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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

- B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
 VIA CHRISTI HEALTH INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 8200 E THORN DRIVE SUITE 300

City or town, state or country, and ZIP + 4
 WICHITA, KS 672262708

D Employer identification number
 48-1172107

E Telephone number
 (316) 858-4900

G Gross receipts \$ 120,460,009

F Name and address of principal officer
 JEFF KORSMO
 8200 THORN DRIVE
 WICHITA, KS 672262708

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number **▶** 0928

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: **▶** www.via-christi.org

K Form of organization Corporation Trust Association Other **▶**

L Year of formation 1995

M State of legal domicile KS

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities AS PART OF A CATHOLIC HEALTH SYSTEM, WE SERVE AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS WHO ARE VULNERABLE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	468
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	390,310
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,349,381	86,429,044
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	94,684,639	29,012,915
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	799,141	4,593,554
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	161,833,161	120,035,513
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	32,442,975	45,470,952
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	53,958,048	60,354,576
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	86,401,023	105,825,528
19 Revenue less expenses Subtract line 18 from line 12	75,432,138	14,209,985	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	656,614,959	612,934,620
	22 Net assets or fund balances Subtract line 21 from line 20	470,773,282	431,307,858

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
 Date: 2012-08-01

DAVID HADLEY CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Kimberly Temple
 Preparer's signature: Kimberly Temple
 Date: _____
 Check if self-employed PTIN: _____

Firm's name **▶** GRANT THORNTON LLP
 Firm's EIN **▶** _____

Firm's address **▶** 8300 THORN DRIVE SUITE 300
 WICHITA, KS 672262708
 Phone no **▶** (316) 265-3231

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AS A PART OF A CATHOLIC HEALTH SYSTEM, WE SHARE THIS MISSION "INSPIRED BY THE GOSPEL AND OUR CATHOLIC TRADITION, WE SERVE AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS WHO ARE VULNERABLE " VIA CHRISTI HEALTH, INC 'S HISTORY EXTENDS BACK OVER 100 YEARS AND TODAY, ALONG WITH OUR SPONSORING CONGREGATIONS - THE SISTERS OF THE SORROWFUL MOTHER, CONGREGATION OF ST JOSEPH, SISTERS OF ST JOSEPH OF CARONDOLET AND THE DAUGHTERS OF CHARITY WE CONTINUE TO RESPOND TO COMMUNITY NEEDS IN KANSAS AND NORTHEASTERN OKLAHOMA

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 75,863,626 including grants of \$) (Revenue \$ 90,632,288)

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

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 \$ 75,863,626

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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	75		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	468		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
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)?	Yes	
4b	If "Yes," enter the name of the foreign country CJ, VQ See instructions for 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	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?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Yes	
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?	Yes	
16b	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?		No

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization JEFF SEIRER 8200 E THORN DRIVE SUITE 300 WICHITA, KS 672262708 (316) 858-4900

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							7,957,006	223,457	1,011,588	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**18

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CATHOLIC HEALTHCARE AUDIT NETWORK 231 SOUTH BEMISTON AVE SUITE 300 CLAYTON, MO 63105	INTERNAL AUDIT	1,376,641
PRICEWATERHOUSECOOPERS LLP ONE NORTH WACKER CHICAGO, IL 60606	INDEPENDENT AUDIT	670,900
MCDERMOTT WILL EMERY 227 WEST MONROE STREET CHICAGO, IL 606065096	LEGAL SERVICES	513,483
MEDASSETS 100 NORTH POINT CENTER EAST SUITE ALPHARETTA, GA 30022	CONSULTING	551,623
TOWERS WATSON 1079 SOULTIONS CENTER CHICAGO, IL 60677	CONSULTING	539,190

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**52

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 ▼		0			
Program Service Revenue	2a	Business Code				
	MGMT FEES	561000	25,797,610	25,509,190	288,420	
	b SERVICE CENTER	561000	5,933,708	5,933,708		
	c REIMBURSEMENTS	561000	50,933,078	50,933,078		
	d HR SERVICE REVENUE	561000	1,791,804	1,791,804		
	e IT SERVICE REVENUE	561000	1,972,844	1,972,844		
	f All other program service revenue					
	g Total. Add lines 2a-2f ▼		86,429,044			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		19,316,948		19,316,948	
	4 Income from investment of tax-exempt bond proceeds ▼		0			
	5 Royalties ▼		0			
	6a Gross Rents	(i) Real				
		146,292				
		b Less rental expenses	44,402			
		c Rental income or (loss)	101,890			
	d Net rental income or (loss) ▼		101,890		101,890	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		8,769,445	(ii) Other	1,306,616		
		b Less cost or other basis and sales expenses	0		380,094	
		c Gain or (loss)	8,769,445		926,522	
d Net gain or (loss) ▼		9,695,967		9,695,967		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▼		0			
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼		0			
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼		0			
Miscellaneous Revenue	Business Code					
11a OVERFUNDING GROUP HEALTH TRUST	900099	1,825,614	1,825,614			
b GROUP PURCHASE REBATES	900099	1,060,439	1,060,439			
c POOLED INVESTMENT MGMT FEES	900099	398,388	398,388			
d All other revenue		1,207,223	1,207,223			
e Total. Add lines 11a-11d ▼		4,491,664				
12 Total revenue. See Instructions ▼		120,035,513	90,632,288	390,310	29,012,915	

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,822,692	0	5,822,692	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	32,388,530	21,937,503	10,451,027	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	599,657	409,926	189,731	
9	Other employee benefits	4,057,218	2,435,542	1,621,676	
10	Payroll taxes	2,602,855	1,559,488	1,043,367	
a	Fees for services (non-employees)				
	Management	0			
b	Legal	0			
c	Accounting	954,054		954,054	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	10,268,996	6,015,128	4,253,868	
12	Advertising and promotion	605,907	43,547	562,360	
13	Office expenses	1,450,308	1,177,299	273,009	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,126,437	1,528,937	1,597,500	
17	Travel	413,264	213,374	199,890	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	244,547	37,429	207,118	
20	Interest	16,389,469	16,380,857	8,612	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,218,299	9,580,056	638,243	
23	Insurance	350,130	16,806	333,324	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MAINTENANCE CONTRACTS	12,355,028	12,208,633	146,395	
b	RECRUITMENT AND RELOCATION	677,237	171,184	506,053	
c	MEMBERSHIP DUES	174,516	28,569	145,947	
d	BOOKS & SUBSCRIPTIONS	477,883	287,830	190,053	
e	POSTAGE & FREIGHT	348,141	147,417	200,724	
f	All other expenses	2,300,360	1,684,101	616,259	
25	Total functional expenses. Add lines 1 through 24f	105,825,528	75,863,626	29,961,902	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,823,212	1	11,445,056
	2 Savings and temporary cash investments	214,833,327	2	172,831,965
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net	267,763,890	7	237,052,623
	8 Inventories for sale or use	10,929	8	0
	9 Prepaid expenses and deferred charges	2,652,329	9	7,572,658
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	21,066,186		
	10b Less accumulated depreciation	7,638,100	10c	13,428,086
	11 Investments—publicly traded securities	11,000,000	11	0
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	0	14	15,627,262
	15 Other assets. See Part IV, line 11	153,425,649	15	154,976,970
16 Total assets. Add lines 1 through 15 (must equal line 34)	656,614,959	16	612,934,620	
Liabilities	17 Accounts payable and accrued expenses	19,138,988	17	13,603,301
	18 Grants payable		18	
	19 Deferred revenue	30,597	19	0
	20 Tax-exempt bond liabilities	406,733,551	20	404,724,952
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	44,870,146	25	12,979,605
	26 Total liabilities. Add lines 17 through 25	470,773,282	26	431,307,858
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	185,841,677	27	181,626,762
	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	185,841,677	33	181,626,762	
34 Total liabilities and net assets/fund balances	656,614,959	34	612,934,620	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,035,513
2	Total expenses (must equal Part IX, column (A), line 25)	2	105,825,528
3	Revenue less expenses Subtract line 2 from line 1	3	14,209,985
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	185,841,677
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-18,424,900
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	181,626,762

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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 (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SISTERS OF THE SORROWFUL MOTHER	731215174	01	Yes		Yes		Yes		0
(B) DAUGHTERS OF CHARITY	430887104	01	Yes		Yes		Yes		0
(C) CONGREGATION OF THE SISTERS OF ST JOSEPH	830481134	01	Yes				Yes		0
(D) SISTERS OF ST JOSEPH OF CARONDELET	431227406	01	Yes				Yes		0
Total									0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 48-1172107
Name: VIA CHRISTI HEALTH INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN CONLIN PRESIDENT/CEO - TERM 12/31/10	50 0	X		X			1,194,489	0	187,001	
DAVID L STROHM CHAIRMAN	1 0	X					0	0	0	
SISTER M THERESE GOTTSCHALK SSM TRUSTEE	1 0	X					0	0	0	
REV MONSIGNOR ROBERT E HEMBERGER TRUSTEE	1 0	X					0	0	0	
SISTER LOIS ANN O'MALLEY CSJ TRUSTEE	1 0	X					0	0	0	
JAMES C PATTON TRUSTEE	1 0	X					24,500	0	0	
SISTER M JEANINE RETZER SSM TRUSTEE	1 0	X					0	0	0	
GERALD AARON TRUSTEE	1 0	X					0	0	0	
JON D RAHMAN MD TRUSTEE	1 0	X					0	0	0	
DONALD WILSON TRUSTEE	1 0	X					0	0	0	
SISTER SHERRI MARIE KUHN SSM TRUSTEE	1 0	X					0	223,457	28,043	
ANTHONY ISAAC TRUSTEE	1 0	X					0	0	0	
BOB HENKEL TRUSTEE	1 0	X					0	0	0	
JEFF KORSMO PRESIDENT/CEO - START 9/6/11	50 0	X		X			0	0	0	
LYNNETTE RAUVOLABOUTA ASSISTANT SECRETARY	50 0			X			289,884	0	45,513	
JEFF SEIRER ASSISTANT TREASURER	50 0			X			236,191	0	45,992	
GARY KNIGHT SECRETARY	50 0			X			364,580	0	49,778	
DAVID R HADLEY TREASURER	50 0			X			552,725	0	98,018	
RANDALL PETERSON SENIOR VICE PRESIDENT	50 0				X		537,324	0	159,950	
DAVID GAMBINO SENIOR VICE PRESIDENT	50 0				X		484,255	0	79,787	
JERRY CARLEY SENIOR VICE PRESIDENT	50 0				X		286,403	0	45,291	
MARTIN EKREM VP OUTREACH SERVICES	50 0					X	406,568	0	50,196	
DIANA HILBURN VP INFORMATION SERVICES	50 0					X	375,656	0	43,018	
JANELL MOERER VP BUSINESS DEVELOPMENT	50 0					X	353,942	0	53,917	
SHERRIE STRING VP HUMAN RESOURCES	50 0					X	365,320	0	46,627	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BROBERG CEO, Mercy Regional Health	50 0					X		310,763	0	47,614
ROBERT HEATH FORMER ASST SECRETARY	0 0						X	428,082	0	6,724
SCOTT NYGAARD MD FORMER SENIOR VICE PRESIDENT	0 0						X	553,624	0	22,088
ARLAN YODER FORMER CFO	0 0						X	373,636	0	0
RICHARD ALLEN FORMER HOSPITAL CEO	0 0						X	175,331	0	0
MICHAELNE MARINGER FORMER SENIOR VICE PRESIDENT	0 0						X	643,733	0	2,031

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization VIA CHRISTI HEALTH INC

Employer identification number

48-1172107

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

	(a)		(b)
	Yes	No	Amount
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?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		312,834
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			312,834
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
LOBBYING	SCHEDULE C, PART II-B	THE DIRECTOR OF PUBLIC POLICY/ADVOCACY AND THE DIRECTOR OF GOVERNMENT RELATIONS SET UP MEETINGS WITH GOVERNMENT OFFICIALS OR LEGISLATORS TO DISCUSS VIA CHRISTI HEALTH, INC 'S POSITIONS ON ISSUES LOBBYING ISSUES RELATE TO CARRYING OUT HEALTHCARE PROGRAMS VIA CHRISTI HEALTH, INC DOES NOT PARTICIPATE IN ACTIVITIES SUPPORTING A POLITICAL CANDIDATE

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,401,200	913,147	1,488,053
c Leasehold improvements		448,725	319,025	129,700
d Equipment		16,404,735	6,405,928	9,998,807
e Other		1,811,526		1,811,526
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				13,428,086

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48	SCHEDULE D, PART X	WITH THE EXCEPTION OF CERTAIN ENTITIES, ALL OF THE ENTITIES IN THE HEALTH SYSTEM ARE ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE GENERALLY EXEMPT FROM PAYMENT OF INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE SUBSIDIARIES, WHICH ARE FOR-PROFIT ORGANIZATIONS, ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARD INCOME TAX EXPENSE OR BENEFIT IS INCLUDED IN OTHER NON-OPERATING GAINS AND LOSSES IN THE CONSOLIDATED STATEMENTS OF OPERATION AND CHANGES IN NET ASSETS DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO BE RECOVERED OR SETTLED THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN INCOME IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE PAYMENTS	PART I, QUESTION 4A	ROBERT HEATH \$88,001 36 MICHAELNE MARINGER 327,119 82 ARLAN YODER 42,941 94 SCOTT NYGAARD 179,542 83 RICHARD ALLEN 168,807 74
SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	PART I, QUESTION 4B	Kevin Conlin \$158,172 85 Martin Ekrem 25,793 85 David Gambino 55,492 01 David Hadley 71,243 56 Diana Hilburn 23,683 35 Gary Knight 23,295 58 Janell Moerer 22,563 64 Randy Peterson 132,987 12 Lynnette Rauvolabouta 21,399 71 Jeff Seirer 15,000 00 Sherrie String 23,523 87 John Broberg 21,216 00 Jerry Carley 20,471 70

Software ID:
Software Version:
EIN: 48-1172107
Name: VIA CHRISTI HEALTH INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KEVIN CONLIN	(i) (ii)	801,193 0	381,945 0	11,351 0	176,548 0	10,453 0	1,381,490 0	0 0
ROBERT HEATH	(i) (ii)	208,134 0	107,263 0	112,685 0	1,733 0	4,991 0	434,806 0	0 0
LYNNETTE RAUVOLABOUTA	(i) (ii)	221,838 0	63,548 0	4,498 0	37,405 0	8,108 0	335,397 0	0 0
RANDALL PETERSON	(i) (ii)	443,357 0	81,238 0	12,729 0	151,362 0	8,588 0	697,274 0	0 0
SCOTT NYGAARD MD	(i) (ii)	237,639 0	130,121 0	185,864 0	15,740 0	6,348 0	575,712 0	0 0
DAVID GAMBINO	(i) (ii)	364,894 0	110,392 0	8,969 0	71,417 0	8,370 0	564,042 0	0 0
JEFF SEIRER	(i) (ii)	222,324 0	0 0	13,867 0	35,283 0	10,709 0	282,183 0	0 0
ARLAN YODER	(i) (ii)	0 0	0 0	373,636 0	0 0	0 0	373,636 0	0 0
SISTER SHERRI MARIE KUHN SSM	(i) (ii)	0 188,143	0 32,941	0 2,373	0 19,399	0 8,644	0 251,500	0 0
GARY KNIGHT	(i) (ii)	287,293 0	71,301 0	5,986 0	39,221 0	10,557 0	414,358 0	0 0
DAVID R HADLEY	(i) (ii)	419,685 0	123,438 0	9,602 0	87,169 0	10,849 0	650,743 0	0 0
RICHARD ALLEN	(i) (ii)	0 0	0 0	175,331 0	0 0	0 0	175,331 0	0 0
MARTIN EKREM	(i) (ii)	315,907 0	79,259 0	11,402 0	41,719 0	8,477 0	456,764 0	0 0
DIANA HILBURN	(i) (ii)	296,042 0	72,417 0	7,197 0	42,058 0	960 0	418,674 0	0 0
JANELL MOERER	(i) (ii)	277,013 0	69,129 0	7,800 0	43,389 0	10,528 0	407,859 0	0 0
SHERRIE STRING	(i) (ii)	288,332 0	71,859 0	5,129 0	38,325 0	8,302 0	411,947 0	0 0
MICHAELNE MARINGER	(i) (ii)	164,339 0	148,675 0	330,719 0	1,513 0	518 0	645,764 0	0 0
JERRY CARLEY	(i) (ii)	218,890 0	61,614 0	5,899 0	35,018 0	10,273 0	331,694 0	0 0
JOHN BROBERG	(i) (ii)	260,198 0	43,850 0	6,715 0	37,141 0	10,473 0	358,377 0	0 0

**Schedule K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
VIA CHRISTI HEALTH INC

Employer identification number
48-1172107

Part I Bond Issues

	(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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF WICHITA	48-6000653	967250TP6	09-24-2009	158,093,162	See Schedule O		X		X		X
B	CITY OF WICHITA	48-6000653	967250TP6	12-16-2009	90,670,941	See Schedule O		X		X		X
C	CITY OF WICHITA	48-6000653	967250UZZ	09-27-2011	192,391,340	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired	26,685,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	158,168,124	90,670,970	192,391,340					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	1,615,345	812,150	1,424,609					
8	Credit enhancement from proceeds	81,026							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	106,875,884							
11	Other spent proceeds	49,595,869	89,864,746	163,156,419					
12	Other unspent proceeds	27,810,312		27,810,312					
13	Year of substantial completion	2011	2001						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		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?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X		X				
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
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?	X		X					
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	0 %		0 %					
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	0 %		0 %					
6 Total of lines 4 and 5	0 %		0 %					
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	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?		X		X		X		
2 Is the bond issue a variable rate issue?	X			X	X			
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X		X		
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?		X		X		X		
6 Did the bond issue qualify for an exception to rebate?	X		X		X			

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SEE SCHEDULE O FOR SUPPLEMENTAL INFORMATION		

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization VIA CHRISTI HEALTH INC

Employer identification number 48-1172107

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

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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID STROHM	TRUSTEE	169,413	INSURANCE POLICY COMMISSIONS		No

Part V Supplemental Information

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

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

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VIA CHRISTI HEALTH INC

Employer identification number

48-1172107

Identifier	Return Reference	Explanation
FORM 990 REVIEW	FORM 990, PART VI, QUESTION 11B	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

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

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	PART VI, SECTION B, QUESTION 15	<p>Via Christi Health, Inc (VCH) has established a common philosophy, strategy, and processes for executive compensation to be used throughout the Via Christi Health System VCH's philosophy, strategy and process for executive compensation are described next Through the oversight of the VCH Executive Compensation Committee, executive compensation is competitively positioned at its stated market position when compared to the compensation paid by relevant organizations (comparably-sized health systems, hospitals, and long-term care providers) VCH recognizes its responsibility to ensure that its executive compensation program is appropriate in view of its mission and tax-exempt status and that its compensation levels and expenditures are reasonable and not excessive To ensure these ends, the VCH Executive Compensation Committee has established and approved the executive compensation philosophy for VCH and all related entities It will also approve all changes in the compensation package for VCH executives in advance On an annual basis, the Committee conducts a comprehensive review of total compensation for all executives It also reviews and approves "off-cycle" compensation transactions as needed In their review, the Committee considers the following factors</p> <ul style="list-style-type: none"> * Market data from independent compensation surveys and sources that reflect comparable positions in organizations of similar size and scope * Difficulties in recruiting and retaining executives * Skills, experience and performance history of individual executives * Critical business or strategic issues that the organization may face * Market position for total compensation <p>The adequacy, competitiveness, and cost of the VCH total executive compensation program are reviewed on an ongoing basis and changes are made as the Committee determines appropriate The executive compensation program will be maintained such that it will fall within the safe harbor guidelines established by the Intermediate Sanctions regulations The Committee also employs the services of an independent compensation consultant to prepare market analysis to aid and support the Committee's actions, provide documentation of market trends for budget setting purposes, review annual compensation changes to ensure "reasonableness" and provide attestation, and provide consultation on all executive compensation issues The Committee also relies on third-party validation of performance measures used in the determination of compensation</p>

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS	PART VI, SECTION C, QUESTION 19	VIA CHRISTI HEALTH, INC 'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT REPORT		<p>The community benefit contribution of Via Christi Health, Inc includes programs and activities that improve access to health care and improve health in the communities we serve. In order to portray the full breadth of our contribution, our community benefit information is described below.</p> <p>QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT</p> <p>I. Ministry Commitment to Providing Community Benefit</p> <p>A. Mission and Primary Exempt Purpose Via Christi Health, Inc, a Catholic health system, adopted this Mission: "Inspired by the Gospel and our Catholic tradition, we serve as a healing presence with special concern for our neighbors who are vulnerable." Via Christi Health, Inc's history extends back over 100 years and today, along with our sponsoring congregations - The Sisters of the Sorrowful Mother, Congregation of St. Joseph, Sisters of St. Joseph of Carondelet and the Daughters of Charity we continue to respond to community needs in Kansas and northeastern Oklahoma. The obligation to reach out to those in need and improve community health flows directly from our identity as a faith-based healing ministry. As a mission-driven organization, we provide community benefit because we are committed to our core values of Human Dignity - we recognize and respect the sacredness of each person. Stewardship - we responsibly care for all resources entrusted to us. Excellence - we extend ourselves in outstanding service.</p> <p>B. Approach to Providing Community Benefit Via Christi Health, Inc serves people throughout Kansas and northeastern Oklahoma. Issues and trends of significance in our community include increasing unemployment and poverty, a growing elderly population, and growing population of uninsured families. Ministries within Via Christi Health, Inc collaborate with other community organizations to address some of these issues and trends, including, but not limited to, Children's Miracle Network, the United Way, and Catholic Social Services.</p> <p>C. Financial Assistance Policies and Programs Via Christi Health, Inc has policies and programs in place to ensure that billing and collection processes for uninsured/underinsured persons reflect our commitment to human dignity and meet the financial and local needs in the communities in which we operate. All ministries operated by Via Christi Health, Inc utilize these policies and review the financial condition of uninsured and underinsured patients and clients to determine their qualification of charity care by utilizing the TransUnion software.</p> <p>II. Ministry Description for Tax Exemption 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. Empowered 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. Financial surpluses are used to fulfill our charitable purpose. The board of directors for Via Christi Health, Inc includes members of the local community. Ministries within our organization offer free and/or discounted care to persons without adequate financial means to pay for such services. This includes the participation in Medicaid, Medicare, CHAMPUS, Tricare and/or other government-sponsored health care programs.</p> <p>Q. QUANTIFIABLE DESCRIPTION OF COMMUNITY BENEFIT</p> <p>THE FINANCIAL INFORMATION IN THIS REPORT WAS PREPARED IN ACCORDANCE WITH THE CATHOLIC HEALTH ASSOCIATION'S (CHA) COMMUNITY BENEFIT REPORTING GUIDELINES. THESE GUIDELINES RECOMMEND THE FOLLOWING:</p> <ul style="list-style-type: none"> * REPORT CHARITY CARE AT COST, NOT CHARGES * DO NOT INCLUDE BAD DEBT, CONTRACTUAL ALLOWANCES, AND QUICK PAY DISCOUNTS AS PART OF CHARITY CARE EXPENSE * DO NOT COUNT MEDICARE SHORTFALL AS A COMMUNITY BENEFIT * REPORT THE NET EXPENSE FOR COMMUNITY BENEFIT SERVICES (E.G. THE TOTAL COMMUNITY BENEFIT EXPENSE MINUS ANY ASSOCIATED REVENUE FROM PATIENTS, PAYERS, AND OTHER EXTERNAL SOURCES) <p>THE CHA GUIDELINES REFLECT A CONSERVATIVE APPROACH TO REPORTING QUANTIFIABLE COMMUNITY BENEFIT. THE GOAL OF THE REPORTING 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.</p> <p>FOR FISCAL YEAR ENDED SEPTEMBER 30, 2011:</p> <p>COMMUNITY BENEFIT (CORPORATE OFFICE ONLY) \$215,357</p> <p>COMMUNITY BENEFIT (VIA CHRISTI HEALTH, INC EXCLUDING HEALTH PLAN)</p> <ol style="list-style-type: none"> 1) CHARITY CARE - AT COST \$45.3 MILLION 2) GOVERNMENT SPONSORED HEALTH CARE - NET EXPENSE \$19.8 MILLION UNPAID COST OF PUBLIC INDIGENT CARE PROGRAMS (INCLUDES MEDICAID, SCHIP, OTHER SAFETY NET PROGRAMS, DOES NOT INCLUDE MEDICARE SHORTFALL) \$1.2 MILLION 3) COMMUNITY BENEFIT PROGRAMS - NET EXPENSE \$16.9 MILLION SUBSIDIZED HEALTH SERVICES, INCLUDING BEHAVIORAL HEALTH \$1.2 MILLION FINANCIAL AND IN-KIND DONATIONS \$1.3 MILLION HEALTH PROFESSIONS EDUCATION (PHYSICIANS, NURSES, OTHER) \$12

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT REPORT		7 MILLION COMMUNITY HEALTH IMPROVEMENT SERVICES \$1 0 MILLION RESEARCH \$0 4 MILLION COMMUNITY BENEFIT OPERATIONS \$0 2 MILLION COMMUNITY BUILDING ACTIVITIES \$0 1 MILLION 4) TOTAL QUANTIFIABLE COMMUNITY BENEFIT \$82 0 MILLION

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
MEMBERS AND DECISIONS OF GOVERNING BODY	PART VI, QUESTIONS 6 and 7A	<p>THE SPONSORS HAVE DELEGATED THE GOVERNANCE RESPONSIBILITIES OF VIA CHRISTI HEALTH, INC (VCH) TO THE MARIAN HEALTH SYSTEM INC , A DELAWARE NOT-FOR- PROFIT CORPORATION AND ASCENSION HEALTH, A MISSOURI NOT-FOR-PROFIT CORPORATION (COLLECTIVELY REFERRED TO AS "MEMBERS") THE MEMBERS HAVE THE RIGHT TO APPROVE OR TAKE ACTION UPON THE RECOMMENDATION OF THE VIA CHRISTI HEALTH, INC , BOARD ON CERTAIN ACTIONS BEFORE THEY BECOME FINAL OR BINDING ON THE CORPORATION THE FOLLOWING POWERS ARE RESERVED TO THE MEMBERS OR THEIR DELEGATED REPRESENTATIVE</p> <ul style="list-style-type: none"> * DEFINE, APPROVE, CHANGE OR INTERPRET THE MISSION, VALUES, PURPOSE AND PHILOSOPHY OF THE CORPORATION * APPROVE THE ARTICLES OF INCORPORATION, THE BYLAWS AND ANY AMENDMENTS THERETO OF THE CORPORATION * APPOINT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES OF VCH * APPOINT AND REMOVE THE PRESIDENT AND CEO OF VIA CHRISTI HEALTH * SUBJECT TO CANONICAL REQUIREMENTS, ESTABLISHED THE OVERALL DEBT LIMIT FOR VCH AND APPROVE THE INCURRENCE OF DEBT IN EXCESS OF THAT LIMIT * APPROVE THE DISSOLUTION, MERGER, CONSOLIDATION OR SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF VCH * APPROVE AND REMOVE, WITH OR WITHOUT CAUSE, THE INDEPENDENT AUDITING FIRM FOR VCH * RECEIVE AND APPROVE OPERATING AND CAPITAL BUDGETS AND FINANCIAL REPORTS OF VCH * APPROVE FINANCING THROUGH PARTICIPATION IN OBLIGATED GROUPS OF A SCENSION HEALTH OR MARIAN HEALTH SY STEM * REVIEW AND APPROVE REAL AND PERSONAL PROPERTY TRANSACTIONS CONSISTENT WITH PROVISION OF CANON LAW

Identifier	Return Reference	Explanation
NET ASSET RECONCILIATION	PART XI, LINE 5	UNREALIZED LOSS (12,936,374) TRANSFER OF POOLED INVESTMENTS FROM VCH-W 25,909,747 TRANSFER OF FIXED ASSETS FROM VCMA 41,230 TRANSFER OF FIXED ASSETS TO VC HOPE (76,964) CHANGE IN OTHER COMPREHENSIVE INCOME (4,517,728) TRANSACTIONS RELATED TO THE PURCHASE OF WICHITA CLINIC (24,944,345) LOSS ON DEBT RETIREMENT (4,847,909) EQUITY IN SALINA REGIONAL 2,912,439 CAPITAL FUND DEBT MGMT 35,004 ----- (18,424,900)

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION		<p>DESCRIPTION OF PURPOSE, PART I, COLUMN F ----- ROW A - ACQUIRING, CONSTRUCTING, AND EQUIPPING NEW HEALTH CARE FACILITY, CURRENT REFUNDING OF SERIES 1992 BONDS ISSUED 2/1/1992 ROW B - CURRENT REFUNDING OF SERIES 1999 BONDS ISSUED 10/1/1999 Row C - Acquiring, constructing, and equipping certain hospital improvements, CURRENT refunding of series 2001 bonds issued 7/19/2001 PROCEEDS OF ISSUE, PART II, LINE 3 ----- PART II, LINE 3 FOR COLUMNS A, B AND C DIFFER FROM THE ISSUANCE PRICE IN PART I, COLUMN E BY THE FOLLOWING COLUMN A \$74,962 INVESTMENT INCOME COLUMN B \$29 INVESTMENT INCOME REFUNDING PRE-2003 ISSUES, PART III, COLUMN B ----- VIA CHRISTI HEALTH, INC IS FOLLOWING THE SPECIAL RULE FOR REFUNDING OF PRE-2003 ISSUES DESCRIBED IN THE SCHEDULE K INSTRUCTIONS THE SPECIAL RULE EXEMPTS ISSUES REFUNDING PRE-2003 BONDS FROM COMPLETING PART III PART IV, LINE 2 ----- COLUMN A ISSUE INCLUDES SERIES A, SERIES B-1 AND B-2 SERIES B-1 AND B-2 ARE BOTH VARIABLE RATE AND SERIES A IS A FIXED RATE Column C includes Series A, Series B, and Series C Series B and C are both variable rate issues and Series A is a fixed rate issue REPORTING RELATED ORGANIZATIONS ----- VIA CHRISTI HOSPITALS WICHITA, INC (VCHW) ALONG WITH VIA CHRISTI HEALTH, INC (VCH) AND OTHER HEALTH SYSTEM HOSPITALS (THE 'OBLIGATED GROUP'), ENTERED INTO A MASTER TRUST INDENTURE AND AN OBLIGATED GROUP 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 , VIA CHRISTI HOSPITALS WICHITA, INC , VIA CHRISTI REHABILITATION HOSPITAL, INC , VIA CHRISTI HOSPITAL PITTSBURG, INC , AND VIA CHRISTI HOSPITAL WICHITA ST TERESA, INC ALL BOND DEBT IS REPORTED ON THE BOOKS OF VIA CHRISTI HEALTH WITH INTERCOMPANY DEBT REPORTED ON THE RESPECTIVE HOSPITAL MINISTRIES</p>

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SISTER SHERRI MARIE KUHN, SSM TITLE TRUSTEE HOURS 49

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VIA CHRISTI HEALTH INC

Employer identification number

48-1172107

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VIA CHRISTI CLINICAL SERVICES LLC 8200 E THORN SUITE 300 WICHITA, KS 67226 20-4399092	HEALTHCARE	KS	0	1,040,119	VCH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AFFILIATED MEDICAL SERVICES LAB INC 2916 E CENTRAL WICHITA, KS67214 48-1239522	MEDICAL LAB	KS	NA	C-CORP	12,321,597	7,892,802	100 000 %
(2) SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0223159	INSURANCE CO	CJ	NA	FOREIGN CORP	3,651,768	38,500,707	100 000 %
(3) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS67208 48-0941549	CLINIC SERVICES	KS	NA	C CORP	58,758,618	41,790,046	100 000 %
(4) VCH IOWA PC TRUST 8200 THORN DRIVE SUITE 300 WICHITA, KS67226 27-6937322	BENEFICIARY TRUST	IA	NA	TRUST	0	0	100 000 %
(5) VCH IOWA PC 8200 THORN DRIVE SUITE 300 WICHITA, KS67226 27-3983977	PROF CORP	IA	NA	CORP	0	23,710,195	100 000 %
(6) VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS67208 48-0993446	PROF CORP	KS	NA	CORP	0	0	0 %

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**

Software ID:
Software Version:
EIN: 48-1172107
Name: VIA CHRISTI HEALTH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Catholic Care Center Inc 6700 E 45th St N Wichita, KS67226 48-1067110	Rtrmnt h0me	KS	501(c)(3)	9	VCV		
CIBOR INC 9229 E 37TH ST N SUITE 200 Wichita, KS67226 27-0564463	Research	KS	501(C)(3)	7	VCHW		
Cornerstone Assisted Living Inc 3636 N Ridge Road Wichita, KS67205 48-1241079	Rtrmnt Home	KS	501(C)(3)	9	VCV		
VIA CHRISTI VILLAGE PITTSBURG INC 1502 E Centennial Dr Pittsburg, KS66762 74-3070971	Rtrmnt home	KS	501(C)(3)	9	VCV		
VIA CHRISTI VILLAGE GEORGETOWN INC 1655 S Georgetown Wichita, KS67218 48-1129325	Rtrmnt home	KS	501(C)(3)	9	VCV		
Gerard House Inc 3144 N Hood Wichita, KS67204 48-1049532	Shelter	KS	501(C)(3)	7	VCHW		
Marian Health System Inc 1923 South Utica Avenue Tulsa, OK74104 36-3659989	Hospital Supp	DE	501(C)(3)	11	na		
Mercy Community Health Foundation Inc 1823 College Ave Manhattan, KS66502 48-1152279	Foundation	KS	501(C)(3)	11	MERCY REG		
Mercy Regional Health Center Inc 1823 College Ave Manhattan, KS66502 48-1186704	Hospital	KS	501(C)(3)	3	vch		
Mercy Regional Home Medical Services LLC 2439 Claflin Road Manhattan, KS66502 43-2024491	Home Medical	KS	501(C)(3)	11	Mercy Reg		
VC IMMEDIATE CARE MOTHER MARY ANNE INC 929 N St Francis Wichita, KS67214 20-8374099	Med Clinic	KS	501(C)(3)	9	VCHW		
Mount Carmel Foundation 1 MT CARMEL WAY Pittsburg, KS66762 48-0961283	Foundation	KS	501(C)(3)	11	VCH-PITT		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
VIA CHRISTI HOSPITAL PITTSBURG INC 1 MT CARMEL WAY Pittsburg, KS66762 48-0543778	Hospital	KS	501(C)(3)	3	vch		
VIA CHRISTI VILLAGE MCLEAN INC 777 N McLean Blvd Wichita, KS67203 48-1247723	Rtrmnt home	KS	501(C)(3)	9	VCV		
Salina Regional Home Medical Services 520 S Santa Fe Ave Ste 140 Salina, KS67401 43-1948057	Home Medical	KS	501(C)(3)	11	VCHP		
St John's Inc 2225 Cantebury Dr Hays, KS67601 20-2828680	Rtrmnt home	KS	501(C)(3)	9	VCV		
VIA CHRISTI VILLAGE MANHATTAN INC 2800 Willowgrove Rd Manhattan, KS66502 48-1078862	Rtrmnt home	KS	501(C)(3)	9	VCV		
Via Christi Foundation Inc 723 N McLean Blvd Wichita, KS67203 48-1173588	Foundation	KS	501(C)(3)	11	VCHW		
Via Christi Health Partners Inc 8200 THORN DR SUITE 300 Wichita, KS67226 48-0958974	Mgmt Company	KS	501(C)(3)	9	VCHW		
Via Christi Healthcare Outreach Program 2622 W Central Suite 100 Wichita, KS67203 48-1236589	PACE Commun	KS	501(C)(3)	9	VCV		
VIA CHRISTI HOME HEALTH WICHITA INC 555 S Washington Wichita, KS67211 48-1046371	Home Health	KS	501(C)(3)	9	VCHW		
Via Christi Hospital Wichita St Teresa 14800 W St Teresa Wichita, KS67235 27-1965272	Hospital	KS	501(C)(3)	3	VCHW		
Via Christi Property Services Inc 1100 N St Francis Suite 240 Wichita, KS67214 48-0948571	Property Mgmt	KS	501(C)(4)	N/A	VCHP		
VIA CHRISTI HOSPITALS WICHITA INC 929 N St Francis Wichita, KS67214 48-1172106	Hospital	KS	501(C)(3)	3	vch		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Via Christi Rehabilitation Center Inc 1151 N Rock Road Wichita, KS67206 48-1158274	Rehab	KS	501(C)(3)	3	VCHW		
VIA CHRISTI VILLAGES INC 2622 W Central Suite 100 Wichita, KS67203 48-0559086	Mgmt Company	KS	501(C)(3)	11	vch		
Wamego Hospital Association 711 Genn Dr Wamego, KS66547 72-1526400	Hospital	KS	501(C)(3)	3	Mercy Reg		
VIA CHRISTI VILLAGE PONCA CITY INC 1601 Academy Rd Ponca City, KS74604 73-1153337	Rtrmnt Home	OK	501(C)(3)	9	VCV		
ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO63145 31-1662309	HLTH SYS GOV	MO	501(C)(3)	11	NA		
Via Christi InMyHome Inc 2622 W Central Suite 100 Wichita, KS67203 27-1889960	Health Agency	KS	501(C)(3)	9	vcv		
VIA CHRISTI CLINIC SERVICES INC 8200 THORN DRIVE SUITE 300 WICHITA, KS67226 27-3984287	MED CLINIC	KS	501(C)(3)	11	vch		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
hat 8200 THORN DR SUITE 300 WICHITA, KS67226 48-1007220	MEDICAL SVCS	KS	NA	n/a	0	0			0			0 %
AMBULATORY SURGERY CENTER LP 8200 THORN DR SUITE 300 WICHITA, KS67226 48-1114690	SURGERY CTR	KS	NA	n/a	0	0			0			0 %
KANSAS SURGERY AND RECOVERY CTR LLC 2770 N WEBB ROAD WICHITA, KS67226 48-1148580	SURGERY CTR	KS	NA	n/a	0	0			0			0 %
MR IMAGING CENTER LLC 8200 THORN DR SUITE 300 WICHITA, KS67226 48-1000538	RADIOLOGY SVC	KS	NA	n/a	0	0			0			0 %
VIA CHRISTI CYBERKNIFE LLC 8200 THORN DR SUITE 300 WICHITA, KS67226 35-4588711	RADIOLOGY SVC	KS	NA	n/a	0	0			0			0 %
AMS DIAGNOSTICS LLC 8200 THORN DR SUITE 300 WICHITA, KS67226 48-1223653	RADIOLOGY SVC	KS	NA	n/a	0	0			0			0 %
PREFERRED PET IMAGING OF KS LLC 8200 THORN DR SUITE 300 WICHITA, KS67226 48-1250123	DIAGNOSTIC IM	KS	NA	n/a	0	0			0			0 %
PFI LLC 8200 THORN DR SUITE 300 WICHITA, KS67226 72-1557076	MED CHEM MFG	KS	NA	n/a	0	0			0			0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MERCY IMAGING LLC 1823 COLLEGE AVENUE MANHATTAN, KS66502 48-1251984	DIAGNOSTIC IM	KS	NA	n/a	0	0			0			0 %

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) MERCY REGIONAL HEALTH SYSTEM INC	A	402,946	
(2) VIA CHRISTI VILLAGES INC	A	337,180	
(3) VIA CHRISTI HOSPITALS WICHITA INC	A	5,801,895	
(4) VIA CHRISTI HOSPITALS WICHITA INC	D	115,834,069	
(5) VIA CHRISTI VILLAGES INC	D	4,928,621	
(6) MERCY REGIONAL HEALTH SYSTEM INC	D	5,915,056	
(7) VIA CHRISTI HOSPITALS WICHITA INC	N	850,139	
(8) VIA CHRISTI VILLAGES INC	N	314,024	
(9) VIA CHRISTI HOSPITAL PITTSBURG INC	N	368,403	
(10) MERCY REGIONAL HEALTH SYSTEM INC	N	622,906	
(11) VIA CHRISTI HOSPITALS WICHITA INC	O	31,736,789	
(12) MERCY REGIONAL HEALTH SYSTEM INC	O	3,954,254	
(13) VIA CHRISTI HOSPITAL PITTSBURG INC	O	7,894,069	
(14) VIA CHRISTI VILLAGES INC	O	2,063,784	
(15) VIA CHRISTI HOSPITALS WICHITA INC	R	18,366,408	
(16) MERCY REGIONAL HEALTH CENTER INC	R	2,349,864	
(17) VIA CHRISTI HOSPITAL PITTSBURG INC	R	2,526,048	
(18) VIA CHRISTI VILLAGES INC	R	721,538	

Additional Data

Software ID:
Software Version:
EIN: 48-1172107
Name: VIA CHRISTI HEALTH INC

Form 990, Schedule A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) SISTERS OF THE SORROWFUL MOTHER	731215174	01	Yes		Yes		Yes		0
(B) DAUGHTERS OF CHARITY	430887104	01	Yes		Yes		Yes		0
(C) CONGREGATION OF THE SISTERS OF ST JOSEPH	830481134	01	Yes				Yes		0
(D) SISTERS OF ST JOSEPH OF CARONDELET	431227406	01	Yes				Yes		0