



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

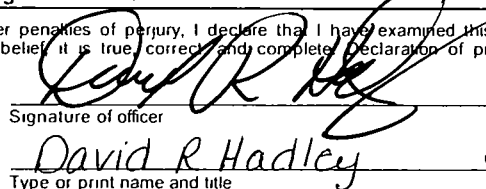
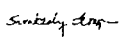
2008**Open to Public
Inspection****A For the 2008 calendar year, or tax year beginning** 10/01, 2008, and ending 09/30, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization VIA CHRISTI HEALTH, INC.		D Employer identification number 48-1172107
		Doing Business As		E Telephone number (316) 858-4900
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8200 E. THORN DRIVE, SUITE 300		G Gross receipts \$ 41,853,777. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		City or town, state or country, and ZIP + 4 WICHITA, KS 67226-2708		
F Name and address of principal officer KEVIN CONLIN 8200 THORN DRIVE WICHITA, KS 67226-2708		H(c) Group exemption number ▶ 0928		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website ▶ WWW.VIA-CHRISTI.ORG		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1995 M State of legal domicile KS		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ESTABLISH, OWN, CONTROL, GOVERN, PROTECT AND PRESERVE A HEALTHCARE SYSTEM			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of employees (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		
	7b	Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
	Net Assets or Fund Balances	8	Contribution and grants (Part VIII, line 1h)	
9		Program service revenue (Part VIII, line 2g)		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a		Professional fundraising fees (Part IX, column (A), line 11)		
16b		Total fundraising expenses, Part IX, column (B), line 25		
17	Other expenses (Part IX, column (A), lines 11a-11d, 12-24f)			
18	Total expenses Add lines 16b and 17 (must equal Part IX, column (A), line 25)			
19	Revenue less expenses Subtract line 18 from line 12			
		Beginning of Year	End of Year	
20	Total assets (Part X, line 16)			
21	Total liabilities (Part X, line 26)			
22	Net assets or fund balances Subtract line 21 from line 20			

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 8-13-10	
Paid Preparer's Use Only	Type or print name and title David R Hadley Sr. VP and Chief Financial Officer			
	Preparer's signature 	Date 08-12-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) 316-265-3231
	Firm's name (or yours if self-employed), address, and ZIP + 4 GRANT THORNTON LLP 8300 THORN DRIVE, SUITE 300 WICHITA, KS 67226-2708		EIN ▶	Phone no ▶

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
8E1010 2 000

131840 701F 08/12/2010 05:35:17 V08-8.3 0156354

916-23
3 5

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 26,919,260 including grants of \$ _____) (Revenue \$ 17,429,094)

SEE STATEMENT 2

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 ► \$ 26,919,260. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a	59
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	93
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country <u>CAYMAN ISLANDS</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 13	
b Enter the number of voting members that are independent	1b 10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9a Does the organization have local chapters, branches, or affiliates?	9a X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10 X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b X	
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b X	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KIM STORER 8200 E. THORN DRIVE WICHITA, KS 67226-2708
316-858-4931

[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 27

	Yes	No
3	X	
4	X	
5		X

		
4	X	

5		X
---	--	---

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

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	10
---	---	----

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions) . .	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f							
Program Service Revenue				Business Code					
	2a	MGMT FEES	531120	10,892,608	10,757,128	135,480			
	b	SERVICE CENTER		4,765,200	4,765,200				
	c	REIMBURSEMENTS		1,771,286	1,771,286				
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		17,429,094					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) STMT 4		16,591,085			16,591,085		
	4	Income from investment of tax-exempt bond proceeds		NONE					
	5	Royalties		NONE					
	6a	Gross Rents	(i) Real	(ii) Personal					
			146,292						
			b	Less rental expenses	68,436				
			c	Rental income or (loss)	77,856				
	d	Net rental income or (loss)		77,856		77,856			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			NONE	547,652					
			b	Less cost or other basis and sales expenses	14,886,302	1,596,801			
			c	Gain or (loss)	-14,886,302	-1,049,149			
	d	Net gain or (loss)		-15,935,451		-15,935,451			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a							
	b	Less direct expenses b							
	c	Net income or (loss) from fundraising events		NONE					
	9a	Gross income from gaming activities See Part IV, line 19 a							
	b	Less direct expenses b							
	c	Net income or (loss) from gaming activities		NONE					
	10a	Gross sales of inventory, less returns and allowances a							
b	Less cost of goods sold b								
c	Net income or (loss) from sales of inventory		NONE						
Miscellaneous Revenue			Business Code						
11a	MISCELLANEOUS		66,082	66,082					
b	GROUP PURCHASE REBATES		531,765	531,765					
c	OVERFUNDING GROUP HEALTH TRUST		5,604,991	5,604,991					
d	All other revenue		936,816	936,816					
e	Total. Add lines 11a-11d		7,139,654						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		25,302,238	24,433,268	213,336	655,634			

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 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	3,949,718.	636,661.	3,313,057.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	9,951,270.	3,027,717.	6,923,553.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	189,877.	67,078.	122,799.	
9 Other employee benefits	1,316,794.	419,502.	897,292.	
10 Payroll taxes	752,764.	254,405.	498,359.	
11 Fees for services (non-employees)				
a Management	1,253,748.	321,144.	932,604.	
b Legal	77,580.	212.	77,368.	
c Accounting	1,735,713.		1,735,713.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	2,967,084.	1,929,043.	1,038,041.	
12 Advertising and promotion	97,021.	27,431.	69,590.	
13 Office expenses	241,651.	82,847.	158,804.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	241,650.	77,157.	164,493.	
17 Travel	220,263.	79,075.	141,188.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	231,879.	70,951.	160,928.	
20 Interest	18,451,399.	18,451,399.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	1,369,317.	583,347.	785,970.	
23 Insurance	5,303,846.	31,169.	5,272,677.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING -----	125,491.	109,177.	16,314.	
b MEMBERSHIP DUES -----	236,676.	67,470.	169,206.	
c BOOKS & SUBSCRIPTIONS -----	118,451.	67,406.	51,045.	
d MAINTENANCE CONTRACTS -----	951,036.	480,209.	470,827.	
e EMPLOYEE RECRUITMENT -----	420,187.	87,118.	333,069.	
f All other expenses -----	379,168.	48,742.	330,426.	
25 Total functional expenses Add lines 1 through 24f	50,582,583.	26,919,260.	23,663,323.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,674,813.	1	1,236,919.
	2 Savings and temporary cash investments	130,562,636.	2	149,185,046.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	185,474,012.	7	172,423,096.
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges SFMT. 8	14,628,298.	9	20,422,989.
	10a Land, buildings, and equipment cost basis 10a 9,111,612.			
	b Less accumulated depreciation. Complete Part VI of Schedule D. 10b 6,025,707.	3,973,717.	10c	3,085,905.
	11 Investments - publicly traded securities SFMT. 9	11,590,000.	11	11,270,000.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	83,443,983.	15	169,585,590.
16 Total assets. Add lines 1 through 15 (must equal line 34)	431,347,459.	16	527,209,545.	
Liabilities	17 Accounts payable and accrued expenses	8,285,232.	17	12,030,804.
	18 Grants payable		18	
	19 Deferred revenue SFMT. 10	NONE	19	20,000.
	20 Tax-exempt bond liabilities	312,559,000.	20	406,376,534.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	5,191,051.	25	8,013,212.
	26 Total liabilities. Add lines 17 through 25.	326,035,283.	26	426,440,550.
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	105,312,176.	27	100,768,995.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	105,312,176.	33	100,768,995.
	34 Total liabilities and net assets/fund balances	431,347,459.	34	527,209,545.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

VIA CHRISTI HEALTH, INC.

Employer identification number

48-1172107

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

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)** (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)** (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT 11									
Total									273,777.

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

- To be completed by organizations described below.
► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

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

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

Name of organization VIA CHRISTI HEALTH, INC.	Employer identification number 48-1172107
---	---

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

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

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

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

Schedule C (Form 990 or 990-EZ) 2008

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		122,002.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			122,002.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

LOBBYING

SCHEDULE C, PART I

LOBBYING ACTIVITIES INCLUDE DIRECT CONTACT WITH LEGISLATORS AND/OR STAFF

MEMBERS OF ELECTED OFFICIALS. LOBBYING ISSUES RELATE TO CARRYING OUT

HEALTHCARE PROGRAMS. VIA CHRISTI HEALTH, INC. DOES NOT PARTICIPATE IN

ACTIVITIES SUPPORTING A POLITICAL CANDIDATE.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

VIA CHRISTI HEALTH, INC.

Employer identification number

48-1172107

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

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

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

☐

Public exhibition

☐

Loan or exchange programs

☐

Scholarly research

☐

Other _____

☐

Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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) Depreciation	(d) Book value
1a Land				
b Buildings		2,976,691.	923,724.	2,052,967.
c Leasehold improvements		310,520.	247,294.	63,226.
d Equipment		5,701,143.	4,751,517.	949,626.
e Other		123,258.	103,172.	20,086.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				3,085,905.

Schedule D (Form 990) 2008

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

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

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

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

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

(a) Description	(b) Book value
SEE STATEMENT 12	
Total (Column (b) should equal Form 990, Part X, col (B) line 15) ►	169,585,590.

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

(a) Description of liability	(b) Amount
Federal income taxes	
WORKERS COMP RESERVE	5,497,533.
DEFERRED COMP FOR KEYSOP	365,944.
MARKET VALUATION INTEREST	2,149,735.
Total (Column (b) should equal Form 990, Part X, col (B) line 25) ►	8,013,212.

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48

SCHEDULE D, PART X

WITH THE EXCEPTION OF PREFERRED HEALTH SYSTEM AND CERTAIN OTHER

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

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

GENERALLY EXEMPT FROM PAYMENT OF INCOME TAXES ON RELATED INCOME PURSUANT

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

FOR-PROFIT ORGANIZATIONS, ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES.

TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES

ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING

AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES

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

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

CONSOLIDATED STATEMENTS OF OPERATION AND CHANGES IN NET ASSETS. DEFERRED

TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED

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

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

PERIOD THAT INCLUDES THE ENACTMENT DATE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

VIA CHRISTI HEALTH, INC.

Employer identification number

48-1172107

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KEVIN CONLIN	(i) 741,127. (ii) NONE	277,309. NONE	23,087. NONE	163,388. NONE	13,180. NONE	1,218,091. NONE	NONE
ROBERT HEATH	(i) 320,897. (ii) NONE	84,070. NONE	46,724. NONE	19,550. NONE	12,678. NONE	483,919. NONE	NONE
LYNNETTE RAUVOLABOUTA	(i) 183,469. (ii) NONE	47,392. NONE	10,256. NONE	27,419. NONE	9,643. NONE	278,179. NONE	NONE
RANDALL PETERSON	(i) 335,346. (ii) NONE	76,066. NONE	20,348. NONE	94,393. NONE	10,131. NONE	536,284. NONE	NONE
SCOTT NYGAARD MD	(i) 386,343. (ii) NONE	100,125. NONE	24,098. NONE	63,856. NONE	12,884. NONE	587,306. NONE	NONE
DAVID GAMBINO	(i) 317,240. (ii) NONE	82,770. NONE	23,055. NONE	52,503. NONE	12,675. NONE	488,243. NONE	NONE
JEFF SEIRER	(i) 149,851. (ii) NONE	NONE NONE	31,191. NONE	15,828. NONE	12,349. NONE	209,219. NONE	NONE
LEROY RHEAULT	(i) 232,057. (ii) NONE	NONE NONE	NONE NONE	NONE NONE	NONE NONE	232,057. NONE	NONE
ARLAN YODER	(i) 564,029. (ii) NONE	NONE NONE	NONE NONE	NONE NONE	NONE NONE	564,029. NONE	NONE
SISTER SHERRI MARIE KUHN,	(i) 168,128. (ii) 266,763. (iii) NONE	21,514. 50,980. NONE	11,741. 13,539. NONE	NONE 37,573. NONE	NONE 12,500. NONE	381,355. 201,383. NONE	NONE
GARY KNIGHT	(i) 289,131. (ii) NONE	64,533. NONE	13,371. NONE	48,719. NONE	12,451. NONE	428,205. NONE	NONE
RICHARD ALLEN	(i) 287,865. (ii) NONE	54,978. NONE	14,594. NONE	38,265. NONE	9,988. NONE	405,690. NONE	NONE
MARTIN EKREM	(i) 272,147. (ii) NONE	51,225. NONE	16,615. NONE	39,022. NONE	882. NONE	379,891. NONE	NONE
DIANA HILBURN	(i) 254,391. (ii) NONE	48,363. NONE	19,096. NONE	37,780. NONE	12,459. NONE	372,089. NONE	NONE
JANELL MOERER	(i) 250,261. (ii) NONE	NONE NONE	178,028. NONE	34,250. NONE	4,841. NONE	467,380. NONE	NONE
SHERRIE STRING	(i) NONE (ii) NONE	NONE NONE	NONE NONE	NONE NONE	NONE NONE	NONE NONE	NONE

Schedule J (Form 990) 2008

Part III Supplemental Information

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

SEVERANCE PAYMENTS**PART 1. 4A**

ARLAN YODER \$211,691.01

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN**PART I. QUESTION 4B**

KEVIN CONLIN 146,138.11

DAVID GAMBINO 37,553.03

GARY KNIGHT 21,524.17

SCOTT NYGAARD 48,906.00

RANDALL PETERSON 74,842.98

LYNNETTE RAUVOLABOUTA 12,990.02

RICHARD ALLEN 31,469.44

JOHN BROBERG 8,484.03

JERRY CARLEY 10,500.05

JONATHAN DAVIS 16,828.03

ROBERT HARVEY 60,479.60

MARTIN EKREM 23,315.14

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.

DIANA HILBURN 21,771.78

JANELL MOERER 20,529.60

SHERRIE STRING 21,600.05

GROSS UP PAYMENTS

PART I, QUESTION 1

GROSS UP PAYMENTS:

KEVIN CONLIN 2,737.60

MARTIN EKREM 873.12

DAVID GAMBINO 2,079.92

DAVID HADLEY 9,815.07

ROBERT HEATH 2,623.16

DIANA HILBURN 873.12

GARY KNIGHT 870.00

JANELL MOERER 829.91

SCOTT NYGAARD 4,912.56

RANDALL PETERSON 2,571.28

LYNNETTE RAUVOLABOUTA 598.32

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.

SHERRIE STRING 69,650.07

ARLAN YODER 1,161.37

RICHARD ALLEN 1,465.24

SOCIAL CLUB DUES**PART I, Q1**

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

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES.

KEVIN CONLIN 3,535.30

DAVID GAMBINO 5,781.81

SCOTT NYGAARD 7,208.95

RANDALL PETERSON 6,018.67

RICHARD ALLEN 3,101.09

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.

ADDITIONAL SCHEDULE J-2 INFORMATION

DAVID HADLEY RECEIVED A PAYMENT FOR RELOCATION EXPENSES OF \$24,243.77.

FINAL RELOCATION PAYMENTS WILL BE MADE IN FISCAL 2010.

SHERRIE STRING RECEIVED A PAYMENT FOR RELOCATION EXPENSES OF \$165,737.95.

FINAL RELOCATION PAYMENTS WILL BE MADE IN FISCAL 2010.

LEROY RHEAULT, FORMER PRESIDENT AND CEO EXERCISED OPTIONS FROM A

PRIOR KEY EMPLOYEE STOCK OPTION PLAN IN THE AMOUNT OF \$163,094.60.

MR. RHEAULT HAS SEVEN YEARS FROM HIS DATE OF RETIREMENT TO EXERCISE

THE OPTIONS OR FORFEITURE WILL RESULT.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

Employer Identification number

VIA CHRISTI HEALTH, INC.

48-1172107

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID L STROHM CHAIRMAN	1.	X						NONE	NONE	NONE
SISTER M THERESE GOTTSCHALK TRUSTEE	1.	X						NONE	NONE	NONE
REV MONSIGNOR ROBERT E HEMBERGER TRUSTEE	1.	X						NONE	NONE	NONE
SISTER LOIS ANN O'MALLEY TRUSTEE	1.	X						NONE	NONE	NONE
JAMES C PATTON TRUSTEE	1.	X						27,000.	NONE	NONE
SISTER M JEANINE RETZER TRUSTEE	1.	X						NONE	NONE	NONE
GERALD AARON TRUSTEE	1.	X						NONE	NONE	NONE
SISTER MARTY MCENTEE TRUSTEE	1.	X						NONE	NONE	NONE
JON D RAHMAN MD TRUSTEE	1.	X						NONE	NONE	NONE
ANTHONY R TERSIGNI TRUSTEE	1.	X						NONE	NONE	NONE
DONALD WILSON TRUSTEE	1.	X						NONE	NONE	NONE
SISTER SHERRI MARIE KUHN, SSM TRUSTEE	1.	X		X				NONE	201,383.	NONE
KEVIN CONLIN PRESIDENT & CEO	50.			X				1,041,523.	NONE	176,568.
ROBERT HEATH ASSISTANT SECRETARY	50.			X				451,691.	NONE	32,228.
JEFF SEIRER ASSISTANT TREASURER	50.			X				181,042.	NONE	28,177.
GARY KNIGHT SECRETARY	50.			X				331,282.	NONE	50,073.
DAVID R HADLEY TREASURER	50.			X				122,953.	NONE	107.
LYNNETTE RAUVOLABOUTA SENIOR VICE PRESIDENT	50.				X			241,117.	NONE	37,062.
RANDALL PETERSON SENIOR VICE PRESIDENT	50.				X			431,760.	NONE	104,524.
SCOTT NYGAARD MD SENIOR VICE PRESIDENT	50.				X			510,566.	NONE	76,740.
DAVID GAMBINO SENIOR VICE PRESIDENT	50.				X			423,065.	NONE	65,178.

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

131840 701F 08/12/2010 05:35:17 V08-8.3 0156354

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

Employer Identification number

VIA CHRISTI HEALTH, INC.

48-1172107

Part I

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

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

Schedule J-2 (Form 990) 2008

Supplemental Information on Tax-Exempt Bonds

2008

Open to Public
Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Department of the Treasury
Internal Revenue Service

Name of the organization

VIA CHRISTI HEALTH, INC.

Employer identification number

48-1172107

Part I Bond Issues (Required for 2008)

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	SERIES III 2009-A & B1 HOSPITAL FACILITIES REVENUE	48-6000653	000967250	09/24/2009	155,000,000	SER 2009 A, B-1, AND B-2			X	X
B										
C										
D										
E										

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue									
2	Gross proceeds in reserve funds									
3	Proceeds in refunding or defeasance escrows									
4	Other unspent proceeds									
5	Issuance costs from proceeds									
6	Working capital expenditures from proceeds									
7	Capital expenditures from proceeds									
8	Year of substantial completion									

9 Were the bonds issued as part of a current refunding issue?

10 Were the bonds issued as part of an advance refunding issue?

11 Has the final allocation of proceeds been made?

12 Does the organization maintain adequate books and records to support the final allocation of proceeds?

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									
2	Are there any lease arrangements with respect to the financed property which may result in private business use?									

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

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ▲		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▲		%		%		%		%		%
6 Total of lines 4 and 5.		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule K (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

VIA CHRISTI HEALTH, INC.

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

48-1172107

FORM 990 REVIEW

FORM 990, PART VI, ITEM 10

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

BOARD OF TRUSTEES TO ACCEPT THE FORM 990. A COPY OF FORM 990 IS PROVIDED

TO THE BOARD OF TRUSTEES VIA A SECURE EMAIL PRIOR TO FILING WITH THE IRS.

Name of the organization

VIA CHRISTI HEALTH, INC.

Employer identification number

48-1172107

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, QUESTION 12C

THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY AS
FOLLOWS:

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

PERSONS, INCLUDING BOARD AND COMMITTEE MEMBERS COMPLETE A DISCLOSURE

STATEMENT WHICH ADDRESSES ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

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

COMPLETED STATEMENT IS A CONDITION OF CONTINUED APPOINTMENT, EMPLOYMENT

OR PARTICIPATION WITH THE ORGANIZATION.

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

RESOLVED BY THE CHIEF GOVERNANCE OFFICER AND THE CORPORATE RESPONSIBILITY

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

ORGANIZATION.

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

AUDIT TO ENSURE THE ORGANIZATION IS OPERATING CONSISTENT WITH THE POLICY

AND ENFORCING THE POLICY'S TERMS.

Name of the organization

VIA CHRISTI HEALTH, INC.

Employer identification number

48-1172107

COMPENSATION REVIEW

PART VI, SECTION B, QUESTION 15

VIA CHRISTI HEALTH (VCH) HAS ESTABLISHED A COMMON PHILOSOPHY, STRATEGY, AND PROCESSES FOR EXECUTIVE COMPENSATION. THROUGH THE OVERSIGHT OF THE VCH EXECUTIVE COMPENSATION COMMITTEE, EXECUTIVE COMPENSATION IS COMPETITIVELY POSITIONED AT ITS STATED MARKET POSITION WHEN COMPARED TO THE COMPENSATION PAID BY RELEVANT ORGANIZATIONS (COMPARABLY-SIZED HEALTH SYSTEMS, HOSPITALS, AND LONG-TERM CARE PROVIDERS).

VCH RECOGNIZES ITS RESPONSIBILITY TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS APPROPRIATE IN VIEW OF ITS MISSION AND TAX-EXEMPT STATUS AND THAT ITS COMPENSATION LEVELS AND EXPENDITURES ARE REASONABLE AND NOT EXCESSIVE. TO ENSURE THESE ENDS, THE VCH EXECUTIVE COMPENSATION COMMITTEE HAS ESTABLISHED AND APPROVED THE EXECUTIVE COMPENSATION PHILOSOPHY FOR VCH AND ALL RELATED ENTITIES. IT WILL ALSO APPROVE ALL CHANGES IN THE COMPENSATION PACKAGE FOR VCH EXECUTIVES IN ADVANCE. ON AN ANNUAL BASIS, THE COMMITTEE CONDUCTS A COMPREHENSIVE REVIEW OF TOTAL COMPENSATION FOR ALL EXECUTIVES. IT ALSO REVIEWS AND APPROVES "OFF-CYCLE" COMPENSATION TRANSACTIONS AS NEEDED.

IN THEIR REVIEW, THE COMMITTEE CONSIDERS THE FOLLOWING FACTORS:

- * MARKET DATA FROM INDEPENDENT COMPENSATION SURVEYS AND SOURCES THAT REFLECT COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE AND SCOPE
- * DIFFICULTIES IN RECRUITING AND RETAINING EXECUTIVES
- * SKILLS, EXPERIENCE AND PERFORMANCE HISTORY OF INDIVIDUAL EXECUTIVES

Name of the organization

Employer identification number

VIA CHRISTI HEALTH, INC.

48-1172107

* CRITICAL BUSINESS OR STRATEGIC ISSUES THAT THE ORGANIZATION MAY FACE

* MARKET POSITION FOR TOTAL COMPENSATION

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

COMPENSATION PROGRAM ARE REVIEWED ON AN ONGOING BASIS AND CHANGES ARE

MADE AS THE COMMITTEE DETERMINES APPROPRIATE. THE EXECUTIVE COMPENSATION

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

GUIDELINES ESTABLISHED BY THE INTERMEDIATE SANCTIONS REGULATIONS.

THE COMMITTEE ALSO EMPLOYS THE SERVICES OF AN INDEPENDENT COMPENSATION

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

ACTIONS, PROVIDE DOCUMENTATION OF MARKET TRENDS FOR BUDGET SETTING

PURPOSES, REVIEW ANNUAL COMPENSATION CHANGES TO ENSURE "REASONABLENESS"

AND PROVIDE ATTESTATION, AND PROVIDE CONSULTATION ON ALL EXECUTIVE

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

OF PERFORMANCE MEASURES USED IN THE DETERMINATION OF COMPENSATION.

Name of the organization

Employer identification number

VIA CHRISTI HEALTH, INC.

48-1172107

GOVERNING DOCUMENTS

PART VI, SECTION C, QUESTION 19

VIA CHRISTI HEALTH'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

ARE AVAILABLE TO THE PUBLIC VIA WWW.DACBOND.COM AND UPON REQUEST.

Name of the organization

Employer identification number

VIA CHRISTI HEALTH, INC.

48-1172107

COMMUNITY BENEFIT REPORT

PART III

VIA CHRISTI HEALTH SYSTEM - CORPORATE OFFICE FY 2009

COMMUNITY BENEFIT - IRS FORM 990, SUPPLEMENT PART III

VIA CHRISTI HEALTH SYSTEM (VCHS) HAS A LONG TRADITION OF PROVIDING

PROGRAMS AND SERVICES TO PROMOTE HEALTH AND HEALING FOR IDENTIFIED

COMMUNITY NEEDS AND IMPROVING ACCESS TO CARE FOR ALL IN THE GEOGRAPHIC

AREAS IN WHICH WE SERVE.

ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT

AS A CATHOLIC HEALTH SYSTEM, VCHS HAS ITS ORIGINS IN A FAITH-BASED

RESPONSE TO THE HEALTH NEEDS OF THE COMMUNITY, WITH A PARTICULAR CONCERN

FOR THOSE LIVING IN POVERTY AND OTHER SPECIAL POPULATIONS. VCHS HISTORY

EXTENDS BACK OVER 100 YEARS, WHEN OUR FOUNDING CONGREGATIONS - THE

SISTERS OF THE SORROWFUL MOTHER AND THE CONGREGATION OF ST. JOSEPH -

STARTED THEIR HEALTH CARE MINISTRIES IN RESPONSE TO COMMUNITY HEALTH

NEEDS IN KANSAS AND NORTHEASTERN OKLAHOMA. TODAY, VCHS IS SPONSORED BY

THE SISTERS OF THE SORROWFUL MOTHER, THE CONGREGATION OF ST. JOSEPH, FOUR

PROVINCES OF THE DAUGHTERS OF CHARITY AND THE SISTERS OF ST. JOSEPH OF

CARONDELET. VCHS INCLUDES HEALTH MINISTRIES WHICH OPERATE PROGRAMS TO

SERVE PEOPLE THROUGHOUT KANSAS AND NORTHEASTERN OKLAHOMA.

THE OBLIGATION TO REACH OUT TO THOSE IN NEED AND IMPROVE COMMUNITY HEALTH

FLOWS DIRECTLY FROM VCHS' IDENTITY AS A FAITH-BASED HEALING MINISTRY.

VCHS CONTINUES ITS TRADITION IN PROVIDING COMMUNITY BENEFIT BECAUSE WE

ARE COMMITTED TO:

Name of the organization

Employer identification number

VIA CHRISTI HEALTH, INC.

48-1172107

* 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 VCHS' MISSION STATEMENT, "WE STRIVE TO FURTHER THE

HEALTH CARE MINISTRY OF OUR FOUNDING CONGREGATIONS THROUGH EFFECTIVE

NETWORKING AMONG OUR MEMBER ORGANIZATIONS AND IN COLLABORATION WITH OTHER

APPROPRIATE ORGANIZATIONS. AS A CATHOLIC NOT-FOR-PROFIT HEALTHCARE

CORPORATION GROUNDED IN GOSPEL VALUES, WE PROVIDE LEADERSHIP AND

GOVERNANCE IN THE DESIGN AND IMPLEMENTATION OF INTEGRATED HEALTHCARE AND

RELATED SERVICES. IMPELLED BY THE GOSPEL IMPERATIVE, 'WHATSOEVER YOU DO

TO THE LEAST OF MY BROTHERS AND SISTERS, YOU DO TO ME,' (MATTHEW 25:40)

WE SEEK TO PROVIDE QUALITY HEALTHCARE TO ALL PEOPLE, PARTICULARLY THE

POOR AND UNDERSERVED MEMBERS OF OUR SOCIETY."

QUANTIFIABLE COMMUNITY BENEFIT

THE FINANCIAL INFORMATION IN THIS REPORT WAS PREPARED IN ACCORDANCE WITH

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

REPORTING COMMUNITY BENEFIT GUIDELINES. PER THESE GUIDELINES, WE REPORT

THE NET EXPENSE FOR COMMUNITY BENEFIT SERVICES, I.E., THE TOTAL COMMUNITY

BENEFIT EXPENSE MINUS ANY ASSOCIATED REVENUE FROM PATIENTS, RESIDENTS,

PAYERS, AND OTHER EXTERNAL SOURCES.

THE CHA GUIDELINES REFLECT A CONSERVATIVE APPROACH TO REPORTING

Name of the organization

Employer identification number

VIA CHRISTI HEALTH, INC.

48-1172107

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.

FOR FISCAL YEAR ENDED SEPTEMBER 30, 2009

COMMUNITY BENEFIT (CORPORATE OFFICE ONLY): \$350,364

COMMUNITY BENEFIT (HEALTH SYSTEM, EXCLUDING HEALTH PLAN):

1) CHARITY CARE - AT COST \$39.7 MILLION

2) GOVERNMENT SPONSORED HEALTH CARE - NET EXPENSE \$18.9 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 \$19.5 MILLION

HEALTH PROFESSIONS EDUCATION

(PHYSICIANS, NURSES, OTHER) \$11.6 MILLION

SUBSIDIZED HEALTH SERVICES,

INCLUDING BEHAVIORAL HEALTH \$ 5.0 MILLION

4) TOTAL QUANTIFIABLE COMMUNITY BENEFIT \$78.1 MILLION

Name of the organization

Employer identification number

VIA CHRISTI HEALTH, INC.

48-1172107

AUDITED FINANCIAL STATEMENTS

PART XI, Q2B

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT

ACCOUNTANT AS PART OF A CONSOLIDATED AUDIT.

Name of the organization

Employer identification number

VIA CHRISTI HEALTH, INC.

48-1172107

RELATED TAX-EXEMPT ORGANIZATIONS

SCHEDULE R, PART II

VIA CHRISTI HEALTH, INC. IS JOINTLY SPONSORED AND CONTROLLED BY ASCENSION

HEALTH AND MARIAN HEALTH SYSTEM, WHICH IN TURN ARE SPONSORED BY THE

SISTERS OF THE SORROWFUL MOTHER, FOUR PROVINCES OF THE DAUGHTERS OF

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

CARONDELET. DUE TO SUCH SPONSORSHIP AND CONTROL, AND IN THE INTEREST OF

INCREASED CLARITY AND TRANSPARENCY, BOTH ASCENSION HEALTH AND MARIAN

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

Name of the organization

Employer identification number

VIA CHRISTI HEALTH, INC.

48-1172107

CONSOLIDATED C-CORP INFORMATION

SCHEDULE R, PART IV

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

WHOLLY-OWNED SUBSIDIARIES:

--PREFERRED PLUS OF KANSAS, INC.

--PREFERRED HEALTH CARE, INC.

--KANSAS HEALTH PLAN, INC.

--PREFERRED HEALTH SYSTEMS, INC. INSURANCE CO.

--PREFERRED BENEFITS ADMINISTRATOR, INC.

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

CONSISTS OF CONSOLIDATED INFORMATION FOR THE YEAR ENDED DECEMBER 31,

2008.

Name of the organization

VIA CHRISTI HEALTH, INC.

Employer identification number

48-1172107

TAX-EXEMPT BONDS

SCHEDULE K

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

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

MASTER TRUST INDENTURE AND AN OBLIGATED GROUP AGREEMENT WHEREBY THEY WERE

JOINTLY AND SEVERALLY LIABLE FOR ALL AMOUNTS DUE UNDER ANY AND ALL NOTES

AND GUARANTEES ISSUED PURSUANT TO THE MASTER TRUST INDENTURE. THE

OBLIGATED GROUP CONSISTS OF THE VIA CHRISTI HEALTH INC, VCHW, INC., VIA

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

INC.

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

REPORTED ON THE RESPECTIVE HOSPITAL MINISTRIES.

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.

Name of the organization

VIA CHRISTI HEALTH, INC.

Employer identification number
48-1172107

Part I Identification of Disregarded Entities

(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
VIA CHRISTI CLINICAL SERVICES, LLC 8200 E. THORN WICHITA, KS 67226	HEALTHCARE	KS	4,832,020.	506,000.	N/A
VIA CHRISTI EMERGENCY PHYSICIAN SVCS, LLC 8200 THORN DR., SUITE 300 WICHITA, KS 67058	HEALTHCARE	KS	14,849,918.	15,477.	VCHW
VIA CHRISTI HOME MEDICAL WICHITA, LLC 555 W. WASHINGTON WICHITA, KS 67211	HEALTHCARE	KS	897,305.	15,859,205.	VCHP

Part II

[illegible]

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

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

a Receipt of (i) interest (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)

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

(1) SEE SCHEDULE R-1

(2)

(3)

(4)

(5)

(6)

	Yes	No
1a	X	
1b		X
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p	X	
1q	X	
1r	X	

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1) SEE SCHEDULE R-1			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2008

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CATHOLIC CARE CENTER, INC. 6700 E. 45TH ST. N WICHITA, KS 67226	RTRMNT HOME	KS	501(C)(3)	9	VCV
CTR INNOVATION FOR BIOMATERIALS RESEARCH 929 N. ST. FRANCIS WICHITA, KS 67214	RESEARCH	KS	501(C)(3)	3	VCHW
CORNERSTONE ASSISTED LIVING, INC. 3636 N. RIDGE ROAD WICHITA, KS 67205	RTRMNT HOME	KS	501(C)(3)	9	VCV
VIA CHRISTI VILLAGE PITTSBURG, INC. 1502 E. CENTENNIAL DR PITTSBURG, KS 66762	RTRMNT HOME	KS	501(C)(3)	9	VCV
VIA CHRISTI VILLAGE GEORGETOWN, INC. 1655 S. GEORGETOWN WICHITA, KS 67218	RTRMNT HOME	KS	501(C)(3)	9	VCV
GERARD HOUSE, INC. 3144 N. HOOD WICHITA, KS 67204	SHELTER	KS	501(C)(3)	7	VCHW
MARIAN HEALTH SYSTEM, INC. 1923 SOUTH UTICA AVENUE TULSA, OK 74104	HOSPITAL SUPOK		501(C)(3)	11	N/A
MERCY COMMUNITY HEALTH FOUNDATION, INC. 1823 COLLEGE AVE MANHATTAN, KS 66502	FOUNDATION	KS	501(C)(3)	11	MERCY REG.
MERCY REGIONAL HEALTH CENTER, INC. 1823 COLLEGE AVE MANHATTAN, KS 66502	HOSPITAL	KS	501(C)(3)	3	N/A
MERCY REGIONAL HOME MEDICAL SERVICES LLC 2439 CLAFLIN ROAD MANHATTAN, KS 66502	HOME MEDICAL	KS	501(C)(3)	11	MERCY REG.
VC IMMEDIATE CARE, MOTHER MARY ANNE, INC. 929 N. ST. FRANCIS WICHITA, KS 67214	MED. CLINIC	KS	501(C)(3)	3	VCHW
MOUNT CARMEL FOUNDATION 1 MT. CARMEL WAY PITTSBURG, KS 66762	FOUNDATION	KS	501(C)(3)	11	VCH-PITT
VIA CHRISTI HOSPITAL PITTSBURG, INC. 1 MT. CARMEL WAY PITTSBURG, KS 66762	HOSPITAL	KS	501(C)(3)	3	N/A
VIA CHRISTI VILLAGE MCLEAN, INC. 777 N. MCLEAN BLVD WICHITA, KS 67203	RTRMNT HOME	KS	501(C)(3)	9	VCV
SALINA REGIONAL HOME MEDICAL SERVICES 520 S. SANTA FE AVE, STE 140 SALINA, KS 67401	HOME MEDICAL	KS	501(C)(3)	11	VCHP

Schedule R-1 (Form 990) 2008

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ST. JOHN'S, INC. 2225 CANTEBURY DR HAYS, KS 67601 20-2828680	RTRMNT HOME	KS	501(C)(3)	9	VCV
VIA CHRISTI VILLAGE MANHATTAN, INC. 2800 WILLOWGROVE RD MANHATTAN, KS 66502 48-1078862	RTRMNT HOME	KS	501(C)(3)	9	VCV
VIA CHRISTI FOUNDATION, INC. 723 N. MCLEAN BLVD WICHITA, KS 67203 48-1173588	FOUNDATION	KS	501(C)(3)	11	VCHW
VIA CHRISTI HEALTH PARTNERS, INC. 8200 THORN DR., SUITE 300 WICHITA, KS 67226 48-0958974	MGMT COMPANY	KS	501(C)(3)	9	VCHW
VIA CHRISTI HEALTHCARE OUTREACH PROGRAM 2622 W. CENTRAL, SUITE 100 WICHITA, KS 67203 48-1236589	PACE COMMUN.	KS	501(C)(3)	9	VCV
VIA CHRISTI HOME HEALTH WICHITA, INC. 555 S. WASHINGTON WICHITA, KS 67211 48-1046371	HOME HEALTH	KS	501(C)(3)	9	VCHW
VIA CHRISTI HOSPITAL WICHITA ST. TERESA 929 N. ST. FRANCIS WICHITA, KS 67214 27-1965272	HOSPITAL	KS	501(C)(3)	3	VCHW
VIA CHRISTI PROPERTY SERVICES, INC. 1100 N. ST. FRANCIS, SUITE 240 WICHITA, KS 67214 48-0948571	PROPERTY MGM	KS	501(C)(4)	N/A	VCHP
VIA CHRISTI HOSPITALS WICHITA, INC. 929 N. ST. FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(C)(3)	3	N/A
VIA CHRISTI REHABILITATION CENTER, INC. 1151 N. ROCK ROAD WICHITA, KS 67206 48-1158274	REHAB.	KS	501(C)(3)	3	VCHW
VIA CHRISTI VILLAGES, INC. 2622 W. CENTRAL, SUITE 100 WICHITA, KS 67203 48-0559086	MGMT COMPANY	KS	501(C)(3)	11	N/A
WAMEGO HOSPITAL ASSOCIATION 711 GENN DR WAMEGO, KS 66547 72-1526400	HOSPITAL	KS	501(C)(3)	3	MERCY REG.
VIA CHRISTI VILLAGE PONCA CITY, INC. 1601 ACADEMY RD PONCA CITY, KS 74604 73-1153337	RTRMNT HOME	OK	501(C)(3)	9	VCV
ASCENSION HEALTH P.O. BOX 45998 ST. LOUIS, MO 63145 31-1662309	HLTH SYS GOV	MO	501(C)(3)	11	N/A

Schedule R-1 (Form 990) 2008

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) VIA CHRISTI HOSPITALS WICHITA, INC.	R	7,149,600.
(8) MERCY REGIONAL HEALTH CENTER, INC.	R	1,004,736.
(9) VIA CHRISTI HOSPITAL PITTSBURG, INC.	R	857,400.
(10) VIA CHRISTI VILLAGES, INC.	R	810,000.
(11) VIA CHRISTI HOSPITALS WICHITA, INC.	A	7,326,569.
(12) MERCY REGIONAL HEALTH CENTER, INC.	A	457,183.
(13) VIA CHRISTI VILLAGES, INC.	A	352,529.
(14) VIA CHRISTI HOSPITALS WICHITA, INC.	P	7,509,415.
(15) MERCY REGIONAL HEALTH CENTER, INC.	P	1,521,418.
(16) VIA CHRISTI HOSPITAL PITTSBURG, INC.	P	1,356,763.
(17) VIA CHRISTI VILLAGES, INC.	P	83,011.
(18) VIA CHRISTI HOSPITALS WICHITA, INC.	D	116,994,000.
(19) MERCY REGIONAL HEALTH CENTER, INC.	D	6,564,795.
(20) VIA CHRISTI VILLAGES, INC.	D	5,164,419.
(21) VIA CHRISTI HOSPITALS WICHITA, INC.	Q	1,006,484.
(22) MERCY REGIONAL HEALTH CENTER, INC.	Q	130,235.
(23) VIA CHRISTI HOSPITAL PITTSBURG, INC.	Q	80,157.
(24) VIA CHRISTI HOSPITALS WICHITA, INC.	Q	794,604.

Schedule R-1 (Form 990) 2008

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

=====

TO ESTABLISH, OWN, CONTROL, GOVERN, PROTECT AND PRESERVE A HEALTHCARE SYSTEM OR CORPORATE OFFICE TO CONDUCT THE AFFAIRS OF MEDICAL CENTERS, HOSPITALS, REHABILITATION CENTERS, CLINICS, HOME HEALTH AGENCIES, AND SUBSTANCE ABUSE TREATMENT CENTERS, SENIOR CARE SERVICES TO INCLUDE ASSISTED LIVING, SKILLED NURSING, CONGREGATE LIVING, HOME CARE, HOSPICES, LOW-INCOME HOUSING, HOUSING AND PROGRAM OPTIONS FOR THE ELDERLY AND INDIGENT PROGRAMS FOR CHILDREN, HUMAN SERVICES PROGRAMS, HEALTH AND WELLNESS EDUCATION PROGRAMS, RELIGIOUS PROGRAMS, SCIENTIFIC RESEARCH, AND OTHER FACILITIES OR PROGRAMS INCIDENTAL THERETO. ADDITIONALLY, TO SERVE AS AN INTEGRAL PART OF THE HEALTHCARE MINISTRY OF THE ROMAN CATHOLIC CHURCH AND ASSIST IN CARRYING OUT ITS MISSION, AND TO ENSURE THAT THE ELEMENTS OF CATHOLIC IDENTITY ARE INTEGRATED WITHIN THE SYSTEM, INCLUDING THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTHCARE SERVICES, AS APPROVED BY THE U.S. CONFERENCE OF CATHOLIC BISHOPS.

FORM 990, PART III - PROGRAM SERVICES
=====

4A PROGRAM SERVICE

A CATHOLIC MISSION-FOCUSED, NOT-FOR-PROFIT HEALTHCARE SYSTEM OF MEDICAL CENTERS, SENIOR COMMUNITIES, HEALTH PLANS AND OUTPATIENT AND RETAIL FACILITIES SERVING KANSAS AND THE SURROUNDING REGION. VIA CHRISTI PROVIDES MORE HEALTH SERVICES THAN ANY HEALTH SYSTEM IN KANSAS. SPECIFIC EXEMPT PURPOSE ACHIEVEMENTS INCLUDE:

*MANAGEMENT OF ACUTE CARE FACILITIES THROUGHOUT KANSAS THAT INCLUDE HOSPITAL FACILITIES HOUSING OVER 1,300 BEDS; A REHABILITATION CENTER THAT IS THE HUB FOR 12 OUTPATIENT REHABILITATION CLINICS, AN OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PROGRAM, AND A SPORTS MEDICINE PROGRAM; A RESEARCH PROGRAM; A HOME HEALTH PROGRAM; AND 17 FAMILY MEDICINE CLINICS.

*MANAGEMENT OF SENIOR CARE FACILITIES THAT SERVE MORE THAN 1,300 RESIDENTS IN ITS 12 SENIOR COMMUNITIES AND PROGRAMS IN KANSAS AND OKLAHOMA.

*MANAGEMENT OF AN OUTPATIENT AND RETAIL DIVISION THAT INCLUDES A PORTFOLIO OF COMPANIES PROVIDING AMBULATORY SURGERY, DIAGNOSTIC IMAGING, DURABLE MEDICAL EQUIPMENT AND REAL ESTATE HOLDINGS. THIS DIVISION ALSO INCLUDES OUTPATIENT CARE SERVICES THAT ARE DELIVERED THROUGH JOINT VENTURES WITH LOCAL PHYSICIANS.

*MANAGEMENT OF A MANAGED HEALTHCARE AND INSURANCE ORGANIZATION THAT IS THE LARGEST MANAGED CARE PROVIDER IN KANSAS.

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
CATHOLIC HEALTHCARE AUDIT NETWORK 231 SOUTH BEMISTON AVE SUITE 300 CLAYTON, MO 63105	INTERNAL AUDIT	981,420.
PRICEWATERHOUSECOOPERS LLP PO BOX 75647 CHICAGO, IL 60675-5647	INDEPENDENT AUDIT	639,298.
MCDERMOTT WILL & EMERY 227 WEST MONROE STREET CHICAGO, IL 60606-5096	LEGAL SERVICES	425,976.
ARMSTRONG SHANK 7450 S. SENECA HAYSVILLE, KS 67060	MARKETING/PUBLIC REL	378,268.
FOULSTON SIEFKIN 1551 N. WATERFRONT PKWY, SUITE 100 WICHITA, KS 67206	LEGAL SERVICES	324,950.
TOTAL COMPENSATION		----- 2,749,912. =====

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	16,591,085.			16,591,085.
TOTALS	16,591,085.			16,591,085.

[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME	146,292.

	146,292.
	=====

OTHER DEDUCTIONS

SALARY	3,500.
OTHER INTEREST	16,441.

	19,941.
	=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
RENTALS	146,292.	48,495.	19,941.	77,856.
	-----	-----	-----	-----
TOTALS	146,292.	48,495.	19,941.	77,856.
	=====	=====	=====	=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	20,422,989.

TOTALS	20,422,989.
	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
TAX EXEMPT HOSPITAL REV. BONDS	11,270,000.	COST

TOTALS	11,270,000.	
	=====	

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED REVENUE	20,000.
TOTALS	----- 20,000. =====

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
SISTERS OF THE SORROWFUL MOTHER	73-1215174	01	X	X	X	136,889
DAUGHTERS OF CHARITY &	43-0887104	01	X	X	X	136,888
CONGREGATION OF THE SISTERS OF ST JOSEPH	83-0481134	01	X		X	
SISTERS OF ST JOSEPH OF CARONDELET	43-1227406	01	X		X	
TOTAL AMOUNT OF SUPPORT						273,777

=====

SCHEDULE D, PART IX - OTHER ASSETS

=====

DESCRIPTION	BOOK VALUE
-----	-----
ASSETS LIMITED AS TO USE	436,800.
INVESTMENTS IN AFFILIATES	70,167,919.
TRUSTEE HELD SELF-INS. FUNDS	253,750.
CAPITAL ISSUANCE COSTS	3,282,120.
OTHER NON-CURRENT ASSETS	601,000.
ASSETS INVESTED FOR CURR LIAB	NONE
MISC ACCOUNTS RECEIVABLE	1,556,192.
INTEREST RECEIVABLE	65,577.
ASSETS HELD FOR SALE	10,732,364.
DEFERRED COMP INVEST	365,944.
PREPAID PENSION - LONG TERM	NONE
MISCELLANEOUS	NONE
TRUSTEE HELD BONDS	82,123,924.

TOTALS	169,585,590.
	=====

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No 1545-0092

2008

Name of estate or trust

Employer identification number

VIA CHRISTI HEALTH, INC.

48-1172107

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

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

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

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

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

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

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-14,886,302.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ►	12	-14,886,302.

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

Schedule D (Form 1041) 2008

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

		(1) Beneficiaries' (see page 5)	(2) Estate's or Trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		-14,886,302.
b	Unrecaptured section 1250 gain (see line 18 of the wrkst)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		-14,886,302.

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

Part IV Capital Loss Limitation

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

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

Part V Tax Computation Using Maximum Capital Gains Rates

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

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

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

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

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

Schedule D (Form 1041) 2008

Employer identification number

48-1172107

Part II

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b	-14,886,302.
--	--------------

JSA

8F 1222 2 000

72

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

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

Name(s) shown on return

Identifying number

VIA CHRISTI HEALTH, INC.

48-1172107

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

1

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

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

3

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

4

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

5

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

6

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

7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

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

8

9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

9

Part II Ordinary Gains and Losses (see instructions)

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

SEE STATEMENT 1							-1,049,149.

11 Loss, if any, from line 7

11

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

12

13 Gain, if any, from line 31

13

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

14

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

15

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

16

17 Combine lines 10 through 16

17

-1,049,149.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below

a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14

18b

For Paperwork Reduction Act Notice, see separate instructions

Form **4797** (2008)

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

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

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

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

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

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

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

Supplement to Form 4797 Part II Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
LAND	VAR	VAR	547,652.		1,596,801.	-1049149.
Totals						-1049149.

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

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

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

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

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	VIA CHRISTI HEALTH SYSTEM, INC.	48-1172107
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	8200 E. THORN DRIVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	WICHITA, KS 67226-2708	

Check type of return to be filed (File a separate application for each return)

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

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

• The books are in the care of **KIM STORER**

Telephone No **316 858-4931**

FAX No

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0928** If this is

for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **08/15/2010**

5 For calendar year , or other tax year beginning **10/01/2008**, and ending **09/30/2009**

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

7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO ACCUMULATE**

THE NECESSARY INFORMATION FOR THE FILING OF A COMPLETE AND

ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
8c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

Signature and Verification

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

Signature **Granton**

Title **GPA**

Date **5/11/10**

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

Form 8868 (Rev 4-2009)

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	VIA CHRISTI HEALTH SYSTEM, INC.	48-1172107
	Number, street, and room or suite no. If a P.O. box, see instructions	
	818 N. EMPORIA	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WICHITA, KS 67214	

Check type of return to be filed (file a separate application for each return)

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

- The books are in the care of ► ANN PINCUS

Telephone No ► 316 858-4931

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year _____ or► ☒ tax year beginning 10/01, 2008, and ending 09/30, 2009

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

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

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

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

Form 8868 (Rev. 4-2009)