3,996)	810
Total nonoperating gains	28,344	2,379	2,297	15,879	741	(130)	3,675	(3,675)	49,510
Excess of revenues over expenses before noncontrolling interest	57,510	5,234	8,005	19,258	3,884	1,126	(5,507)	5,507	95,017
Noncontrolling interest	(4,696)	-	(335)	-	(924)	-	-	(3,835)	(9,790)
Excess of revenues over expenses	\$ 52,814	\$ 5,234	\$ 7,670	\$ 19,258	\$ 2,960	\$ 1,126	\$ (5,507)	\$ 1,672	\$ 85,227

**Via Christi Health, Inc. and Subsidiaries**  
**Consolidating Statement of Operations and Changes in Net Assets**  
**Year Ended September 30, 2010**

**Schedule 2**

	VCH-W Consolidated	VCH-P Pittsburg	Mercy Manhattan	Wichita Health	Via Christi Villages	AMS Lab	Preferred Health Systems	Eliminations	FY 2010 Consolidated
<b>Unrestricted net assets</b>									
Excess of revenues over expenses	52 814	5 234	7 670	19 258	2 960	1 126	(5 507)	1 672	85 227
Change in net unrealized gain on investments	-	-	-	-	-	-	37	(37)	-
Net cumulative unrealized gains transferred to trading securities	-	-	-	-	-	-	-	-	-
Net assets released from restriction	-	-	-	-	-	-	-	-	-
Change in other comprehensive income - Pension	(10 768)	(1 493)	26	98	(143)	-	-	-	(12 280)
Cumulative effect of change in accounting principles	-	-	-	-	-	-	-	-	-
Adjustment to adopt measurement date provision of FASB 158	-	-	-	-	-	-	-	-	-
Net transfers to sponsoring organizations	(684)	-	-	(872)	450	(11)	-	-	(1 117)
Other changes in unrestricted net assets	27	-	1 386	84	(120)	-	(56 992)	56 287	672
Increase in unrestricted net assets	41 389	3 741	9 082	18 568	3 147	1 115	(62 462)	57 922	72 502
<b>Temporarily restricted net assets</b>									
Contributions	4 500	24	210	-	-	-	-	(210)	4 524
Investment income and gains	160	-	162	-	-	-	-	(162)	160
Net realized and unrealized gains (losses) on investments	458	-	-	-	-	-	-	-	458
Net assets released from restrictions	(2 633)	(218)	(213)	-	-	-	-	213	(2 851)
Other	1	-	-	-	-	-	-	-	1
Increase in temporarily restricted net assets	2 486	(194)	159	-	-	-	-	(159)	2 292
<b>Permanently restricted net assets</b>									
Contributions for endowment funds	10	-	-	-	-	-	-	-	10
Investment income and gains	-	-	1	-	-	-	-	(1)	-
Change in unrealized loss on investments	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Increase in permanently restricted net assets	10	-	1	-	-	-	-	(1)	10
Change in net assets before discontinued operations and accounting changes	43 885	3 547	9 242	18 568	3 147	1 115	(62 462)	57 762	74 804
Income (loss) from discontinued operations	-	-	-	69 995	-	-	-	(62 462)	7 533
Increase in net assets	43 885	3 547	9 242	88 563	3 147	1 115	(62 462)	(4 700)	82 337
<b>Net assets</b>									
Beginning of year	497 200	68 401	65 113	102 788	23 164	5 146	62 462	(34 227)	790 047
End of year	541 085	71 948	74 355	191 351	26 311	6 261	-	(38 927)	872 384

**Via Christi Health, Inc. and Subsidiaries**  
**Via Christi Hospitals Wichita Consolidating Balance Sheet**  
**September 30, 2010**

**Schedule 3**

	VCH-W	Rehab Hospital	Med Assoc	Health Partners	Home Health	Via Christi Foundation	Gerard House	Mother Mary Anne Clinic	VCHS-ST	CIBOR	Eliminations	FY 2010 Consolidated
<b>Assets</b>												
Current assets												
Cash and cash equivalents	\$ 8 731	\$ 1 660	\$ 1 309	\$ 11 257	\$ 1 343	\$ 135	\$ 19	\$ (4)	\$ (1 253)	\$ 755	\$ -	\$ 23 952
Short-term investments	105 686	16 113	-	51 938	1 356	8 086	371	-	14 312	-	-	197 862
Assets whose use is limited that are required for current liabilities	580	-	-	-	-	-	-	-	-	-	-	580
Patient accounts receivable net	66 651	3 288	2 433	7 660	282	-	-	13	1 472	-	(1 145)	80 654
Estimated amounts receivable from third-party payors	3 988	81	-	-	-	-	-	-	-	-	-	4 069
Subscribers premiums receivable	-	-	-	-	-	-	-	-	-	-	-	-
Inventories	15 806	115	206	1 480	33	279	-	-	608	-	-	18 527
Other current assets	43 568	1 369	(1 108)	1 642	231	(275)	35	61	(98)	1 485	78	46 988
Assets of discontinued operations held for sale	-	-	-	-	-	-	-	-	-	-	-	-
Total current assets	245 010	22 626	2 840	73 977	3 245	8 225	425	70	15 041	2 240	(1 067)	372 632
Assets whose use is limited												
Designated by Board for capital improvements	177 809	184	-	-	-	-	-	-	-	-	-	177 993
Other	-	-	-	-	-	4 028	-	-	-	-	-	4 028
Held by trustee												
Under bond indenture	-	-	-	-	-	-	-	-	-	-	-	-
Self-insurance arrangements	1 777	-	-	-	-	-	-	-	-	-	-	1 777
	179 586	184	-	-	-	4 028	-	-	-	-	-	183 798
Less Assets whose use is limited that are required for current liabilities	(580)	-	-	-	-	-	-	-	-	-	-	(580)
Total noncurrent portion of assets whose use is limited	179 006	184	-	-	-	4 028	-	-	-	-	-	183 218
Property and equipment												
Land and improvements	25 285	1 593	156	13 722	46	84	5	-	3 598	-	-	44 489
Buildings and fixed equipment	287 142	7 625	1 122	57 011	-	795	187	-	58 587	-	-	412 469
Equipment	246 471	5 199	4 467	34 622	315	444	95	109	19 622	1 973	-	313 317
Less accumulated depreciation	(406 168)	(9 697)	(4 261)	(57 854)	(297)	(739)	(223)	(84)	(873)	(158)	-	(480 354)
Construction in progress	3 516	-	-	607	-	-	-	-	4 475	-	-	8 598
Total net property and equipment	156 246	4 720	1 484	48 108	64	584	64	25	85 409	1 815	-	298 519
Other assets												
Investments in unconsolidated affiliates	13 849	-	-	-	-	-	-	-	-	-	-	13 849
Prepaid pension costs	-	-	28	-	-	-	-	-	-	-	-	28
Intangible assets net of accumulated amortization	10 054	184	-	-	-	-	-	-	-	-	-	10 238
Long-term investments	30	-	-	-	-	-	-	-	-	-	-	30
Other assets	15 877	-	331	2 328	-	2 587	-	-	-	-	(14 317)	6 806
Total assets	\$ 620 072	\$ 27 714	\$ 4 683	\$ 124 413	\$ 3 309	\$ 15 424	\$ 489	\$ 95	\$ 100 450	\$ 4 055	\$ (15 384)	\$ 885 320

**Via Christi Health, Inc. and Subsidiaries**  
**Via Christi Hospitals Wichita Consolidating Balance Sheet**  
**September 30, 2010**

**Schedule 3**

	VCH-W	Rehab Hospital	Med Assoc	Health Partners	Home Health	Via Christi Foundation	Gerard House	Mother Mary Anne Clinic	VCHS-ST	CIBOR	Eliminations	FY 2010 Consolidated
<b>Liabilities and Net Assets</b>												
Current liabilities												
Current maturities of long-term debt	\$ 2 889	\$ 392	\$ -	\$ 843	\$ -	\$ -	\$ -	\$ -	\$ 3 526	\$ -	\$ -	\$ 7 650
Accounts payable	12 345	360	850	2 493	47	89	5	5	2 991	172	-	19 357
Accrued liabilities	27 137	2 531	2 562	2 889	387	517	14	18	299	408	(1 067)	35 695
Estimated amounts due to third-party payors	-	-	-	-	-	-	-	-	-	-	-	-
Medical claims payable	-	-	-	-	-	-	-	-	-	-	-	-
Liabilities of discontinued operations held for sale	-	-	-	-	-	-	-	-	-	-	-	-
Total current liabilities	42 371	3 283	3 412	6 225	434	606	19	23	6 816	580	(1 067)	62 702
Noncurrent liabilities												
Long-term debt less current maturities	117 189	1 208	-	2 058	-	-	-	-	101 160	-	-	221 615
Other noncurrent liabilities	42 091	1 884	331	1 169	823	58	23	-	-	-	-	46 379
Noncontrolling interest	-	-	-	13 539	-	-	-	-	-	-	-	13 539
Total noncurrent liabilities	159 280	3 092	331	16 766	823	58	23	-	101 160	-	-	281 533
Total liabilities	201 651	6 375	3 743	22 991	1 257	664	42	23	107 976	580	(1 067)	344 235
Net assets												
Unrestricted	406 019	21 339	940	101 422	2 052	1 936	447	72	(7 526)	1 927	(1 915)	526 713
Temporarily restricted	6 497	-	-	-	-	6 894	-	-	-	1 548	(6 497)	8 442
Permanently restricted	5 905	-	-	-	-	5 930	-	-	-	-	(5 905)	5 930
Total net assets	418 421	21 339	940	101 422	2 052	14 760	447	72	(7 526)	3 475	(14 317)	541 085
Total liabilities and net assets	\$ 620 072	\$ 27 714	\$ 4 683	\$ 124 413	\$ 3 309	\$ 15 424	\$ 489	\$ 95	\$ 100 450	\$ 4 055	\$ (15 384)	\$ 885 320



**Via Christi Health, Inc. and Subsidiaries**  
**Via Christi Hospitals Wichita Consolidating Statement of Operations and**  
**Changes in Net Assets**  
**Year Ended September 30, 2010**

**Schedule 4**

	VCH-W	Rehab Hospital	Med Assoc	Health Partners	Home Health	Via Christi Foundation	Gerard House	Mother Mary Anne Clinic	VCHS-ST	CIBOR	Eliminations	FY 2010 Consolidated
<b>Revenues, gains and other support</b>												
Net patient service revenues	\$ 569 434	\$ 22 940	\$ 32 572	\$ 61 748	\$ 5 639	\$ -	\$ -	\$ 373	\$ 2 086	\$ -	\$ (1 901)	\$ 692 891
Premium revenues	-	-	655	-	-	-	-	-	-	-	-	655
Other operating revenues	23 944	1 074	1 750	7 402	-	4 854	292	147	34	8 361	(6 247)	41 611
Total operating revenues	593 378	24 014	34 977	69 150	5 639	4 854	292	520	2 120	8 361	(8 148)	735 157
<b>Operating expenses</b>												
Salaries and employees benefits	269 187	15 415	26 815	19 381	4 259	1 140	233	418	3 406	932	(410)	340 776
Purchased services and other	122 870	5 466	7 227	17 754	900	3 589	62	85	1 836	7 153	(7 584)	159 358
Supplies	94 097	1 251	2 564	15 557	142	166	13	31	717	76	(154)	114 460
Interest	7 651	119	-	238	-	-	-	-	2 822	-	-	10 830
Depreciation and amortization	24 441	680	591	4 876	15	60	10	11	873	158	-	31 715
Provision for uncollectible accounts	46 435	176	628	1 386	57	-	-	94	77	-	-	48 853
Total operating expenses	564 681	23 107	37 825	59 191	5 373	4 955	318	639	9 731	8 319	(8 148)	705 991
Income (loss) from operations	28 697	907	(2 848)	9 959	266	(101)	(26)	(119)	(7 611)	42	-	29 166
<b>Nonoperating gains (losses)</b>												
Interest and dividend income	6 541	397	12	1 360	41	3	10	-	27	5	-	8 396
Net gains (losses) on investments	15 197	773	(88)	2 822	75	87	21	-	57	-	-	18 944
Equity in earnings of investee organizations	-	-	-	(306)	-	-	-	-	-	-	-	(306)
Loss on refunding of debt	-	-	-	-	-	-	-	-	-	-	-	-
Income tax and other	(108)	(3)	-	(355)	-	(105)	-	-	-	1 881	-	1 310
Total nonoperating gains	21 630	1 167	(76)	3 521	116	(15)	31	-	84	1 886	-	28 344
Excess of revenues over expenses												
before noncontrolling interest	50 327	2 074	(2 924)	13 480	382	(116)	5	(119)	(7 527)	1 928	-	57 510
Noncontrolling interest	-	-	-	(4 696)	-	-	-	-	-	-	-	(4 696)
Excess of revenues over expenses	\$ 50 327	\$ 2 074	\$ (2 924)	\$ 8 784	\$ 382	\$ (116)	\$ 5	\$ (119)	\$ (7 527)	\$ 1 928	\$ -	\$ 52 814

**Via Christi Health, Inc. and Subsidiaries**  
**Via Christi Hospitals Wichita Consolidating Statement of Operations and**  
**Changes in Net Assets**  
**Year Ended September 30, 2010**

**Schedule 4**

	VCH-W	Rehab Hospital	Med Assoc	Health Partners	Home Health	Via Christi Foundation	Gerard House	Mother Mary Anne Clinic	VCHS-ST	CIBOR	Eliminations	FY 2010 Consolidated
<b>Unrestricted net assets</b>												
Excess of revenues over expenses	\$ 50 327	\$ 2 074	\$ (2 924)	\$ 8 784	\$ 382	\$ (116)	\$ 5	\$ (119)	\$ (7 527)	\$ 1 928	\$ -	\$ 52 814
Change in net unrealized gain on investments	-	-	-	-	-	-	-	-	-	-	-	-
Net cumulative unrealized gains transferred to trading securities	-	-	-	-	-	-	-	-	-	-	-	-
Net assets released from restriction	-	-	-	-	-	-	-	-	-	-	-	-
Net pension adjustment	(10 095)	(104)	132	(215)	(453)	(25)	(8)	-	-	-	-	(10 768)
Cumulative effect of change in accounting principles	-	-	-	-	-	-	-	-	-	-	-	-
Adjustment to adopt measurement date provision of FASB 158	-	-	-	-	-	-	-	-	-	-	-	-
Net transfers to sponsoring organizations	(595)	(25)	-	(59)	(5)	-	-	-	-	-	-	(684)
Other changes in unrestricted net assets	(3 487)	-	3 301	(16)	1	5	-	86	1	(1)	137	27
Increase in unrestricted net assets	36 150	1 945	509	8 494	(75)	(136)	(3)	(33)	(7 526)	1 927	137	41 389
<b>Temporarily restricted net assets</b>												
Contributions	-	-	-	-	-	2 922	-	-	-	1 578	-	4 500
Investment income and gains	-	-	-	-	-	160	-	-	-	-	-	160
Net realized and unrealized gains (losses) on investments	-	-	-	-	-	458	-	-	-	-	-	458
Net assets released from restrictions	-	-	-	-	-	(2 603)	-	-	-	(30)	-	(2 633)
Other	813	-	-	-	-	1	-	-	-	-	(813)	1
Increase in temporarily restricted net assets	813	-	-	-	-	938	-	-	-	1 548	(813)	2 486
<b>Permanently restricted net assets</b>												
Contributions for endowment funds	-	-	-	-	-	10	-	-	-	-	-	10
Investment income and gains	-	-	-	-	-	-	-	-	-	-	-	-
Change in unrealized loss on investments	-	-	-	-	-	-	-	-	-	-	-	-
Other	10	-	-	-	-	-	-	-	-	-	(10)	-
Increase in permanently restricted net assets	10	-	-	-	-	10	-	-	-	-	(10)	10
Income (loss) from discontinued operations	-	-	-	-	-	-	-	-	-	-	-	-
Change in net assets	36 973	1 945	509	8 494	(75)	812	(3)	(33)	(7 526)	3 475	(686)	43 885
<b>Net assets</b>												
Beginning of year	381 448	19 394	431	92 928	2 127	13 948	450	105	-	-	(13 631)	497 200
End of year	\$ 418 421	\$ 21 339	\$ 940	\$ 101 422	\$ 2 052	\$ 14 760	\$ 447	\$ 72	\$ (7 526)	\$ 3 475	\$ (14 317)	\$ 541 085

**Via Christi Health, Inc. and Subsidiaries**  
**Via Christi Villages Consolidating Balance Sheet**  
**September 30, 2010**

**Schedule 5**

	Catholic Care Center	Via Christi Villages Ridge/Broadmoor	Via Christi Villages Pittsburg	Via Christi Villages Georgetown	Via Christi Villages McLean	Via Christi Villages Hays	Via Christi Villages Manhattan	Via Christi Villages Ponca City	Via Christi HOPE	Via Christi Villages	Eliminations	FY 2010 Consolidated
<b>Assets</b>												
<b>Current assets</b>												
Cash and cash equivalents	\$ 5 489	\$ 698	\$ 720	\$ 60	\$ 1 080	\$ 527	\$ 682	\$ 404	\$ 1 264	\$ 296	\$ -	\$ 11 220
Short-term investments	3 569	284	1 232	1 363	1 713	397	950	435	1 055	264	-	11 262
Assets whose use is limited that are required for current liabilities	-	-	-	3	-	-	-	43	-	-	-	46
Patient accounts receivable - net	2 208	123	697	65	155	367	378	1 138	127	221	(168)	5 311
Estimated amounts receivable from third-party payors	-	-	-	-	-	-	-	-	-	-	-	-
Subscribers premiums receivable	-	-	-	-	-	-	-	-	-	-	-	-
Inventories	62	18	17	15	11	3	37	26	22	5	-	216
Other current assets	48	6	10	-	7	34	29	12	46	165	-	357
Assets of discontinued operations - held for sale	-	-	-	-	-	-	-	-	-	-	-	-
Total current assets	11 376	1 129	2 676	1 506	2 966	1 328	2 076	2 058	2 514	951	(168)	28 412
<b>Assets whose use is limited</b>												
Designated by Board for capital improvements	-	-	-	-	-	-	-	-	-	-	-	-
Other	530	-	13	821	-	-	-	71	-	-	-	1 435
Held by trustee	-	-	-	-	-	-	-	-	-	-	-	-
Under bond indenture	-	-	-	-	-	-	-	-	-	-	-	-
Self-insurance arrangements	-	-	-	-	-	-	-	-	-	-	-	-
	530	-	13	821	-	-	-	71	-	-	-	1 435
Less: Assets whose use is limited that are required for current liabilities	-	-	-	-	-	-	-	-	-	-	-	-
Total noncurrent portion of assets whose use is limited	530	-	13	821	-	-	-	71	-	-	-	1 435
<b>Property and equipment</b>												
Land and improvements	3 795	1 609	1 039	2 400	1 111	85	2 239	570	-	1 451	-	14 299
Buildings and fixed equipment	26 425	7 855	9 246	19 735	14 059	829	10 695	10 394	3 185	3 607	-	106 030
Equipment	3 725	683	1 067	2 061	587	422	1 276	708	1 026	469	-	12 024
Less accumulated depreciation	(10 407)	(2 599)	(2 609)	(12 721)	(4 500)	(492)	(2 874)	(5 493)	(1 706)	(1 062)	-	(44 463)
Construction in progress	578	129	9	7	2	333	-	16	-	53	-	1 127
Total net property and equipment	24 116	7 677	8 752	11 482	11 259	1 177	11 336	6 195	2 505	4 518	-	89 017
<b>Other assets</b>												
Investments in unconsolidated affiliates	-	-	-	-	-	-	-	-	-	32	-	32
Prepaid pension costs	-	-	-	-	-	-	-	-	-	-	-	-
Intangible assets - net of accumulated amortization	-	-	-	-	-	-	-	-	-	-	-	-
Long-term investments	-	-	-	-	-	-	-	-	-	-	-	-
Other assets	82	1	-	-	87	-	21	100	-	603	(373)	521
Total assets	\$ 36 104	\$ 8 807	\$ 11 441	\$ 13 809	\$ 14 312	\$ 2 505	\$ 13 433	\$ 8 424	\$ 5 019	\$ 6 104	\$ (541)	\$ 119 417

**Via Christi Health, Inc. and Subsidiaries**  
**Via Christi Villages Consolidating Balance Sheet**  
**September 30, 2010**

**Schedule 5**

	Catholic Care Center	Via Christi Villages Ridge/Broadmoor	Via Christi Villages Pittsburg	Via Christi Villages Georgetown	Via Christi Villages McLean	Via Christi Villages Hays	Via Christi Villages Manhattan	Via Christi Villages Ponca City	Via Christi HOPE	Via Christi Villages	Eliminations	FY 2010 Consolidated
<b>Liabilities and Net Assets</b>												
Current liabilities												
Current maturities of long-term debt	\$ 570	\$ 293	\$ 216	\$ 1 398	\$ 245	\$ 112	\$ 322	\$ 470	\$ 150	\$ 131	\$ -	\$ 3 907
Accounts payable	295	44	118	111	83	405	89	182	609	189	(168)	1 957
Accrued liabilities	1 255	149	282	200	244	390	531	244	462	861	-	4 618
Estimated amounts due to third-party payors	-	-	-	-	-	-	-	-	-	-	-	-
Medical claims payable	-	-	-	-	-	-	-	-	-	-	-	-
Liabilities of discontinued operations held for sale	-	-	-	-	-	-	-	-	-	-	-	-
Total current liabilities	2 120	486	616	1 709	572	907	942	896	1 221	1 181	(168)	10 482
Noncurrent liabilities												
Long-term debt less current maturities	15 770	6 952	10 816	2 536	6 805	501	12 247	3 928	733	5 292	(373)	65 207
Other noncurrent liabilities	3 153	88	30	415	5 637	4	411	88	-	15	-	9 841
Noncontrolling interest	-	-	-	-	-	-	-	-	-	-	7 530	7 530
Total noncurrent liabilities	18 923	7 040	10 846	2 951	12 442	505	12 658	4 016	733	5 307	7 157	82 578
Total liabilities	21 043	7 526	11 462	4 660	13 014	1 412	13 600	4 912	1 954	6 488	6 989	93 060
Net assets												
Unrestricted	14 959	1 281	(21)	9 146	1 298	1 093	(167)	3 400	3 065	(384)	(7 530)	26 140
Temporarily restricted	102	-	-	-	-	-	-	69	-	-	-	171
Permanently restricted	-	-	-	-	-	-	-	-	-	-	-	-
Total net assets	15 061	1 281	(21)	9 146	1 298	1 093	(167)	3 469	3 065	(384)	(7 530)	26 311
Total liabilities and net assets	\$ 36 104	\$ 8 807	\$ 11 441	\$ 13 806	\$ 14 312	\$ 2 505	\$ 13 433	\$ 8 381	\$ 5 019	\$ 6 104	\$ (541)	\$ 119 371

**Via Christi Health, Inc. and Subsidiaries**  
**Via Christi Villages Consolidating Statement of Operations and Changes in Net Assets**  
**Year Ended September 30, 2010**

**Schedule 6**

	Catholic Care Center	Via Christi Villages Ridge/Broadmoor	Via Christi Villages Pittsburg	Via Christi Villages Georgetown	Via Christi Villages McLean	Via Christi Villages Hays	Via Christi Villages Manhattan	Via Christi Villages Ponca City	Via Christi HOPE	Via Christi Villages	Eliminations	FY 2010 Consolidated
<b>Revenues, gains and other support</b>												
Net patient service revenues	\$ 19 896	\$ 3 779	\$ 6 814	\$ 5 750	\$ 5 280	\$ 7 573	\$ 7 060	\$ 6 687	\$ (239)	\$ 9	\$ (224)	\$ 62 385
Premium revenues	-	-	-	-	-	-	-	-	12 282	-	(1 439)	10 843
Other operating revenues	348	63	40	103	92	253	91	101	135	9 266	(8 086)	2 406
Total operating revenues	20 244	3 842	6 854	5 853	5 372	7 826	7 151	6 788	12 178	9 275	(9 749)	75 634
<b>Operating expenses</b>												
Salaries and employees benefits	11 820	1 778	3 828	2 419	2 628	5 463	3 846	3 620	4 198	6 219	(2 858)	42 961
Purchased services and other	2 767	650	856	1 136	964	1 144	1 102	1 196	4 666	4 006	(6 891)	11 596
Supplies	1 748	316	683	646	378	843	628	626	1 935	132	-	7 935
Interest	807	499	752	288	337	32	848	312	67	369	-	4 311
Depreciation and amortization	1 414	314	377	797	563	123	463	425	416	246	-	5 138
Provision for uncollectible accounts	70	15	149	(3)	-	1	57	240	22	(1)	-	550
Total operating expenses	18 626	3 572	6 645	5 283	4 870	7 606	6 944	6 419	11 304	10 971	(9 749)	72 491
Income (loss) from operations	1 618	270	209	570	502	220	207	369	874	(1 696)	-	3 143
<b>Nonoperating gains (losses)</b>												
Interest and dividend income	130	7	72	54	40	9	17	15	22	12	-	378
Net gains (losses) on investments	320	16	27	115	82	(29)	33	26	39	(5)	-	624
Equity in earnings of investee organizations	-	-	-	-	-	-	-	-	-	-	-	-
Loss on refunding of debt	(239)	-	-	-	-	-	-	-	-	-	-	(239)
Income tax and other	19	(7)	(11)	(15)	2	53	(54)	(10)	1	-	-	(22)
Total nonoperating gains	230	16	88	154	124	33	(4)	31	62	7	-	741
Excess of revenues over expenses before noncontrolling interest	1 848	286	297	724	626	253	203	400	936	(1 689)	-	3 884
Noncontrolling interest	-	-	-	-	-	-	-	-	-	-	(924)	(924)
Excess of revenues over expenses	\$ 1 848	\$ 286	\$ 297	\$ 724	\$ 626	\$ 253	\$ 203	\$ 400	\$ 936	\$ (1 689)	\$ (924)	\$ 2 960

# Via Christi Health, Inc. and Subsidiaries

## Via Christi Villages Consolidating Statement of Operations and Changes in Net Assets Year Ended September 30, 2010

### Schedule 6

	Catholic Care Center	Via Christi Villages Ridge/Broadmoor	Via Christi Villages Pittsburg	Via Christi Villages Georgetown	Via Christi Villages McLean	Via Christi Villages Hays	Via Christi Villages Manhattan	Via Christi Villages Ponca City	Via Christi HOPE	Via Christi Villages	Eliminations	FY 2010 Consolidated
<b>Unrestricted net assets</b>												
Excess of revenues over expenses	\$ 1 848	\$ 286	\$ 297	\$ 724	\$ 626	\$ 253	\$ 203	\$ 400	\$ 936	\$ (1 689)	\$ (924)	\$ 2 960
Change in net unrealized gain on investments	-	-	-	-	-	-	-	-	-	-	-	-
Net cumulative unrealized gains transferred to trading securities	-	-	-	-	-	-	-	-	-	-	-	-
Net assets released from restriction	-	-	-	-	-	-	-	-	-	-	-	-
Net pension adjustment	-	-	-	-	-	-	-	-	-	(143)	-	(143)
Cumulative effect of change in accounting principles	-	-	-	-	-	-	-	-	-	-	-	-
Adjustment to adopt measurement date provision of FASB 158	-	-	-	-	-	-	-	-	-	-	-	-
Net transfers to sponsoring organizations	-	(78)	(143)	(127)	(109)	(171)	(157)	(138)	(276)	1 649	-	450
Other changes in unrestricted net assets	-	-	-	-	-	-	-	-	-	(120)	-	(120)
Increase in unrestricted net assets	1 848	208	154	597	517	82	46	262	660	(303)	(924)	3 147
<b>Temporarily restricted net assets</b>												
Contributions	-	-	-	-	-	-	-	-	-	-	-	-
Investment income and gains	-	-	-	-	-	-	-	-	-	-	-	-
Net realized and unrealized gains (losses) on investments	-	-	-	-	-	-	-	-	-	-	-	-
Net assets released from restrictions	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Increase in temporarily restricted net assets	-	-	-	-	-	-	-	-	-	-	-	-
<b>Permanently restricted net assets</b>												
Contributions for endowment funds	-	-	-	-	-	-	-	-	-	-	-	-
Investment income and gains	-	-	-	-	-	-	-	-	-	-	-	-
Change in unrealized loss on investments	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Increase in permanently restricted net assets	-	-	-	-	-	-	-	-	-	-	-	-
Income (loss) from discontinued operations	-	-	-	-	-	-	-	-	-	-	-	-
Change in net assets	1 848	208	154	597	517	82	46	262	660	(303)	(924)	3 147
<b>Net assets</b>												
Beginning of year	13 213	1 073	(175)	8 549	781	1 011	(213)	3 207	2 405	(81)	(6 606)	23 164
End of year	\$ 15 061	\$ 1 281	\$ (21)	\$ 9 146	\$ 1 298	\$ 1 093	\$ (167)	\$ 3 469	\$ 3 065	\$ (384)	\$ (7 530)	\$ 26 311



# Via Christi Health, Inc. and Subsidiaries

## Consolidating Statement of Operations and Changes in Net Assets (Obligated Group Subtotaled)

Year Ended September 30, 2010

Schedule 8

	VCH-W	VCH-ST	Rehab Hospital	VCH-P	Wichita Health	Eliminations	Obligated Group Total	Non Obligated Group and Eliminations	FY 2010 Consolidated
<b>Revenues, gains and other support</b>									
Net patient service revenues	\$ 602,006	\$ 2,086	\$ 22,940	\$ 83,391	\$ -	\$ -	\$ 710,423	\$ 234,501	\$ 944,924
Premium revenues	655	-	-	-	-	-	655	10,391	11,046
Other operating revenues	25,694	34	1,074	2,210	48,809	(36,048)	41,773	11,349	53,122
Total operating revenues	628,355	2,120	24,014	85,601	48,809	(36,048)	752,851	256,241	1,009,092
<b>Operating expenses</b>									
Salaries and employees benefits	296,002	3,406	15,415	44,049	29,694	-	388,566	125,923	514,489
Purchased services and other	130,097	1,836	5,466	15,150	(9,613)	(21,760)	121,176	38,222	159,398
Supplies	96,661	717	1,251	14,509	2,501	-	115,639	43,360	158,999
Interest	7,651	2,822	119	68	17,210	(14,288)	13,582	3,292	16,874
Depreciation and amortization	25,032	873	680	4,476	8,248	-	39,309	17,650	56,959
Provision for uncollectible accounts	47,063	77	176	4,563	-	-	51,879	4,987	56,866
Total operating expenses	602,506	9,731	23,107	82,815	48,040	(36,048)	730,151	233,434	963,585
Income (loss) from operations	25,849	(7,611)	907	2,786	769	-	22,700	22,807	45,507
<b>Nonoperating gains (losses)</b>									
Interest and dividend income	6,553	27	397	755	2,718	-	10,450	3,478	13,928
Net gains (losses) on investments	15,109	57	773	1,354	11,277	-	28,570	5,608	34,178
Equity in earnings of investee organizations	-	-	-	-	3,794	-	3,794	(266)	3,528
Loss on refunding of debt	-	-	-	-	(2,695)	-	(2,695)	(239)	(2,934)
Income tax and other	(108)	-	(3)	151	(515)	-	(475)	1,285	810
Total nonoperating gains	21,554	84	1,167	2,260	14,579	-	39,644	9,866	49,510
Excess of revenues over expenses									
before noncontrolling interest	47,403	(7,527)	2,074	5,046	15,348	-	68,344	32,673	95,017
Noncontrolling interest	-	-	-	-	-	-	-	(9,790)	(9,790)
Excess of revenues over expenses	\$ 47,403	\$ (7,527)	\$ 2,074	\$ 5,046	\$ 15,348	\$ -	\$ 68,344	\$ 22,883	\$ 85,227



# Via Christi Health, Inc. and Subsidiaries

## Consolidating Statement of Operations and Changes in Net Assets (Obligated Group Subtotaled)

Year Ended September 30, 2010

Schedule 8

	VCH-W	VCH-ST	Rehab Hospital	VCH-P	Wichita Health	Eliminations	Obligated Group Total	Non Obligated Group and Eliminations	FY 2010 Consolidated
<b>Unrestricted net assets</b>									
Excess of revenues over expenses	\$ 47 403	\$ (7 527)	\$ 2 074	\$ 5 046	\$ 15 348	\$ -	\$ 62 344	\$ 22 883	\$ 85 227
Change in net unrealized gain on investments	-	-	-	-	-	-	-	-	-
Net cumulative unrealized gains transferred to trading securities	-	-	-	-	-	-	-	-	-
Net assets released from restriction	-	-	-	-	-	-	-	-	-
Change in other comprehensive income - Pension	(9 963)	-	(104)	(1 493)	98	-	(11 462)	(818)	(12 280)
Cumulative effect of change in accounting principles	-	-	-	-	-	-	-	-	-
Adjustment to adopt measurement date provision of FASB 158	-	-	-	-	-	-	-	-	-
Net transfers to sponsoring organizations	(595)	-	(25)	-	-	-	(620)	(497)	(1 117)
Other changes in unrestricted net assets	(186)	1	-	-	(3 649)	56 992	53 158	(52 486)	672
Increase in unrestricted net assets	36 659	(7 526)	1 945	3 553	11 797	56 992	103 420	(30 918)	72 502
<b>Temporarily restricted net assets</b>									
Contributions	-	-	-	-	-	-	-	4 524	4 524
Investment income and gains	-	-	-	-	-	-	-	160	160
Net realized and unrealized gains (losses) on investments	-	-	-	-	-	-	-	458	458
Net assets released from restrictions	-	-	-	(218)	-	-	(218)	(2 633)	(2 851)
Other	813	-	-	-	-	-	813	(812)	1
Increase in temporarily restricted net assets	813	-	-	(218)	-	-	595	1 697	2 292
<b>Permanently restricted net assets</b>									
Contributions for endowment funds	-	-	-	-	-	-	-	10	10
Investment income and gains	-	-	-	-	-	-	-	-	-
Change in unrealized loss on investments	-	-	-	-	-	-	-	-	-
Other	10	-	-	-	-	-	10	(10)	-
Increase in permanently restricted net assets	10	-	-	-	-	-	10	-	10
Increase in net assets	37 482	(7 526)	1 945	3 335	11 797	56 992	104 025	(29 221)	74 804
Net loss from discontinued operations	-	-	-	-	69 995	(56 492)	13 503	(5 970)	7 533
Change in net assets	37 482	(7 526)	1 945	3 335	81 792	500	117 528	(35 191)	82 337
<b>Net assets</b>									
Beginning of year	381 879	-	19 394	66 797	103 558	-	571 628	218 419	790 047
End of year	\$ 419 361	\$ (7 526)	\$ 21 339	\$ 70 132	\$ 185 350	\$ 500	\$ 689 156	\$ 183 228	\$ 872 384

Additional Data

Software ID:

Software Version:

EIN: 48-1172106

Name: VIA CHRISTI HOSPITALS WICHITA INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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 - TERM 12/31/10	1 0	X						0	1,194,489	187,001
DEBORAH G HAYNES MD TRUSTEE	50 0	X						174,405	0	18,791
RANDALL PETERSON INTERIM CEO/PRESIDENT	1 0	X		X				0	537,324	159,950
DONALD SEERY MD TRUSTEE	50 0	X						200,584	0	26,969
MAURICE DUGGINS MD PRESIDENT MEDICAL STAFF	50 0	X						182,779	0	28,365
SISTER AGNES WEBER TRUSTEE	1 0	X						0	16,014	4,035
BRAD ELLIOTT TRUSTEE	1 0	X						0	0	0
CHRIS SHANK TRUSTEE	1 0	X						0	0	0
CYNTHIA CARNAHAN TRUSTEE	1 0	X						0	0	0
JEANNE E KROEGER MD PRESIDENT ELECT MEDICAL STAFF	1 0	X						0	0	0
J V JOHNSTON TRUSTEE	1 0	X						0	0	0
LYNDON WELLS TRUSTEE	1 0	X						0	0	0
MIKE BUKATY TRUSTEE	1 0	X						0	0	0
NOREEN CARROCCI PHD TRUSTEE	1 0	X						0	0	0
ROBERT W BINGAMAN MD TRUSTEE	1 0	X						0	0	0
SR DIANE LEARY TRUSTEE	1 0	X						0	0	0
SR LORETTA MARIE HALL TRUSTEE	1 0	X						0	0	0
SR FELICIDAD CHAVEZ TRUSTEE	1 0	X						0	0	0
JEFF KORSMO PRESIDENT & CEO-VCH - 9/6/11	1 0	X						0	0	0
MIKE WEGNER CFO, SR VICE PRESIDENT	48 0			X				479,974	0	58,924
SISTER SHERRI MARIE KUHN SR VP OF MISSION INTEGRATION	48 0				X			223,457	0	28,043
DR ED HETT PRESIDENT VCMA	50 0				X			236,690	0	23,245
CLAUDIO FERRARO PRESIDENT-VCH	50 0				X			252,397	0	50,155
HEWITT C GOODPASTURE MD PHYSICIAN DIRECTOR OF QUALITY	50 0				X			365,316	0	44,748
ROBERT ALLAN ALLFORD SR VICE PRESIDENT	50 0				X			369,997	0	71,030

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
LAURIE LABARCA COO/EXECUTIVE VICE PRES	50 0				X			461,748	0	58,529
ART HUBER VP OF FACILITIES	46 0				X			224,023	0	36,346
CYNTHIA LAFLEUR PRESIDENT POST-ACUTE	25 0				X			171,497	0	34,455
DAVID BRYANT PHYSICIAN	50 0					X		610,688	0	29,359
JOHN ANDERS PHYSICIAN	50 0					X		659,885	0	26,800
ROBERT STANGL PHYSICIAN	50 0					X		565,327	0	34,425
JOSEPH KELLEY PHYSICIAN	50 0					X		600,952	0	29,424
MOHAMMED ANSARI PHYSICIAN	50 0					X		463,649	0	31,502
MICHAELNE MARINGER FORMER PRESIDENT, CEO-4/21/10	50 0						X	0	643,733	2,031
SAAD EHTISHAM FORMER VP CHIEF NURSE OFFICER	50 0						X	116,098	0	4,172