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2013

Open to Public Inspection

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable	C Name of organization Via Christi Health Inc		D Employer identification number 48-1172107	
<input type="checkbox"/> Address change	Doing Business As			
<input type="checkbox"/> Name change				
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 8200 E Thorn Drive No 300		Room/suite	
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code Wichita, KS 67226			
<input type="checkbox"/> Application pending			E Telephone number (316) 858-4900	
	F Name and address of principal officer Jeff Korsmo 8200 E Thorn Drive No 300 Wichita, KS 67226		G Gross receipts \$ 132,366,534	
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(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website:	► www.via-christi.org		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
K Form of organization	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(c) Group exemption number ► 0928	
			L Year of formation 1995	M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities We serve as a healing presence with special concern for our neighbors who are vulnerable	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 1,027
6 Total number of volunteers (estimate if necessary)	6 735
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 2,394,000
b Net unrelated business taxable income from Form 990-T, line 34	7b -191,018

8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,577,072	Current Year 1,878,727
9 Program service revenue (Part VIII, line 2g)	75,366,383	113,624,346
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,581,623	15,198,455
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,700,117	850,167
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,225,195	131,551,695

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,684,166	2,566,377
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)	43,016,347	62,920,563
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 814,389		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,551,672	89,543,252
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	99,252,185	155,030,192
19 Revenue less expenses Subtract line 18 from line 12	6,973,010	-23,478,497

20 Total assets (Part X, line 16)	Beginning of Current Year 613,354,056	End of Year 575,749,845
21 Total liabilities (Part X, line 26)	527,277,081	519,906,126
22 Net assets or fund balances Subtract line 21 from line 20	86,076,975	55,843,719

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 Carol Karp Chief Financial Officer Type or print name and title	2015-05-13 Date
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Paid Preparer Use Only	Print/Type preparer's name Rebecca Lyons	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01487105
	Firm's name ► Deloitte Tax LLP			Firm's EIN ► 86-1065772	
	Firm's address ► 250 East Fifth Street Suite 1900 Cincinnati, OH 45202			Phone no (513) 784-7100	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part II

1 Briefly describe the organization's mission

As part of Via Christi Health, a Catholic Health System, we share this mission "Inspired by the Gospel and our Catholic tradition, we serve as a healing presence with special concern for our neighbors who are vulnerable" Via Christi Health System's history extends back over 100 years and today, along with our sponsoring organization, Ascension Health, we continue to respond to community needs in Kansas and northeastern Oklahoma.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or 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 \$ 127,850,682 including grants of \$ 2,566,377) (Revenue \$ 111,821,436

Via Christi Health, Inc., as a Catholic Health Care System, has its origins in faith-based responses to health needs of our communities, with a particular concern for those living in poverty and who are vulnerable. In addition to typical inpatient and outpatient services, Via Christi Health, Inc. operates primary care clinics, a low-income neighborhood outreach clinic, specialty hospitals and centers, home medical services, therapy centers, and long-term care villages. Specific exempt purpose achievements include - Management of acute care facilities throughout Kansas that include hospital facilities housing over 1,300 beds, a rehabilitation center that is the hub for 12 outpatient rehabilitation clinics, an occupational and environmental medicine program and a sports medicine program, a research program, a home health program, and 17 family medicine clinics - Management of senior care facilities that serve more than 1,300 residents in its 12 senior communities and programs in Kansas and Oklahoma - Management of an outpatient and retail division that includes a portfolio of companies providing ambulatory surgery, diagnostic imaging, durable medical equipment, and real estate holdings. This division also includes outpatient care services that are delivered through joint ventures with local physicians. In total, Via Christi Health, Inc. provided community benefit of the following types and amounts: Community Benefit (VCH corporate office only) - \$2,607,399 Community Benefit (VCH Consolidated) 1 Charity care (at cost) - \$40,882,2032 Government sponsored health care (net expense at cost) - \$27,112,2673 Community benefit programs (net expense) - \$23,427,321 Community Health Improvement Services and Community Benefit Operations - \$1,905,747b Health Professions Education - \$17,463,482c Subsidized Health Services - \$479,256d Research - \$639,108e Financial and in-kind donations - \$2,755,400f Community building activities - \$184,328 Total quantifiable community benefit expenses - \$91,421,791

4b (Code) (Expenses \$ 86,465 including grants of \$) (Revenue \$ 45,443)

Via Christi Health Corporate Office Community Benefit - Community Health Improvement Services, Research, Financial and In-Kind Contributions, Community Building Activities, and Community Benefit Operations

4c (Code) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule Q)

(Expenses \$**1,000,000**) including grants of \$**1,000,000**) (Revenue \$**1,000,000**)

4e Total program service expenses 127,937,147

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c	Yes	
11d	Yes	
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	No	
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	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
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	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
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	35a	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	Yes	
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	36	Yes	
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	37	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
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			

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	157	
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	Yes	
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	1,027	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	Yes	
b If "Yes," enter the name of the foreign country CJ, VI See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5b	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	6a	No	
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? . . .	6b		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	7a	Yes	
7 Organizations that may receive deductible contributions under section 170(c).	7b	Yes	
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? . . .	7c	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7d		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7e	No	
d If "Yes," indicate the number of Forms 8282 filed during the year . . .	7f	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7g		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7h		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	8		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	9a		
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? . . .	9b		
9 Sponsoring organizations maintaining donor advised funds.			
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			
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders . . .	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
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	13a		
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	No	
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	11	
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	1b	9	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No	
6 Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No	

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 8200 E Thorn Drive Suite 300	
Wichita, KS 672262708 (316) 858-4931	

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

Check if Schedule O contains a response or note to any line in this Part VI

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, or 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.

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

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 **74**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	Purch Svcs/Software Maint/Consulting	19,620,814
Medical Information Technology Inc Meditech Circle Westwood MA 02090	Software Maintenance Support	1,792,577
SCC Soft Computer 5400 Tech Data Dive Clearwater FL 33760	Software Maintenance Support	640,443
Grant Thornton LLP 33911 Treasury Center Chicago IL 606943900	Professional Tax Preparation	473,265
M. K. Associates, Inc. PO Box 412701 Kansas City MO 64141	Software Maintenance Support	410,619

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: 25

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	154,708			
	d Related organizations	1d	80,500			
	e Government grants (contributions)	1e	265,834			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,377,685			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,878,727			
Program Service Revenue	2a IT Service Center b Reimbursements c Management Fees d HR Service Center e f All other program service revenue	Business Code				
		561000	54,772,110	54,772,110		
		561000	35,397,790	35,397,790		
		561000	17,486,449	15,092,449	2,394,000	
		561000	5,967,997	5,967,997		
	g Total. Add lines 2a-2f		113,624,346			
	3 Investment income (including dividends, interest, and other similar amounts)		15,052,986		15,052,986	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	(I) Real	(II) Personal				
7a 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)	(I) Securities	(II) Other				
	328,889					
	0	183,420				
	328,889	-183,420				
		145,469	145,469			
8a Gross income from fundraising events (not including \$ <u>154,708</u> of contributions reported on line 1c) See Part IV, line 18						
b Less direct expenses	a 60,800					
c Net income or (loss) from fundraising events	b 92,145		-31,345		-31,345	
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	a 929,722					
c Net income or (loss) from sales of inventory	b 539,274		390,448		390,448	
Miscellaneous Revenue	Business Code					
11a Pooled Investment Mgmt	900099	116,555	116,555			
b Vend Mach/Other	900099	98,836	98,836			
c Research Studies	900099	600	600			
d All other revenue		275,073	275,073			
e Total. Add lines 11a-11d		491,064				
12 Total revenue. See Instructions		131,551,695	111,866,879	2,394,000	15,412,089	

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 or note to any line 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	2,003,761	2,003,761		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	562,616	562,616		
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	5,423,715		5,423,715	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	461,004		461,004	
7 Other salaries and wages	44,402,691	33,448,858	10,477,749	476,084
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-974,454	-581,846	-380,295	-12,313
9 Other employee benefits	9,997,167	6,538,365	3,380,200	78,602
10 Payroll taxes	3,610,440	2,495,079	1,084,165	31,196
11 Fees for services (non-employees)				
a Management				
b Legal	117,716	109,116	8,600	
c Accounting	1,691,936	5,525	1,686,411	
d Lobbying	215,628	215,628		
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 Schedule O)				
12 Advertising and promotion	838,330	636,747	77,989	123,594
13 Office expenses	6,835,820	6,025,092	810,728	
14 Information technology	21,601,230	21,029,589	571,641	
15 Royalties				
16 Occupancy	2,534,642	2,466,056	68,586	
17 Travel	748,043	587,051	160,992	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	319,562	217,240	102,322	
20 Interest	13,820,474	13,820,474		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,470,921	14,883,567	587,354	
23 Insurance	-2,615,070	8,944	-2,624,014	
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 Purchased Services	6,557,750	5,974,057	580,079	3,614
b Service Fees	5,113,362	5,113,362		
c Equip Mgt/TriMedx Exp	4,428,511	4,428,511		
d Collection Services	3,053,796	3,053,796		
e All other expenses	8,810,601	4,895,559	3,801,430	113,612
25 Total functional expenses. Add lines 1 through 24e	155,030,192	127,937,147	26,278,656	814,389
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 or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	28,552,088	1
2	Savings and temporary cash investments	1,211,032	2
3	Pledges and grants receivable, net	366,953	3
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 instructions) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	304,707,695	7
8	Inventories for sale or use	298,817	8
9	Prepaid expenses and deferred charges	8,132,086	9
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	69,001,377	
b	Less accumulated depreciation	-33,989,534	50,238,669
			10c
			102,990,911
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	138,692,291	13
14	Intangible assets	14	
15	Other assets See Part IV, line 11	30,725,449	15
16	Total assets. Add lines 1 through 15 (must equal line 34)	575,749,845	16
Liabilities			
17	Accounts payable and accrued expenses	50,559,021	17
18	Grants payable	18	
19	Deferred revenue	19	
20	Tax-exempt bond liabilities	0	20
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	469,347,105	25
26	Total liabilities. Add lines 17 through 25	519,906,126	26
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	41,023,697	27
28	Temporarily restricted net assets	8,894,681	28
29	Permanently restricted net assets	5,925,341	29
	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	55,843,719	33
34	Total liabilities and net assets/fund balances	575,749,845	34

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,551,695
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,030,192
3	Revenue less expenses Subtract line 2 from line 1	3	-23,478,497
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,076,975
5	Net unrealized gains (losses) on investments	5	7,081,208
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13,835,967
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	55,843,719

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c 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	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b 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	3b	Yes

Additional Data

Software ID:
Software Version:
EIN: 48-1172107
Name: Via Christu Health Inc

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

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

Compensated Employees and Independent Contractors									
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	
		Former Officer Or Director Individual trustee	Institutional Trustee	Officer	Key employee Highest compensated employee				
Edward J Hett Medical Director	50 00 0 00				X	227,851	0	48,598	
Claudio J Ferraro Sr Administrator	25 00 25 00				X	291,652	0	62,553	
John R Broberg Sr Administrator	50 00 0 00				X	282,896	0	29,769	
Randall R Cason Sr Administrator	50 00 0 00				X	282,854	0	55,324	
Martin Ekrem Sr Administrator Outreach	50 00 0 00				X	293,745	0	0	
Diana Hilburn end 612 Former Key Employee - CIO	0 00 0 00				X	154,902	0	0	
Lori Grubs end 1112 Former Key Employee - CHRO	0 00 0 00				X	294,839	0	0	

SCHEDULE A
(Form 990 or 990EZ)**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.

2013**Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service

- Attach to Form 990 or Form 990-EZ. ► See separate instructions.
- Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No		Yes	No	
(A) Ascension Health Alliance	453358926	11a	Yes		Yes		Yes	0
(B) Ascension Health	311662309	11a	Yes		Yes		Yes	0
Total								0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2012. 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 ►		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2012 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2013. 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—2012. 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. 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.)**Facts And Circumstances Test**

Return Reference

Explanation

Part I, Line 11, Column VII

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, 2014 totaled \$111,370,999. This can be broken into the following support to each organization listed below - AMS Laboratory, Inc \$1,302,488 - Gerard House, Inc \$24,146 - Mercy Regional Health Center, Inc \$9,336,352 - Via Christi Clinic, P A \$17,962,221 - Via Christi Health Partners, Inc \$2,475,295 - Via Christi Hospital Pittsburg, Inc \$9,154,285 - Via Christi Hospital Wichita St Teresa, Inc \$6,671,110 - Via Christi Hospitals Wichita, Inc \$57,039,266 - Via Christi Rehabilitation Hospital, Inc \$2,998,752 - Via Christi Villages, Inc \$3,602,025 - Wamego Hospital Association \$805,058

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2013****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
- See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

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

Name of the organization Via Christi Health Inc	Employer identification number 48-1172107
--	--

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

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

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

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

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

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

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

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

A Check if the filing organization belongs to an affiliated group (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			
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) 2010	(b) 2011	(c) 2012	(d) 2013	(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?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		215,628
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			215,628
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to 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?		
5 Taxable amount of lobbying and political expenditures (see instructions)	4	
	5	

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	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 related to positions on issues related to carrying out healthcare programs. Via Christi Health, Inc does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office

Part IV Supplemental Information (continued)

Schedule D (Form 990) 2013

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2013

► 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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service**Name of the organization**
Via Christi Health Inc**Employer identification number**

48-1172107

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

	(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	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	2d

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

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

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

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

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

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

b 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	14,143,938	13,703,596	13,098,590	12,824,717	11,875,641
b Contributions	1,842,184	2,750,395	2,849,747	3,198,552	2,934,066
c Net investment earnings, gains, and losses	953,821	167,725	1,014,728	33,188	617,952
d Grants or scholarships	659,430	520,396	689,873	561,157	504,843
e Other expenditures for facilities and programs	1,031,195	1,604,370	2,172,326	1,960,981	1,707,809
f Administrative expenses	429,295	353,012	397,270	435,729	390,290
g End of year balance	14,820,023	14,143,938	13,703,596	13,098,590	12,824,717

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 39 980 %

c Temporarily restricted endowment 60 020 %

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

3a(i)	Yes	No
3a(ii)	Yes	No

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		2,782,084			2,782,084
b Buildings		-6,437,566	-16,290,960	9,853,394	
c Leasehold improvements		-3,752,010	-3,036,410	-715,600	
d Equipment		76,108,042	-14,657,761	90,765,803	
e Other		300,827	-4,403	305,230	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					102,990,911

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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		
Other		

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in Salina Regional Health Center	80,432,991	C
(2) Interest in Investments Held by Ascension Health Alliance	58,259,300	C
Total. (Column (b) must equal Form 990, Part X, col (B), line 13.) ►	138,692,291	

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

138,692,29

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Interest Receivable	520,483
(2) Investment in Related Orgs	6,862,660
(3) Other Noncurrent Assets	3,551,431
(4) Other Misc Receivables	13,894,868
(5) Cash Value Life Insurance	2,558,176
(6) Prepaid Pension	3,337,831
Total (Column (b) must equal Form 990, Part X, col (B) line 15.)	30,725,448

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

30 725 449

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Form 990, Part X, line 25.		
1	(a) Description of liability	(b) Book value
Federal income taxes		
Workers Comp Reserve		6,205,741
Professional Liability Tail Accrual		3,794,121
Intercompany Debt with AHA		452,593,554
Deferred Comp - KEYSOP		175,871
Valuation Reserve		6,577,801
Total (Column (b) must equal Form 990, Part X, col (B) line 25.)		469,347,107

Total: (Column (B) must equal Form 5500, Part X, Col (B), line 25.) 469,347,103

469,347,103

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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.

Return Reference	Explanation
Part V, Line 4	These funds are used to provide financial support for various medical related projects and causes within 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.
Part X, Line 2	From the consolidated audited financial statements of Ascension Health Alliance and its member organizations ("The System") which include the activity of Via Christi Health, Inc. The System
	accounts for uncertainty in income tax provisions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or
	expected to be taken in a tax return. The System has determined that no material unrecognized tax
	benefits or liabilities exist as of June 30, 2014.

Part XIII Supplemental Information (continued)

Return Reference	Explanation

2013

Open to Public
InspectionSCHEDULE F
(Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue ServiceName of the organization
Via Christi Health Inc

Employer identification number

48-1172107

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean		1	Program Service	Offshore Captive Management	451,002
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	1			451,002
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	1			451,002

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ►

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Additional Data

Software ID:

Software Version:

EIN: 48-1172107

Name: Via Christi Health Inc

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

2013

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
Via Christi Health Inc

Employer identification number

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 part.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>Charity Classic</u> (event type)	<u>Gala Dinner</u> (event type)	(total number)	
1	Gross receipts . . .	95,290	120,218		215,508
2	Less Contributions . . .	57,090	97,618		154,708
3	Gross income (line 1 minus line 2) . . .	38,200	22,600		60,800
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .	43,238	22,872		66,110
7	Food and beverages . . .				
8	Entertainment . . .				
9	Other direct expenses . . .	9,851	16,184		26,035
10	Direct expense summary Add lines 4 through 9 in column (d)				(92,145) ►
11	Net income summary Subtract line 10 from line 3, column (d)				-31,345 ►

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.

		(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	Non-cash 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 Subtract line 7 from line 1, column (d)				►

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 _____

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) 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).

Return Reference

Explanation

**Schedule I
(Form 990)**

OMB No 1545-0047

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

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

► Attach to Form 990

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2013**Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
Via Christi Health Inc

Employer identification number

48-1172107

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Via Christi Hospitals Wichita Inc 929 N St Francis Wichita, KS 67214	48-1172106	501(c)(3)	174,857				Operating Expenses
(2) Gerard House Inc 3144 N Hood Wichita, KS 67204	48-1049532	501(c)(3)	192,280				Operating Expenses
(3) Via Christi Hospitals Wichita Inc 929 N St Francis Wichita, KS 67214	48-1172106	501(c)(3)	52,227				Equipment, Education
(4) GraceMed Health Clinic Inc 1122 N Topeka Wichita, KS 67218	48-1159633	501(c)(3)	11,151				General Assistance for Patients
(5) Guadalupe Clinic Inc 940 S St Francis Wichita, KS 67211	20-1285208	501(c)(3)	8,695				General Assistance for Patients
(6) Heart To Heart International Inc 401 S Clairborne Suite 302 Olathe, KS 660621735	48-1108359	501(c)(3)	13,320				Assistance for Staff, Medical Supplies and Medications
(7) Cibor Inc 929 N St Francis Wichita, KS 67214	27-0564463	501(c)(3)	200,000				Research
(8) Newman University 3100 McCormick St Wichita, KS 67213	48-0556716		1,000,000				Lab Equipment

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 6

3 Enter total number of other organizations listed in the line 1 table ► 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
(1) Via Christi Employee Assistance	60	20,290			
(2) VCH-W Patient Assistance	1884	67,370			
(3) VCH-W Student Scholarships	40	21,000			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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 grant reports are requested from all grantees

Additional Data

Software ID:
Software Version:
EIN: 48-1172107
Name: Via Christi Health Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Via Christi Hospitals Wichita Inc 929 N St Francis Wichita, KS 67214	48-1172106	501(c)(3)	174,857				Operating Expenses

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gerard House Inc 3144 N Hood Wichita, KS 67204	48-1049532	501(c)(3)	192,280				Operating Expenses

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Via Christi Hospitals Wichita Inc 929 N St Francis Wichita, KS 67214	48-1172106	501(c)(3)	52,227				Equipment, Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GraceMed Health Clinic Inc 1122 N Topeka Wichita, KS 67218	48-1159633	501(c)(3)	11,151				General Assistance for Patients

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Guadalupe Clinic Inc 940 S St Francis Wichita, KS 67211	20-1285208	501(c)(3)	8,695				General Assisstane for Patients

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Heart To Heart International Inc 401 S Clairborne Suite 302 Olathe, KS 660621735	48-1108359	501(c)(3)	13,320				Assistance for Staff, Medical Supplies and Medications

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cibor Inc 929 N St Francis Wichita, KS 67214	27-0564463	501(c)(3)	200,000				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Newman University 3100 McCormick St wichita, KS 67213	48-0556716		1,000,000				Lab Equipment

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor 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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
Via Christi Health Inc

Employer identification number

48-1172107

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input 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 in 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 directors, trustees, officers, including 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**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	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

Note. The sum of columns (B)(i)-(iii) 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 4a	The following individuals received severance payments Lori Grubs - \$286,000 Martin Ekrem - \$250,841
Part I, Line 4b	<p>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 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 following individual received a distribution from a non-qualified supplemental retirement plan in the amount listed Diana Hilburn - \$154,902 Keysop plan-frozen. Eligible executives participated in a frozen supplemental option benefit program that provides for supplemental retirement benefits that was limited to Via Christi Hospital St Francis, Preferred Medical Associates Physicians, Mount Carmel Regional Medical Center and Via Christi Health system executives. The payment of benefits under the program, if any, was linked to the exercise date for the options or to earned dividends on the options. Executives were vested in full when the options were granted. The amount ultimately paid under the program to executives receiving net option value is reported on Form 990 Schedul J, Part II, Column F. The following individual received a distribution from the Keysop plan in the amount listed below Roberta Johnson - \$2,444 Margaret Tichacek - \$93</p>

Additional Data

Software ID:
Software Version:
EIN: 48-1172107
Name: Via Christi Health Inc

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jeff Korsmo President & CEO	(i) 758,327 (ii) 0	28,913 0	12,975 0	150,054 0	17,258 0	967,527 0	0 0
Roberta Johnson Assistant Secretary	(i) 213,515 (ii) 0	7,055 0	8,367 0	41,052 0	7,284 0	277,273 0	2,444 0
David A Hadley end 114 Treasurer/CFO	(i) 444,000 (ii) 0	14,650 0	9,649 0	96,500 0	22,851 0	587,650 0	0 0
Gary Knight Secretary	(i) 296,646 (ii) 0	9,699 0	7,286 0	88,076 0	14,010 0	415,717 0	0 0
Jeff Seirer Assistant Treasurer	(i) 251,983 (ii) 0	6,922 0	4,668 0	50,220 0	18,614 0	332,407 0	0 0
David A Gambino Chief Strategy & Reg Adm Officer	(i) 395,610 (ii) 0	22,500 0	11,266 0	81,140 0	15,588 0	526,104 0	0 0
Jerry Carley end 1213 Chief Adminstrative Officer Villages	(i) 254,530 (ii) 0	8,511 0	3,444 0	51,432 0	18,091 0	336,008 0	0 0
John Shellito MD Chief Clinical Physician Officer	(i) 436,766 (ii) 0	14,588 0	20,123 0	79,781 0	18,966 0	570,224 0	0 0
Lynnette RauvolaBouta end 214 Chief Mission Integration Officer	(i) 250,568 (ii) 0	8,148 0	4,579 0	60,038 0	13,158 0	336,491 0	0 0
Abdul Bengali Chief Information Officer	(i) 358,118 (ii) 0	11,600 0	11,161 0	32,871 0	2,795 0	416,545 0	0 0
Judith Espinoza start 614 Chief Human Resources Officer	(i) 171,912 (ii) 0	0 0	13,689 0	17,806 0	9,674 0	213,081 0	0 0
Carleton Rider Chief Clinical Admin	(i) 454,635 (ii) 0	0 0	121,299 0	26,362 0	2,126 0	604,422 0	0 0
Margaret Tichacek Chief Planning & Mkt	(i) 256,639 (ii) 0	8,521 0	6,526 0	54,437 0	7,532 0	333,655 0	93 0
Diana Kidd Chief of Staff Officer	(i) 239,241 (ii) 0	6,542 0	8,131 0	47,760 0	9,226 0	310,900 0	0 0
Sherry Hausmann Chief Hospital Admin Officer	(i) 365,787 (ii) 0	14,567 0	4,641 0	63,090 0	16,595 0	464,680 0	0 0
Edward J Hett Medical Director	(i) 217,543 (ii) 0	3,496 0	6,812 0	34,068 0	14,530 0	276,449 0	0 0
Claudio J Ferraro Sr Administrator	(i) 276,479 (ii) 0	11,009 0	4,164 0	45,641 0	16,912 0	354,205 0	0 0
John R Broberg Sr Administrator	(i) 271,118 (ii) 0	4,886 0	6,892 0	21,228 0	8,541 0	312,665 0	0 0
Randall R Cason Sr Administrator	(i) 266,578 (ii) 0	11,411 0	4,865 0	38,458 0	16,866 0	338,178 0	0 0
Martin Ekrem Sr Administrator Outreach	(i) 0 (ii) 0	0 0	293,745 0	0 0	0 0	293,745 0	0 0

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Diana Hilburn end 612 Former Key Employee - CIO	(i) 0 (ii) 0	0 0	154,902 0	0 0	0 0	154,902 0	154,902 0
Lori Grubs end 1112 Former Key Employee - CHRO	(i) 0 (ii) 0	0 0	294,839 0	0 0	0 0	294,839 0	0 0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

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

- Attach to Form 990 or Form 990-EZ. ► See separate instructions.
- Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Via Christi Health Inc

Employer identification number

48-1172107

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No	Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Part III Grants or Assistance Benefitting Interested Persons.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) INTRUST Bank	Board Member (Lyndon Wells) is a Board Member of INTRUST Bank	714,681	Bank fees paid to INTRUST Bank by Via Christi Health, Inc		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

2013

Open to Public
Inspection**SCHEDULE O**
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.Name of the organization
Via Christi Health Inc

Employer identification number

48-1172107

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	
Form 990, Part VI, Section A, line 6	Via Christi Health, Inc has a single corporate member, Ascension Health
Form 990, Part VI, Section A, line 7a	Via Christi Health, Inc has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of the Via Christi Health, Inc
Form 990, Part VI, Section A, line 7b	Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures. These areas are subject to certain levels of approval by 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 Member's questions
Form 990, Part VI, Section B, line 12c	The organization monitors and enforces the Conflict of Interest Policy as follows: 1 - At time of appointment and annually thereafter, all interested persons, including board and committee members, complete a disclosure statement which addresses actual or potential conflicts of interest, 2 - The disclosure statement is done electronically and the return of the completed statement is a condition of continued appointment, employment, or participation with the organization, 3 - All actual or potential conflicts are reviewed, investigated, and resolved by the chief governance officer and the corporate responsibility officer, with the results shared with the chief executive of the organization, and 4 - Periodic reviews are conducted by governance, compliance, and internal audit to ensure the organization is operating consistent with the policy and enforcing the policy's terms
Form 990, Part VI, Section B, line 15	Via Christi Health, Inc (VCH) VCH has established a common philosophy, strategy, and processes for executive compensation to be used throughout the Health System. Through the oversight of the VCH Executive Compensation Committee, executive compensation is competitively positioned at its stated market position when compared to the compensation paid by relevant organizations (comparably-sized health systems, hospitals, and long-term care providers). VCH recognizes its responsibility to ensure that its executive compensation program is appropriate in view of its mission and tax-exempt status and that its compensation levels and expenditures are reasonable and not excessive. To ensure these ends, the VCH Executive Compensation Committee has established and approved the executive compensation philosophy for VCH and all related entities. It will also approve all changes in the compensation package for VCH executives in advance. On an annual basis, the committee conducts a comprehensive review of total compensation for all executives. It also reviews and approves "off-cycle" compensation transactions as needed. In their review, the Committee considers the following factors: - Market data from independent compensation surveys and sources that reflect comparable positions in organizations of similar size and scope, - Difficulties in recruiting and retaining executives, - Skills, experience and performance history of individual executives, - Critical business or strategic issues that the organization may face, and - Market position for total compensation. The adequacy, competitiveness, and cost of the VCH total executive compensation program are reviewed on an ongoing basis and changes are made as the Committee determines appropriate. The executive compensation program will be maintained such that it will fall within the safe harbor guidelines established by the intermediate sanctions regulations. The Committee also employs the services of an independent compensation consultant to prepare market analysis to aid and support the Committee's actions, provide documentation of market trends for budget setting purposes, review annual compensation changes to ensure "reasonableness" and provide attestation, and provide consultation on all executive compensation issues. The Committee also relies on third-party validation of performance measures used in the determination of compensation.
Form 990, Part VI, Section C, line 19	Via Christi Health, Inc's governing documents and Conflict of Interest Policy are available to the public upon request
Form 990, Part XI, line 9	Transfer to VC Entities -39,923,348 Transfer Restricted Contributions for Property 4,043 Transfer to/from Ascension Entities 9,562,253 Mkt Value/Fund Balance -5,744,115 Nonctrl Int Other Activity/Change in Uncons Subs 20,644,041 Change in Pension and Other Changes 1,814,634 Foundation Capital Transfers to VC entities -193,475

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Via Christi Health Inc

Employer identification number

48-1172107

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Ambulatory Surgery Center LP 8200 E Thorn Drive Suite 300 Wichita, KS 67226 48-1114690	Surgery Center	KS	N/A									
(2) AMS Diagnostics LLC 8200 E Thorn Drive Suite 300 Wichita, KS 67226 48-1223653	Radiology Services	KS	N/A									
(3) Kansas Surgery and Recovery Center LLC 2770 North Webb Road Wichita, KS 67226 48-1148580	Surgery Center	KS	N/A									
(4) MR Imaging Center LLC 8200 E Thorn Drive Suite 300 Wichita, KS 67226 48-1000538	Imaging Center	KS	N/A									
(5) St Joseph MRI LLC 8200 E Thorn Drive Suite 300 Wichita, KS 67226 48-1007220	Imaging Center	KS	N/A									
(6) Mercy Imaging LLC 1823 College Avenue Manhattan, KS 66502 48-1251984	Radiology Services	KS	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
							Yes	No	Yes	No
(1) Affiliated Medical Services Laboratory Inc 2916 E Central Wichita, KS 67214 48-1239522	Medical Laboratory	KS	Via Christi Health Inc	C	17,444,114	9,448,578	100 000 %	Yes		
(2) Integrated Healthcare Systems Inc 3311 East Murdock Wichita, KS 67208 48-0941549	Clinic Services	KS	Via Christi Health Inc	C	96,020,964	51,792,417		100 000 %	Yes	
(3) VCH Iowa PC Trust 8200 E Thorn Drive Suite 300 Wichita, KS 67226 27-6937322	Beneficiary Trust	IA	Via Christi Health Inc	T			100 000 %	Yes		
(4) VCH Iowa PC 8200 E Thorn Drive Suite 300 Wichita, KS 67226 27-3983977	Professional Association	IA	N/A	C						No
(5) Via Christi Clinic PA 3311 East Murdock Wichita, KS 67208 48-0993446	Professional Association	KS	N/A	C						No
(6) Sunflower Assurance Ltd PO Box 1085 Grand Cayman KY1-1102 CJ 98-0223159	Insurance Company	CJ	Via Christi Health Inc	C	3,279,291	5,196,946	100 000 %	Yes		
(7) Via Christi Clinic Services Inc 8200 E Thorn Drive Suite 300 Wichita, KS 67226 27-3984287	Clinic Services	KS	Via Christi Health Inc	C			100 000 %			No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Schedule R (Form 990) 2013

Additional Data

Software ID:
Software Version:
EIN: 48-1172107
Name: Via Christi Health Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Ascension Health Alliance PO Box 45998 St Louis, MO 63145 45-3358926	National Health System	MO	Section 501(c) (3)	Schedule A, Line 11a	N/A		No
(1) Ascension Health PO Box 45998 St Louis, MO 63145 31-1662309	National Health System	MO	Section 501(c) (3)	Schedule A, Line 11a	Ascension Health Alliance		No
(2) Via Christi Villages Inc 2622 W Central Suite 100 Wichita, KS 67203 48-0559086	Management Company	KS	Section 501(c) (3)	Schedule A, Line 11c	Via Christi Health Inc	Yes	
(3) Cornerstone Assisted Living Inc 2622 W Central Suite 100 Wichita, KS 67203 48-1241079	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(4) Via Christi Village Hays Inc 2225 Canterbury Drive Hays, KS 67601 20-2828680	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(5) Via Christi Care at Home Inc 2622 W Central Suite 100 Wichita, KS 67203 27-1889960	Health Agency	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(6) Via Christi Healthcare Outreach Program for Elders Inc 2622 W Central Suite 101 Wichita, KS 67203 48-1236589	PACE Community Program	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(7) Via Christi Village Georgetown Inc 1655 S Georgetown Wichita, KS 67218 48-1129325	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(8) Via Christi Village Manhattan Inc 2800 Willow Grove Road Manhattan, KS 66502 48-1078862	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(9) Via Christi Village McLean Inc 777 N McLean Blvd Wichita, KS 67203 48-1247723	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(10) Via Christi Village Pittsburg Inc 1502 E Centennial Drive Pittsburg, KS 66762 74-3070971	Retirement Home	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(11) Via Christi Village Ponca City Inc 1601 Academy Road Ponca City, OK 74604 73-1153337	Retirement Home	OK	Section 501(c) (3)	Schedule A, Line 9	Via Christi Villages Inc	Yes	
(12) Via Christi Hospital Pittsburg Inc 1 Mt Carmel Way Pittsburg, KS 66762 48-0543778	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Health Inc		No
(13) Mount Carmel Foundation Inc 1 Mt Carmel Way Pittsburg, KS 66762 48-0961283	Foundation	KS	Section 501(c) (3)	Schedule A, Line 11a	Via Christi Hospital Pittsburg Inc		No
(14) Via Christi Health Alliance in Accountable Care Inc 8200 E Thorn Drive Suite 300 Wichita, KS 67226 46-2872857	ACO	KS			Via Christi Health Inc		No
(15) Via Christi Hospital Wichita St Teresa Inc 14800 W St Teresa Wichita, KS 67235 27-1965272	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Health Inc		No
(16) Via Christi Hospitals Wichita Inc 929 N Saint Francis Wichita, KS 67214 48-1172106	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Health Inc		No
(17) Gerard House Inc 3144 N Hood Wichita, KS 67204 48-1049532	Hospital Support	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Hospitals Wichita Inc		No
(18) Via Christi Rehabilitation Hospital Inc 1151 N Rock Road Wichita, KS 67206 48-1158274	Rehabilitation Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Hospitals Wichita Inc		No
(19) Via Christi Property Services Inc 8200 E Thorn Drive Suite 300 Wichita, KS 67226 48-0948571	Property Management	KS	Section 501(c) (4)	N/A	Via Christi Hospitals Wichita Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) Via Christi Health Partners Inc 8200 E Thorn Drive Suite 300 Wichita, KS 67226 48-0958974	Management Company	KS	Section 501(c) (3)	Schedule A, Line 9	Via Christi Health Inc		No
(1) Mercy Regional Health Center Inc 1823 College Avenue Manhattan, KS 66502 48-1186704	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Via Christi Health Inc		No
(2) Mercy Community Health Foundation Inc PO Box 13 Manhattan, KS 66502 48-1152279	Foundation	KS	Section 501(c) (3)	Schedule A, Line 9	Mercy Regional Health Center Inc		No
(3) Wamego Hospital Association Inc 711 Genn Drive Wamego, KS 66547 72-1526400	Hospital	KS	Section 501(c) (3)	Schedule A, Line 3	Mercy Regional Health Center Inc		No
(4) Mercy Regional Home Medical Services LLC 2439 Claflin Road Manhattan, KS 66502 43-2024491	Medical Equipment	KS	Section 501(c) (3)	Schedule A, Line 9	Mercy Regional Health Center Inc		No
(5) Salina Regional Home Medical Services LLC 520 South Santa Fe Ave Salina, KS 67401 43-1948057	Medical Equipment	KS	Section 501(c) (3)	Schedule A, Line 9	Salina Regional Health Center Inc		No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Via Christi Clinic PA	L	143,032	Actual Amount Transferred
Via Christi Clinic PA	O	1,509,008	Actual Amount Transferred
Via Christi Clinic PA	P	21,222,354	Actual Amount Transferred
Via Christi Clinic PA	Q	1,413,445	Actual Amount Transferred
Via Christi Clinic PA	R	684,420	Actual Amount Transferred
Via Christi Clinic PA	S	3,165,910	Actual Amount Transferred
Integrated Healthcare Systems Inc	L	1,969,664	Actual Amount Transferred
Integrated Healthcare Systems Inc	P	19,483,787	Actual Amount Transferred
Integrated Healthcare Systems Inc	Q	9,208,634	Actual Amount Transferred
Integrated Healthcare Systems Inc	R	17,019,471	Actual Amount Transferred
Affiliated Medical Services Laboratory Inc	P	6,642,530	Actual Amount Transferred
Affiliated Medical Services Laboratory Inc	Q	438,159	Actual Amount Transferred
Affiliated Medical Services Laboratory Inc	R	1,469,898	Actual Amount Transferred
Via Christi Hospitals Wichita Inc	B	364,967	Actual Amount Transferred
Via Christi Hospitals Wichita Inc	D	739,995	Actual Amount Transferred
Via Christi Hospitals Wichita Inc	H	12,380,388	Actual Amount Transferred
Via Christi Hospitals Wichita Inc	L	6,552,657	Actual Amount Transferred
Via Christi Hospitals Wichita Inc	M	116,952	Actual Amount Transferred
Via Christi Hospitals Wichita Inc	O	414,375	Actual Amount Transferred
Via Christi Hospitals Wichita Inc	P	185,075,273	Actual Amount Transferred
Via Christi Hospitals Wichita Inc	Q	19,414,907	Actual Amount Transferred
Via Christi Hospitals Wichita Inc	R	33,998,678	Actual Amount Transferred
Via Christi Hospital Wichita St Teresa Inc	H	431,661	Actual Amount Transferred
Via Christi Hospital Wichita St Teresa Inc	P	3,184,212	Actual Amount Transferred
Via Christi Hospital Wichita St Teresa Inc	Q	2,736,958	Actual Amount Transferred

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Via Christi Hospital Wichita St Teresa Inc	R	6,723,426	Actual Amount Transferred
Via Christi Rehabilitation Hospital Inc	M	83,955	Actual Amount Transferred
Via Christi Rehabilitation Hospital Inc	P	5,780,866	Actual Amount Transferred
Via Christi Rehabilitation Hospital Inc	Q	1,035,420	Actual Amount Transferred
Via Christi Rehabilitation Hospital Inc	R	3,534,350	Actual Amount Transferred
Via Christi Health Partners Inc	Q	2,276,063	Actual Amount Transferred
Via Christi Health Partners Inc	R	2,368,519	Actual Amount Transferred
AMS Diagnostics LLC	P	128,466	Actual Amount Transferred
AMS Diagnostics LLC	Q	65,397	Actual Amount Transferred
Ambulatory Surgery Center LP	R	66,090	Actual Amount Transferred
Via Christi Property Services Inc	P	3,957,669	Actual Amount Transferred
Gerard House Inc	B	186,777	Actual Amount Transferred
Gerard House Inc	S	159,994	Actual Amount Transferred
Via Christi Villages Inc	O	166,256	Actual Amount Transferred
Via Christi Villages Inc	Q	3,362,291	Actual Amount Transferred
Via Christi Villages Inc	R	3,402,588	Actual Amount Transferred
Catholic Care Center Inc	Q	154,355	Actual Amount Transferred
Catholic Care Center Inc	R	184,103	Actual Amount Transferred
Via Christi Villages Pittsburg Inc	Q	57,956	Actual Amount Transferred
Via Christi Villages Pittsburg Inc	R	75,578	Actual Amount Transferred
Via Christi Villages Manhattan Inc	D	400,000	Actual Amount Transferred
Via Christi Villages Manhattan Inc	Q	66,169	Actual Amount Transferred
Via Christi Villages Manhattan Inc	R	482,204	Actual Amount Transferred
Via Christi Villages Hays Inc	Q	106,213	Actual Amount Transferred
Via Christi Villages Hays Inc	R	73,052	Actual Amount Transferred

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Via Christi Healthcare Outreach Program for Elders Inc	Q	99,123	Actual Amount Transferred
Via Christi Healthcare Outreach Program for Elders Inc	R	86,100	Actual Amount Transferred
Via Christi Care At Home Inc	O	180,768	Actual Amount Transferred
Via Christi Care At Home Inc	P	229,829	Actual Amount Transferred
Via Christi Village Ponca City Inc	Q	57,817	Actual Amount Transferred
Via Christi Village Ponca City Inc	R	79,545	Actual Amount Transferred
Via Christi Hospital Pittsburg Inc	D	6,851,510	Actual Amount Transferred
Via Christi Hospital Pittsburg Inc	H	305,902	Actual Amount Transferred
Via Christi Hospital Pittsburg Inc	M	60,782	Actual Amount Transferred
Via Christi Hospital Pittsburg Inc	O	80,130	Actual Amount Transferred
Via Christi Hospital Pittsburg Inc	P	27,980,053	Actual Amount Transferred
Via Christi Hospital Pittsburg Inc	Q	3,671,685	Actual Amount Transferred
Via Christi Hospital Pittsburg Inc	R	10,397,681	Actual Amount Transferred
Mercy Regional Health Center Inc	H	801,272	Actual Amount Transferred
Mercy Regional Health Center Inc	M	107,343	Actual Amount Transferred
Mercy Regional Health Center Inc	O	131,914	Actual Amount Transferred
Mercy Regional Health Center Inc	P	24,011,567	Actual Amount Transferred
Mercy Regional Health Center Inc	Q	3,702,684	Actual Amount Transferred
Mercy Regional Health Center Inc	R	9,357,655	Actual Amount Transferred
Wamego Hospital Association	H	54,790	Actual Amount Transferred
Wamego Hospital Association	Q	924,347	Actual Amount Transferred
Wamego Hospital Association	R	911,834	Actual Amount Transferred
Ascension Health	Q	1,929,685	Actual Amount Transferred
Ascension Health	D	7,591,505	Actual Amount Transferred