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Form 990

Department of the Treasury
Internal Revenue Service

Change of Accounting Period

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Open to Public
Inspection

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

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending JUN 30, 2013

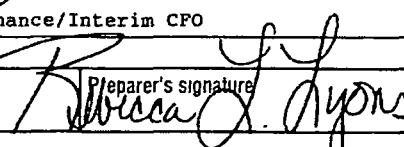
B Check if applicable.	C Name of organization Via Christi Health, Inc. Doing Business As		D Employer identification number 48-1172107	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Number and street (or P.O. box if mail is not delivered to street address) 8200 E. Thorn Drive	Room/suite 300	E Telephone number (316) 858-4900	
	City, town, or post office, state, and ZIP code Wichita, KS 67226		F Gross receipts \$ 106,738,194.	
	F Name and address of principal officer: Jeff Korsmo same as C above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
	J Website: ► www.via-christi.org		H(c) Group exemption number ► 0928	
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1995 M State of legal domicile: KS	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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.	12	
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	808
	6 Total number of volunteers (estimate if necessary)	6	691
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	112,500.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-26,649.
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0.	2,577,072.
	9 Program service revenue (Part VIII, line 2g)	110,358,708.	75,366,383.
	10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d)	17,987,885.	26,581,623.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,905,680.	1,700,117.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,252,273.	106,225,195.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,684,166.	
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)	52,627,559.	43,016,347.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising/expenses (Part IX, column (D), line 25) ► 586,701.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,482,610.	54,551,672.	
18 Total expenses (Add lines 13-17 (must equal Part IX, column (A), line 25))	114,110,169.	99,252,185.	
19 Revenue less expenses: Subtract line 18 from line 12	16,142,104.	6,973,010.	
Revenue	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	647,402,342.	613,354,056.
	21 Total liabilities (Part X, line 26)	447,413,361.	527,277,081.
	22 Net assets or fund balances. Subtract line 21 from line 20	199,988,981.	86,076,975.

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 5-9-14	
	► Jeff Seirer, Sr. Admin. Finance/Interim CFO		
Paid Preparer	Print/Type preparer's name Rebecca Lyons	P/parer's signature 	Date 05/08/14
	Firm's name ► Deloitte Tax LLP	Check if self-employed <input type="checkbox"/>	PTIN P01487105
Use Only	Firm's address ► 250 East Fifth Street, Suite 1900 Cincinnati, OH 45202	Firm's EIN ► 86-1065772	
		Phone no. (513) 784-7100	

May the IRS discuss this return with the preparer shown above? (see instructions)

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

As a part of Via Christi Health, a Catholic health system, we share this Mission: "Inspired by the Gospel and our Catholic tradition, we serve as a healing presence with special concern for our neighbors who are vulnerable." Via Christi Health's history extends back over 100

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 71,534,081. Including grants of \$ 1,684,166.) (Revenue \$ 76,485,189.)

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

4b (Code _____) (Expenses \$ 465,651. including grants of \$ _____) (Revenue \$ 26,776.)

Via Christi Health Corporate Office Community Benefit - Community Health Improvement, Community Benefit Operations, Financial and In-Kind Contributions, Research and Health Professions Education.

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 ► 71,999,732.

Form 990 (2012)

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>	1 x	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 x	
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>	3 x	
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>	4 x	
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>	5 x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>	6 x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 x	
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>	8 x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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>	9 x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 x	
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. <ul style="list-style-type: none"> 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> 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> 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> 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> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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> 	11a x 11b x 11c x 11d x 11e x 11f x 12a x 12b x 13 x 14a x 14b x 15 x 16 x 17 x 18 x 19 x 20a x 20b x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <ul style="list-style-type: none"> 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 and XII is optional</i> 		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		
14a	Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		
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</i>		
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>		
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>		
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> <ul style="list-style-type: none"> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 		

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	124
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	808
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ► Cayman Islands, British Virgin Is		
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?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	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	
a	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	Yes	No
1a		12
1b		11
2	x	
3		x
4	x	
5		x
6	x	
7a	x	
7b	x	
8a	x	
8b	x	
9		x

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a	x	
10b	x	
11a	x	
12a	x	
12b	x	
12c	x	
13	x	
14	x	
15a	x	
15b	x	
16a		x
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 Judy Davis - (316) 858-4931
 8200 E. Thorn Drive, Suite 300, Wichita, KS 67226-2708

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) Gerald T. Aaron Chairman	1.00 0.00	X	X				0.	0.	0.
(2) B. Anthony Isaac Vice Chairman	1.00 0.00	X	X				0.	0.	0.
(3) Sr. M. Therese Gottschalk Trustee	1.00 0.00	X					0.	0.	0.
(4) Robert Henkel Trustee	1.00 0.00	X					0.	0.	0.
(5) Sr. M. Jeanine Retzer, SSM Trustee	1.00 0.00	X					0.	0.	0.
(6) Thomas R. Kruse Trustee	1.00 0.00	X					0.	0.	0.
(7) Jon D. Rahman, M.D. Trustee	1.00 0.00	X					0.	0.	0.
(8) Karl J. Ulrich, M.D., MMM Trustee	1.00 0.00	X					0.	0.	0.
(9) Sr. Mary Joan Walsh, CSJ Trustee	1.00 0.00	X					0.	0.	0.
(10) Caroline A. Williams Trustee	1.00 0.00	X					0.	0.	0.
(11) Donald Wilson Trustee	1.00 0.00	X					0.	0.	0.
(12) Jeffrey Korsmo President & CEO	50.00 0.00	X	X				1,007,204.	0.	197,624.
(13) Roberta Johnson Assistant Secretary	49.00 1.00		X				252,805.	0.	39,116.
(14) David A. Hadley Treasurer/CFO	47.00 3.00		X				576,173.	0.	124,388.
(15) Gary Knight Secretary	49.00 1.00		X				386,249.	0.	108,482.
(16) Jeff Seirer Assistant Treasurer	50.00 0.00		X				312,740.	0.	61,999.
(17) David A. Gambino Chief Strategy & Reg Adm officer	49.00 1.00		X				532,756.	0.	106,971.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(18) Jerry Carley	0.00								
Chief Adminstrative Officer Villages	50.00			X			337,032.	0.	51,550.
(19) John Shellito, M.D.	50.00								
Chief Clinical Physician Officer	0.00			X			549,104.	0.	103,511.
(20) Lynnette RauvolaBouta	49.00								
Chief Mission Integration Officer	1.00			X			323,472.	0.	69,671.
(21) Abdul Bengali	50.00								
Chief Information Officer	0.00			X			342,820.	0.	37,060.
(22) Lori Grubs	50.00								
Chief Human Resources Officer	0.00			X			349,770.	0.	28,746.
(23) Carleton Rider	50.00						398,619.	0.	9,344.
Chief Clinical Admin Officer	0.00			X					
(24) Margaret Tichacek	50.00						311,623.	0.	46,154.
Chief Planning & Mktg Officer	0.00			X					
(25) Diana Kidd	50.00								
Chief of Staff Officer	0.00			X			297,545.	0.	45,460.
(26) Sherry Hausmann	50.00								
Sr. Administrator Hospital OPS	0.00			X			440,118.	0.	63,973.
1b Sub-total						►	6,418,030.	0.	1,094,049.
c Total from continuation sheets to Part VII, Section A						►	4,009,391.	0.	233,679.
d Total (add lines 1b and 1c)						►	10,427,421.	0.	1,327,728.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 71

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

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

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

	Yes	No
3	X	
4	X	
5		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Cerner Corporation PO Box 412702, Kansas City, MO 64141	Consulting	6,316,348.
MedAssets Inc., 100 N. Point Center East, Ste 200, Alpharetta, GA 30022	Consulting	655,024.
PricewaterhouseCoopers LLC One North Wacker, Chicago, IL 60606	Independent Audit	651,924.
Dell Marketing LP PO Box 677654, Dallas, TX 75267-6021	Consulting/Maintenance/Support	628,896.
Catholic Healthcare Audit Network, 231 S. Bemiston Ave, Ste 300, Clayton, MO 63105	Internal Audit	484,321.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 24		

See Part VII, Section A Continuation sheets

232008
12-10-12

Form 990 (2012)

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII

		(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	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 1c 154,319. 1d 513,025. 1e 109,238. 1f 1,800,490. 38,439. 2,577,072.			
Program Service Revenue	2 a IT Service Center b Reimbursements c Management Fees d HR Service Center e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 561000 561000 561000 561000 561000 75,366,383.	37,622,755. 20,154,639. 12,749,862. 4,839,127.	37,622,755. 20,154,639. 12,637,362. 4,839,127.	112,500.
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 154,319. of contributions reported on line 1c). See Part IV, line 18 a 33,813. b 69,886. c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 a b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances a 821,625. b Less: cost of goods sold c Net income or (loss) from sales of inventory ► Miscellaneous Revenue 11 a Pooled Invst Mgmt Fee b Vending Machine c Research Studies d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions ► Business Code 900099 900099 541700 900099 1,357,678. 106,225,195. 308,895. 99,596. 4,452. 944,735. 76,511,965. 112,500. 27,023,658.	10,032,373. 16,549,250. 16,549,250. 16,549,250. -36,073. 378,512. 308,895. 99,596. 4,452. 944,735. 76,511,965. 112,500. 27,023,658.		10,032,373. 16,549,250. 16,549,250. 16,549,250. -36,073. 378,512. 308,895. 99,596. 4,452. 944,735. 76,511,965. 112,500. 27,023,658.	

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).

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

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 United States. See Part IV, line 21	1,318,325.	1,318,325.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	365,841.	365,841.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,102,425.		5,102,425.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,508,472.	1,920,737.	565,410.	22,325.
7 Other salaries and wages	26,615,086.	20,378,792.	6,000,089.	236,205.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-371,403.	-336,489.	-12,800.	-22,114.
9 Other employee benefits	6,664,012.	4,473,092.	2,123,547.	67,373.
10 Payroll taxes	2,497,755.	1,587,438.	892,477.	17,840.
11 Fees for services (non-employees):				
a Management				
b Legal	149,414.	31,003.	118,411.	
c Accounting	905,803.		905,803.	
d Lobbying	185,788.	185,788.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)				
12 Advertising and promotion	749,757.	397,838.	112,680.	239,239.
13 Office expenses	5,211,762.	4,751,569.	460,193.	
14 Information technology	11,784,179.	11,355,779.	428,400.	
15 Royalties				
16 Occupancy	1,658,270.	1,604,365.	53,905.	
17 Travel	503,905.	365,336.	138,569.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	201,326.	122,905.	78,421.	
20 Interest	9,286,450.	9,286,450.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,033,811.	9,007,410.	26,401.	
23 Insurance	1,701.	-770.	2,471.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Reserve-Unaccrued Settl	6,577,807.	551,878.	6,025,929.	
b Contract Labor	2,683,820.	619,413.	2,056,077.	8,330.
c Purchased Services	2,559,780.	2,238,445.	307,260.	14,075.
d Collection Services	1,525,728.	1,525,728.		
e All other expenses	1,532,371.	248,859.	1,280,084.	3,428.
25 Total functional expenses. Add lines 1 through 24e	99,252,185.	71,999,732.	26,665,752.	586,701.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ► if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	50,093.	1 28,552,088.
	2 Savings and temporary cash investments	156,147,660.	2
	3 Pledges and grants receivable, net	0.	3 1,211,032.
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Loans and other 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 instr). Complete Part II of Sch L	6	
	7 Notes and loans receivable, net	257,671,132.	7 304,707,695.
	8 Inventories for sale or use	0.	8 298,817.
	9 Prepaid expenses and deferred charges	8,349,454.	9 6,725,854.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a -55,539,472.	
	b Less: accumulated depreciation	10b -105,778,141.	31,518,491. 10c 50,238,669.
	11 Investments - publicly traded securities	11	
	12 Investments - other securities. See Part IV, line 11	12	
	13 Investments - program-related. See Part IV, line 11	13	
	14 Intangible assets	15,122,121.	14 0.
	15 Other assets. See Part IV, line 11	178,543,391.	15 221,619,901.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	647,402,342.	16 613,354,056.
Liabilities	17 Accounts payable and accrued expenses	25,048,609.	17 57,132,209.
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	392,673,441.	20 2,867,448.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	467,277,424.
	26 Total liabilities. Add lines 17 through 25	447,413,361.	26 527,277,081.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	199,988,981.	27 71,933,039.
	28 Temporarily restricted net assets	0.	28 8,218,595.
	29 Permanently restricted net assets	0.	29 5,925,341.
	Organizations that do not follow SFAS 117 (ASC 958), 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	199,988,981.	33 86,076,975.
	34 Total liabilities and net assets/fund balances	647,402,342.	34 613,354,056.

Part XI Reconciliation of Net AssetsCheck 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	106,225,195.
2 Total expenses (must equal Part IX, column (A), line 25)	2	99,252,185.
3 Revenue less expenses. Subtract line 2 from line 1	3	6,973,010.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	199,988,981.
5 Net unrealized gains (losses) on investments	5	-14,271,342.
6 Donated services and use of facilities	6	138,950.
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-106,752,624.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,076,975.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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?
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	No
2a	x
2b	x
2c	x
3a	x
3b	x

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

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

The organization is not a private foundation because it is: (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 - Non-functionally integrated

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 X

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(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 monetary support
					Yes	No	
Ascension Health Alliance	45-3358926	SCHEDULE A, LINE 11A	X	X	X		0.
Ascension Health	31-1662309	SCHEDULE A, LINE 11A	X	X	X		0.
Total	2						0.

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

Part IV Supplemental Information. Complete this part to provide the 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.)

Effective April 1, 2013, Via Christi Health, the parent of the filing

organization, was acquired by Ascension Health. Ascension Health is a

subsidiary of Ascension Health Alliance. As part of the acquisition, the

organization changed its tax year to June 30 in order to align with the

tax year of Ascension Health. Amounts reported on Schedule A, Part I for

the 2012 tax year represent the short period October 1, 2012 through June

30, 2013.

Via Christi Health, Inc. supports its supported organizations, Ascension

Health Alliance and Ascension Health, by providing support to its

subsidiary organizations. The total support provided to subsidiary

organizations for June 30, 2013 totaled \$73,769,178. This can be broken

into the following support to each organization listed below:

- AMS Laboratory, Inc.: \$867,553

- Gerard House, Inc.: \$18,951

- Mercy Regional Health Center, Inc.: \$6,361,864

- Via Christi Clinic, P.A.: \$11,638,458

- Via Christi Health Partners, Inc.: \$1,850,628

- Via Christi Hospital Pittsburg, Inc.: \$6,119,701

- Via Christi Hospital Wichita St. Teresa, Inc.: \$4,371,587

- Via Christi Hospitals Wichita, Inc.: \$37,344,897

- Via Christi Rehabilitation Hospital, Inc.: \$2,144,242

- Via Christi Villages, Inc.: \$2,488,625

- Wamego Hospital Association: \$562,673

Part I, Line 11, Column VII: The amount of support totaling \$2,914,924 is

provided for goods and services provided to or purchased for the benefit

232024 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

Part IV **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).

of the following supported organizations: Sisters of the Sorrowful Mother,

Daughters of Charity, Congregation of the Sisters of St. Joseph, and

Sisters of St. Joseph of Carondelet.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

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 35c (Proxy Tax), then

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

Name of organization

Employer identification number

Via Christi Health Inc.

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? ...
4a Was a correction made? Yes No
 Yes No

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.

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041
01-07-13

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 (and list in Part IV each affiliated group member's name, address, EIN,

expenses, and share of excess lobbying expenditures).

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		185,788.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			185,788.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

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 positions on issues related to carrying out healthcare

programs.

Part IV **Supplemental Information (continued)**

Via Christi Health, Inc. does not participate in or intervene in

(including the publishing or distributing or statements) any political

campaign on behalf of (or in opposition to) any candidate for public

office.

Supplemental Financial Statements

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

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

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

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

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

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

a Public exhibition
 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 XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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	13,703,596.	13,098,590.	12,824,717.	11,875,641.	11,932,779.
b Contributions	2,750,395.	2,849,747.	3,198,552.	2,934,066.	2,874,556.
c Net investment earnings, gains, and losses	167,725.	1,014,728.	33,188.	617,952.	-89,919.
d Grants or scholarships	520,396.	689,873.	561,157.	504,843.	689,484.
e Other expenditures for facilities and programs	1,604,370.	2,172,326.	1,960,981.	1,707,809.	1,713,016.
f Administrative expenses	353,012.	397,270.	435,729.	390,290.	439,275.
g End of year balance	14,143,938.	13,703,596.	13,098,590.	12,824,717.	11,875,641.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► 42.00 %

c Temporarily restricted endowment ► 58.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations
 (ii) related organizations

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,406,056.		4,406,056.
b Buildings		-54,926,604.	-43,285,483.	-11,641,121.
c Leasehold improvements		-7,566,831.	-5,714,821.	-1,852,010.
d Equipment		2,040,447.	-52,302,579.	54,343,026.
e Other		507,460.	-4,475,258.	4,982,718.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 50,238,669.

Schedule D (Form 990) 2012

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) ►

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

(a) Description	(b) Book value
(1) Interest Receivable	72,588.
(2) Interest in Investments Held by Ascension Health Alliance	128,386,928.
(3) Capital Issuance Costs	3,218,319.
(4) Investment in Related Orgs	600,000.
(5) Other Noncurrent Assets	3,344,576.
(6) Other Misc Receivables	15,695,158.
(7) Cash Value Life Insurance	2,434,572.
(8) Investment in Salina Regional Health Center	67,867,760.
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

221,619,901.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Workers Comp Reserve	10,112,584.
(3) Professional Liability Tail Accrual	2,534,514.
(4) Related Party Accounts Payable	447,054,426.
(5) Issuance Costs - MRHC	553,797.
(6) Deferred Comp - KEYSOP	444,296.
(7) Valuation Reserve	6,577,807.
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ► 467,277,424.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI 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:

2a
2b
2c
2d

2e

a Net unrealized gains on investments

b Donated services and use of facilities

c Recoveries of prior year grants

d Other (Describe in Part XIII.)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

4a
4b

4c

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

5

Part XII 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:

2a
2b
2c
2d

2e

a Donated services and use of facilities

b Prior year adjustments

c Other losses

d Other (Describe in Part XIII.)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

4a
4b

4c

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

5

Part XIII Supplemental Information

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

Part V, line 4: These funds are used to provide financial support for

various medical related projects and causes within the Via Christi Health

System. They also provide support for non-medical related issues such as

employee and patient assistance. Permanently restricted funds are retained

and only the earnings are released for purposes approved by the Board Of

Trustees.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open To Public
Inspection

Name of the organization

Employer identification number

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization: Employee Identification Number:
Via Christi Health, Inc. 48-1172107

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this section.

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total ►

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	Charity Classic (event type)	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
		Gala Dinner (event type)	(total number)		
1 Gross receipts		60,300.	127,832.		188,132.
2 Less: Contributions		44,887.	109,432.		154,319.
3 Gross income (line 1 minus line 2)		15,413.	18,400.		33,813.
4 Cash prizes					
5 Noncash prizes			31,239.		31,239.
6 Rent/facility costs			20,651.		20,651.
7 Food and beverages					
8 Entertainment					
9 Other direct expenses		1,132.	16,864.		17,996.
10 Direct expense summary. Add lines 4 through 9 in column (d)					► (69,886)
11 Net income summary. Combine line 3, column (d), and line 10					► -36,073.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue					
2 Cash prizes					
3 Noncash prizes					
4 Rent/facility costs					
5 Other direct expenses					
6 Volunteer labor		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					► ()
8 Net gaming income summary. Combine line 1, column d, and line 7					►

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount

of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Via Christi Employee Assistance	60	20,599.	0.		
VCH-W Patient Services	1884	42,203.	0.		

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

Schedule I, Part I, Line 2: All grants and assistance are reviewed and

approved by a grant committee consisting of members of the Board of

Trustees. Grants expenses are reviewed by the Accounting Department, and

detailed Grand Reports are requested from all grantees.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
- Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Jeffrey Korsmo President & CEO	0 766,591.	226,327.	14,286.	180,488.	17,136.	1,204,828.	0.
(2) Roberta Johnson Assistant Secretary	0 216,076.	30,500.	6,229.	32,368.	6,748.	291,921.	3,081.
(3) David A. Hadley Treasurer/CFO	0 449,502.	116,160.	10,511.	99,950.	24,438.	700,561.	0.
(4) Gary Knight Secretary	0 301,239.	76,908.	8,102.	93,446.	15,036.	494,731.	0.
(5) Jeff Seirer Assistant Treasurer	0 253,114.	54,889.	4,737.	41,619.	20,380.	374,739.	0.
(6) David A. Gambino Chief Strategy & Reg Adm Officer	0 422,255.	98,682.	11,819.	89,448.	17,533.	639,727.	0.
(7) Jerry Carley Chief Administrative Officer Villages	0 232,975.	99,974.	4,083.	35,558.	15,992.	388,582.	0.
(8) John Shellito, M.D. Chief Clinical Physician Officer	0 461,848.	70,796.	16,460.	86,076.	17,435.	652,615.	0.
(9) Lynnette RauvolaBouta Chief Mission Integration Officer	0 253,474.	64,607.	5,391.	57,142.	12,529.	393,143.	0.
(10) Abdul Bengali Chief Information Officer	0 266,155.	45,990.	30,675.	34,742.	2,318.	379,880.	0.
(11) Lori Grubs Chief Human Resources Officer	0 332,307.	0.	0.	0.	0.	0.	0.
(12) Carleton Rider Chief Clinical Admin Officer	0 261,690.	61,996.	26,084.	18,216.	10,530.	378,516.	0.
(13) Margaret Tichacek Chief Planning & Mktg Officer	0 249,558.	54,957.	7,108.	39,050.	7,104.	357,777.	2,181.
(14) Diana Kidd Chief of Staff Officer	0 237,958.	50,749.	8,838.	36,435.	9,025.	343,005.	0.
(15) Sherry Haumann Sr. Administrator Hospital Ops	0 364,025.	70,794.	5,299.	48,133.	15,840.	504,091.	0.
(16) Martin Ekrem Sr. Administrator Outreach	0 328,136.	70,790.	11,750.	44,660.	18,933.	474,269.	0.
	0 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2012
Via Christi Health, Inc.

Korean Emigration and Human Capital 11

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

Note. The sum of columns (B) thru (E) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a: - The following Via Christi Health executives were on

a 11/1/12 charter flight - Jeff Korsmo, David Hadley & Gary Knight.

- On 11/27/12, Jeff Korsmo was on a charter flight paid by Via Christi.

- Relocation expenses and group term life insurance payments are grossed

up.

Part I, Line 4a: The following individuals received

severance payments:

Lori Grubbs - \$20,900

Robert Kenagy - \$242,846

Shelley Koltnow - \$87,278

Part I, Line 4b: Eligible executives participate in a program that provides

for supplemental retirement benefits. The payment of benefits under the

program, if any, is entirely dependent upon the facts and circumstances

under which the executive terminates employment with the organization.

Benefits under the program are funded annually based on participation and

are not vested until the 5 year service requirement is reached. Due to the

substantial risk of forfeiture provision, there is no guarantee that these

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

executives will ever receive any benefit under the program. The amount

funded annually under the program to the executives is reported as

compensation on Form 990 Schedule J, Part II, Column B in the year funded.

The amount ultimately paid under the program to executives is reported on

Form 990 Schedule J, Part II, Column F.

The organization, who compensated the individuals, contributed to the supplemental nonqualified retirement plan in the amount as noted:

Gary Knight - \$72,904

Jeff Korsmo - \$161,276

David Hadley - \$81,200

John Broberg - \$22,238

David Gambino - \$68,198

Randall Cason - \$21,883

Roberta Johnson - \$13,057

Diana Kidd - \$19,333

Jerry Carley - \$19,558

Lynnnette RauvolaBouta - \$39,096

Jeff Seirer - \$20,910

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Abdul Bengali - \$24,742

Marty Ekrem - \$26,967

Jack Shellito - \$63,576

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1a	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Gifts & Prize</u>)	X	90	31,239.	Cost or selling pric
26 Other ► (<u>Gym Equip</u>)	X	1	7,200.	Other
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b): The number in column (b) is the number of contributors.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012
Open to Public
Inspection

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

Form 990, Part III, Line 1, Description of Organization Mission:

years and today, along with our sponsoring organization, Ascension
Health, we continue to respond to community needs in Kansas and
northeastern Oklahoma.

Form 990, Part III, Line 4a, Program Service Accomplishments:

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.

In total Via Christi Health, Inc. provided community benefit of the
following types and amounts:

Community benefit (VCH corporate office only) = \$438,875

Community benefit - VCH consolidated:

1) Charity care (at cost) = \$33.4 million

2) Government sponsored health care - net expense = \$27.9 million

(Unpaid cost of public indigent care programs includes Medicaid, SCHIP,
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization <u>Via Christi Health, Inc.</u>	Employer identification number <u>48-1172107</u>
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other safety net programs, does not include Medicare shortfall)

3) Community benefit programs - net expense = \$12.6 million

a) Community health improvement services & Community benefit

operations = \$1.2 million

b) Health professions education = \$9.2 million

c) Subsidized Health Services = \$0.7 million

d) Research = \$0.3 million

e) Financial and in-kind donations = \$1.0 million

f) Community building activities = \$0.2 million

Total quantifiable community benefit expenses = \$73.9 million

Form 990, Part VI, Section A, line 2: Many of the persons listed on Part

VII have a business relationship with each other by virtue of sitting on

related Via Christi Health, Inc. entity boards.

Form 990, Part VI, Section A, line 4: As a result of the transition by

Via Christi Health, Inc. ("VCH") to 100% membership by Ascension Health and

sponsorship by Ascension Health Ministries, bylaws of VCH and its wholly

owned corporate subsidiaries were revised in accordance with the Ascension

Health Model Bylaws for its health ministries.

The vast majority of revisions pertained to the change in sponsorship,

e.g., adding a definitions section (Section 1.1), updating the identity of

the Corporate Member (Section 2.1) and Sponsor (Section 1.1-q) as well as

revisions to the dissolution provisions (Article X). The numbering order of

several Articles was also revised. Overall, the language of the existing

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

VCH and subsidiary corporate bylaws was generally consistent with the modelbylaws of Ascension Health.The following changes were made in the organization's bylaws:- Appointment of Board Chair: In addition to appointing and removingDirectors, Ascension Health reserved the right to appoint the Board Chair(Section 4.2-d).- Fiscal Year: The fiscal year changed to July 1-June 30 from October1-September 30 (Section 9.1).- Ex-Officio Directors: The number of ex officio members of the Board(Section 4.3) were simplified in that the Ascension Health model bylawscall for the board to consist of at least one (1) religious affiliated withthe Participating Entities.Form 990, Part VI, Section A, line 6: Via Christi Health, Inc. has asingle corporate member, Ascension Health.Form 990, Part VI, Section A, line 7a: Via Christi Health, Inc. has asingle corporate member, Ascension Health, who has the ability to electmembers to the governing body of Via Christi Health, Inc.Form 990, Part VI, Section A, line 7b: Ascension Health has designed asystem authority matrix which assigns authority for key decisions that arenecessary in the operation of the system. Specific areas that areidentified in the authority matrix are: new organizations & majortransactions; governing documents; appointments/removals; evaluation; debtlimits; strategic & financial plans; assets; system policies &procedures. These areas are subject to certain levels of approval by232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

Ascension per the system authority matrix.

Form 990, Part VI, Section B, line 11: Management, including certain officers, work diligently to complete the Form 990 and attached schedules in a thorough manner. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members' questions.

Form 990, Part VI, Section B, Line 12c: Due to the short year period, a conflict of interest disclosure was not completed by the close of the fiscal year for the board of directors. However, it was completed within one year of the last disclosure. The following details the organization's standard annual procedure for conflicts of interest.

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; and

4 - Periodic reviews are conducted by governance, compliance, and internal audit to ensure the organization is operating consistent with the policy

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

and enforcing the policy's terms.Form 990, Part VI, Section B, Line 15: Via Christi Health, Inc. (VCH). VCHhas established a common philosophy, strategy, and processes for executivecompensation to be used throughout the Health System. Through the oversightof the VCH Executive Compensation Committee, executive compensation iscompetitively positioned at its stated market position when compared to thecompensation paid by relevant organizations (comparably-sized healthsystems, hospitals, and long-term care providers).VCH recognizes its responsibility to ensure that its executive compensationprogram is appropriate in view of its mission and tax-exempt status andthat its compensation levels and expenditures are reasonable and notexcessive. To ensure these ends, the VCH Executive Compensation Committeehas established and approved the executive compensation philosophy for VCHand all related entities. It will also approve all changes in thecompensation package for VCH executives in advance. On an annual basis, thecommittee conducts a comprehensive review of total compensation for allexecutives. It also reviews and approves "off-cycle" compensationtransactions as needed. In their review, the committee considers thefollowing factors:- Market data from independent compensation surveys and sources thatreflect 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; and

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

- Market position for total compensation.The adequacy, competitiveness, and cost of the VCH total executivecompensation program are reviewed on an ongoing basis and changes are madeas the committee determines appropriate. The executive compensation programwill be maintained such that it will fall within the safe harbor guidelinesestablished by the intermediate sanctions regulations.The committee also employs the services of an independent compensationconsultant to prepare market analysis to aid and support the committee'sactions, provide documentation of market trends for budget settingpurposes, review annual compensation changes to ensure "reasonableness" andprovide attestation, and provide consultation on all executive compensationissues. The committee also relies on third-party validation of performancemeasures used in the determination of compensation.Form 990, Part VI, Section C, Line 19: Via Christi Health, Inc.'sgoverning documents and Conflict of Interest Policy are available to thepublic upon request.Form 990, Part XI, line 9, Changes in Net Assets:

Transfer of VC Foundation Net Assets 15,268,094.

Transfer of VC Gifts Shops Net Assets 351,509.

Transfer of VCCS Net Assets 136,099.

Write off Beneficial Interest in VCC -12,602,815.

Ascension - Opening Balance Sheet Adjustments -92,127,786.

Marian Sponsorship Transfer -17,385,134.

Foundation Capital Transfers to VC entities -392,591.

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

Via Christi Health, Inc.

Employer identification number

48-1172107

Total to Form 990, Part XI, Line 9

-106,752,624.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(3) controlled organization?
Yes	No					
St. John's, Inc. - 20-2828580 2225 Canterbury Drive Hays, KS 67601	Retirement Home	Kansas	Section 501(c)(3)	Schedule A, Line 9	Via Christi Villages, Inc.	X
Via Christi Care at Home, Inc. - 27-1889960 2622 W. Central, Suite 100 Wichita, KS 67203	Health Agency	Kansas	Section 501(c)(3)	Schedule A, Line 9	Via Christi Villages, Inc.	X
Via Christi Healthcare Outreach Program For Elders, Inc. - 48-1236589, 2622 W. Central, Suite 101 Wichita, KS 67203	PACE Community Program	Kansas	Section 501(c)(3)	Schedule A, Line 9	Via Christi Villages, Inc.	X
Via Christi Village Georgetown, Inc. - 48-1129325, 1655 S. Georgetown, Wichita, KS 67218	Retirement Home	Kansas	Section 501(c)(3)	Schedule A, Line 9	Via Christi Villages, Inc.	X
Via Christi Village Manhattan, Inc. - 48-1078862, 2800 Willow Grove Road, Manhattan, KS 66502	Retirement Home	Kansas	Section 501(c)(3)	Schedule A, Line 9	Via Christi Villages, Inc.	X
Via Christi Village McLean, Inc. - 48-1247723, 777 N. McLean Blvd., Wichita, KS 67203	Retirement Home	Kansas	Section 501(c)(3)	Schedule A, Line 9	Via Christi Villages, Inc.	X
Via Christi Village Pittsburgh Inc. - 74-3070971, 1502 E. Centennial Drive, Pittsburgh, KS 66762	Retirement Home	Kansas	Section 501(c)(3)	Schedule A, Line 9	Via Christi Villages, Inc.	X
Via Christi Village Ponca City, Inc. - 73-1153337, 1601 Academy Road, Ponca City, OK 74604	Retirement Home	Oklahoma	Section 501(c)(3)	Schedule A, Line 9	Via Christi Villages, Inc.	X
Via Christi Hospital Pittsburgh, Inc. - 48-0543778, 1 Mt. Carmel Way, Pittsburgh, KS 66762	Hospital	Kansas	Section 501(c)(3)	Schedule A, Line 3	Via Christi Health, Inc.	X
Mount Carmel Foundation, Inc. - 48-0961283 1 Mt. Carmel Way Pittsburgh, KS 66762	Foundation	Kansas	Section 501(c)(3)	Schedule A, Line 11a	Via Christi Hospital Pittsburgh, Inc.	X
Via Christi Hospital Wichita St. Teresa, Inc. - 27-1965272, 14800 W. St. Teresa, Wichita, KS 67235	Hospital	Kansas	Section 501(c)(3)	Schedule A, Line 3	Via Christi Health, Inc.	X
Via Christi Hospitals Wichita, Inc. - 48-1172106, 929 N. Saint Francis, Wichita, KS 67214	Hospital	Kansas	Section 501(c)(3)	Schedule A, Line 3	Via Christi Health, Inc.	X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(3) controlled organization?
Yes	No					
Gerard House, Inc. - 48-1049532 3144 N. Hood Wichita, KS 67204	Hospital Support	Kansas	Section 501(c)(3)	Schedule A, Line 9	Via Christi Hospitals Wichita, Inc.	X
Via Christi Rehabilitation Hospital, Inc. - 48-1158274, 1151 N. Rock Road, Wichita, KS 67206	Rehabilitation Hospital	Kansas	Section 501(c)(3)	Schedule A, Line 3	Via Christi Hospitals Wichita, Inc.	X
Via Christi Foundation, Inc. - 48-1173588 1156 S. Clifton Wichita, KS 67218	Foundation	Kansas	Section 501(c)(3)	Schedule A, Line 11c	Via Christi Hospitals Wichita, Inc.	X
Via Christi Home Health Wichita, Inc. - 48-1046371, 555 S. Washington, Wichita, KS 67211	Home Health Agency	Kansas	Section 501(c)(3)	Schedule A, Line 9	Via Christi Hospitals Wichita, Inc.	X
Via Christi Health Partners, Inc. - 48-0958974, 8200 E. Thorn Drive, Suite 300, Wichita, KS 67226	Management Company	Kansas	Section 501(c)(4)	Schedule A, Line 9	Via Christi Health Partners, Inc.	X
Via Christi Property Services, Inc. - 48-0948571, 8200 E. Thorn Drive, Suite 300, Wichita, KS 67226	Property Management	Kansas	N/A	N/A	Mercy Regional Health Center, Inc.	X
Mercy Regional Home Medical Services, LLC - 43-2024491, 2439 Claflin Road, Manhattan, KS 66502	Medical Equipment	Kansas	Section 501(c)(3)	Schedule A, Line 9	Salina Regional Health Center, Inc.	X
Salina Regional Home Medical Services, LLC - 43-1948057, 520 South Santa Fe Ave., Salina, KS 67401	Medical Equipment	Kansas	Section 501(c)(3)	Schedule A, Line 9	Salina Regional Health Center, Inc.	X
Via Christi Clinic Services, Inc. - 27-3384287, 8200 E. Thorn Drive, Suite 300, Wichita, KS 67226	Clinic Services	Kansas	Section 501(c)(3)	Schedule A, Line 11a	Via Christi Health, Inc.	X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate allocations? Yes No	(i) Code VJBI amount in box K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
Ambulatory Surgery Center, LP - 48-1114690, 8200 E. Thorn Drive, Suite 300, Wichita, KS 67226	Surgery Center	KS	N/A	N/A	N/A	N/A	Yes No			N/A
AMS Diagnostics, LLC - 48-1223653, 8200 E. Thorn Drive, Suite 300, Wichita, KS 67226	Radiology Services	KS	N/A	N/A	N/A	N/A				N/A
Kansas Surgery and Recovery Center, LLC - 48-1148580, 2770 North Webb Road, Wichita, KS 67226	Surgery Center	KS	N/A	N/A	N/A	N/A				N/A
MR Imaging Center, LLC - 48-1000538, 8200 E. Thorn Drive, Suite 300, Wichita, KS 67226	Imaging Center	KS	N/A	N/A	N/A	N/A				N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512(b)(3) controlled entity? Yes No
Affiliated Medical Services Laboratory, Inc. - 48-1239522, 2916 E. Central, Wichita, KS 67214	Medical Laboratory	KS	Via Christi Health, Inc.	C CORP	9,971,440.	8,537,925.	100.00%	X
Integrated Healthcare Systems, Inc. - 48-0941549, 3311 East Murdock, Wichita, KS 67208	Clinic Services	KS	Via Christi Health, Inc.	C CORP	73,925,457.	64,182,501.	100.00%	X
VCH Iowa, P.C. Trust - 27-6997322 8200 E. Thorn Drive, Suite 300 Wichita, KS 67226	Beneficiary Trust	IA	Via Christi Health, Inc.	TRUST	0.	0.	100.00%	X
VCH Iowa, P.C. - 27-3983977 8200 E. Thorn Drive, Suite 300 Wichita, KS 67226	Professional Association	IA	N/A	C CORP	N/A	N/A	N/A	X
Via Christi Clinic, P.A. - 48-0993446 3311 East Murdock Wichita, KS 67208	Professional Association	KS	N/A	C CORP	N/A	N/A	N/A	X

Part III Continuation of 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) Disproportion- ate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or percentage of managing partner?	(k) Yes No
PFI, LLC - 72-1557076 8200 E. Thorn Drive, Suite 300 Medical Services Wichita, KS 67226										
St. Joseph MRI, LLC - 48-1007220, 8200 E. Thorn Drive, Suite 300, Wichita, KS 67226										
Via Christi Cyberknife, LLC - 35-4588711, 8200 E. Thorn Drive, Suite 300, Wichita, KS 67226										

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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	(i) Section 512(b)(13) controlled entity?	Yes	No
Sunflower Assurance, Ltd. - 98-0223159 P.O. Box 1085 Grand Cayman, CAYMAN ISLANDS KY1-1102	Insurance Company	Cayman Islands	Via Christi Health, Inc.	CORP	8,597,945.	31,953,519.	100.00%	X		

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a x	
b Gift, grant, or capital contribution to related organization(s)	1b x	
c Gift, grant, or capital contribution from related organization(s)	1c x	
d Loans or loan guarantees to or for related organization(s)	1d x	
e Loans or loan guarantees by related organization(s)	1e x	
f Dividends from related organization(s)	1f x	
g Sale of assets to related organization(s)	1g x	
h Purchase of assets from related organization(s)	1h x	
i Exchange of assets with related organization(s)	1i x	
j Lease of facilities, equipment, or other assets to related organization(s)	1j x	
k Lease of facilities, equipment, or other assets from related organization(s)	1k x	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l x	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m x	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n x	
o Sharing of paid employees with related organization(s)	1o x	
p Reimbursement paid to related organization(s) for expenses	1p x	
q Reimbursement paid by related organization(s) for expenses	1q x	
r Other transfer of cash or property to related organization(s)	1r x	
s Other transfer of cash or property from related organization(s)	1s x	

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Via Christi Hospitals Wichita, Inc.	C	1,330,415	Actual Amount Transferred
(2) Via Christi Hospitals Wichita, Inc.	B	127,035	Actual Amount Transferred
(3) Gerard House, Inc.	C	157,947	Actual Amount Transferred
(4) Via Christi Clinic P.A.	O	107,875	Actual Amount Transferred
(5) Affiliated Medical Services Laboratory, Inc.	I	50,525	Actual Amount Transferred
(6) Affiliated Medical Services Laboratory, Inc.	R	5,486,029	Actual Amount Transferred

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

(a) Name of other organization	(b) Transaction type (a-1)	(c) Amount involved	(d) Method of determining amount involved
(7)Affiliated Medical Services Laboratory, Inc.	Q	892,314	Actual Amount Transferred
(8)Affiliated Medical Services Laboratory, Inc.	L	57,197	Actual Amount Transferred
(9)Affiliated Medical Services Laboratory, Inc.	P	126,595	Actual Amount Transferred
(10)Via Christi Hospitals Wichita, Inc.	L	11,966,231	Actual Amount Transferred
(11)Via Christi Hospitals Wichita, Inc.	I	11,032,536	Actual Amount Transferred
(12)Via Christi Hospitals Wichita, Inc.	Q	41,509,870	Actual Amount Transferred
(13)Via Christi Hospitals Wichita, Inc.	R	164,244,726	Actual Amount Transferred
(14)Via Christi Hospitals Wichita, Inc.	M	157,215	Actual Amount Transferred
(15)Via Christi Hospitals Wichita, Inc.	P	7,120,502	Actual Amount Transferred
(16)Via Christi Hospitals Wichita, Inc.	O	2,013,673	Actual Amount Transferred
(17)Via Christi Hospital Wichita St. Teresa, Inc.	I	721,941	Actual Amount Transferred
(18)Via Christi Hospital Wichita St. Teresa, Inc.	R	9,059,938	Actual Amount Transferred
(19)Via Christi Hospital Wichita St. Teresa, Inc.	Q	4,646,341	Actual Amount Transferred
(20)Via Christi Hospital Wichita St. Teresa, Inc.	L	160,371	Actual Amount Transferred
(21)Via Christi Hospital Wichita St. Teresa, Inc.	P	149,072	Actual Amount Transferred
(22)Via Christi Medical Associates	R	1,781,418	Actual Amount Transferred
(23)Via Christi Medical Associates	P	111,657	Actual Amount Transferred
(24)Via Christi Medical Associates	Q	354,030	Actual Amount Transferred

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) Via Christi Medical Associates	O	638,498.	Actual Amount Transferred
(8) Via Christi Rehabilitation Hospital, Inc.	I	72,206.	Actual Amount Transferred
(9) Via Christi Rehabilitation Hospital, Inc.	R	8,159,900.	Actual Amount Transferred
(10) Via Christi Rehabilitation Hospital, Inc.	Q	2,200,339.	Actual Amount Transferred
(11) Via Christi Rehabilitation Hospital, Inc.	P	239,900.	Actual Amount Transferred
(12) Via Christi Rehabilitation Hospital, Inc.	L	134,257.	Actual Amount Transferred
(13) Via Christi Rehabilitation Hospital, Inc.	O	75,660.	Actual Amount Transferred
(14) Via Christi Health Partners, Inc.	R	1,846,413.	Actual Amount Transferred
(15) Via Christi Health Partners, Inc.	Q	1,702,689.	Actual Amount Transferred
(16) Via Christi Health Partners, Inc.	L	56,020.	Actual Amount Transferred
(17) AMS Diagnostics, LLC	Q	72,288.	Actual Amount Transferred
(18) Ambulatory Surgery Center, LP	P	50,436.	Actual Amount Transferred
(19) Via Christi Property Services, Inc.	R	2,997,346.	Actual Amount Transferred
(20) Via Christi Property Services, Inc.	P	134,528.	Actual Amount Transferred
(21) Via Christi Property Services, Inc.	A	79,371.	Actual Amount Transferred
(22) Gerard House, Inc.	S	117,886.	Actual Amount Transferred
(23) Gerard House, Inc.	B	156,703.	Actual Amount Transferred
(24) Via Christi Villages, Inc.	R	2,293,574.	Actual Amount Transferred

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

(a) Name of other organization	(b) Transaction type (a/r)	(c) Amount involved	(d) Method of determining amount involved
(7)Via Christi Villages, Inc.	L	111,067.	Actual Amount Transferred
(8)Via Christi Villages, Inc.	Q	2,444,206.	Actual Amount Transferred
(9)Via Christi Villages, Inc.	P	82,763.	Actual Amount Transferred
(10)Via Christi Village Pittsburgh Inc.	Q	73,485.	Actual Amount Transferred
(11)Via Christi Village Manhattan, Inc.	Q	60,985.	Actual Amount Transferred
(12)Via Christi Village Manhattan, Inc.	P	79,058.	Actual Amount Transferred
(13)Via Christi Village Hays, Inc. (f/k/a St. John's, Inc.)	B	50,000.	Actual Amount Transferred
(14)Via Christi Village Hays, Inc. (f/k/a St. John's, Inc.)	Q	85,400.	Actual Amount Transferred
(15)Via Christi Village Hays, Inc. (f/k/a St. John's, Inc.)	P	64,506.	Actual Amount Transferred
(16)Via Christi Healthcare Outreach Program for Elders, Inc.	Q	50,538.	Actual Amount Transferred
(17)Via Christi Healthcare Outreach Program for Elders, Inc.	P	73,376.	Actual Amount Transferred
(18)Via Christi Village Ponca City, Inc.	Q	105,137.	Actual Amount Transferred
(19)Via Christi Village Ponca City, Inc.	P	100,519.	Actual Amount Transferred
(20)Via Christi Hospital Pittsburgh, Inc.	L	415,886.	Actual Amount Transferred
(21)Via Christi Hospital Pittsburgh, Inc.	I	254,015.	Actual Amount Transferred
(22)Via Christi Hospital Pittsburgh, Inc.	Q	9,467,480.	Actual Amount Transferred
(23)Via Christi Hospital Pittsburgh, Inc.	R	28,878,915.	Actual Amount Transferred
(24)Via Christi Hospital Pittsburgh, Inc.	C	124,460.	Actual Amount Transferred

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

(a) Name of other organization	(b) Transaction type (a-1)	(c) Amount involved	(d) Method of determining amount involved
(7) Via Christi Hospital Pittsburgh, Inc.	P	811,561.	Actual Amount Transferred
(8) Via Christi Hospital Pittsburgh, Inc.	O	292,104.	Actual Amount Transferred
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

Part VII **Supplemental Information**

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

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

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

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

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

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

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

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

Part I only

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

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. Via Christi Health, Inc.	Employer identification number (EIN) or 48-1172107
	Number, street, and room or suite no. If a P.O. box, see instructions. 8200 E. Thorn Drive, Suite 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Wichita, KS 67226	

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

0 1

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

Jeff Seirer

- The books are in the care of ► 8200 E. Thorn Drive, Suite 300 - Wichita, KS 67226-2708
- Telephone No. ► (316) 858-4900 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 17, 2014, to file the exempt organization return for the organization named above. The extension

is for the organization's return for.

► calendar year or
► tax year beginning OCT 1, 2012, and ending JUN 30, 2013.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions Via Christi Health, Inc.	Employer identification number (EIN) or 48-1172107
	Number, street, and room or suite no. If a P.O. box, see instructions. 8200 E. Thorn Drive, Suite 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Wichita, KS 67226-2708	

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

0 1

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

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

Jeff Seirer

- The books are in the care of ► 8200 E. Thorn Drive, Suite 300 - Wichita, KS 67226-2708
Telephone No ► (316) 858-4900 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until May 15, 2014
- 5 For calendar year , or other tax year beginning OCT 1, 2012, and ending JUN 30, 2013
- 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension Additional time is required to gather information to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature ►

Title ►

Date ►

Form 8868 (Rev. 1-2013)