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2014

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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable	C Name of organization Via Christi Health Inc		D Employer identification number 48-1172107
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 8200 E Thorn Drive	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code Wichita, KS 67226		G Gross receipts \$ 150,282,155
F Name and address of principal officer Jeff Korsmo 8200 E Thorn Drive Wichita, KS 67226		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527J Website: ► [https://www.viachristi.org/](http://www.viachristi.org/)K Form of organization Corporation Trust Association Other ► 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 <u>We serve as a healing presence with special concern for our neighbors who are vulnerable</u>	
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 10
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 2014 (Part V, line 2a)	5 925
6 Total number of volunteers (estimate if necessary)	6 694
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 2,209,884
b Net unrelated business taxable income from Form 990-T, line 34	7b -8,412

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,878,727	Current Year 3,170,408
	9 Program service revenue (Part VIII, line 2g)	113,624,346	134,148,509
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,198,455	8,941,719
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	850,167	3,339,059
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,551,695	149,599,695
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,566,377	2,108,598
	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)	62,920,563	59,636,294
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 618,446		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89,543,252	118,807,373
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	155,030,192	180,552,265
19 Revenue less expenses Subtract line 18 from line 12	-23,478,497	-30,952,570	
Expenses	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	575,749,845	555,701,448
	21 Total liabilities (Part X, line 26)	519,906,126	415,573,233
	22 Net assets or fund balances Subtract line 21 from line 20	55,843,719	140,128,215
Net Assets or Fund Balances	Beginning of Current Year	End of Year	

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		2016-05-16
	Carol Karp Chief Financial Officer		Date
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name REBECCA LYONS	Preparer's signature REBECCA LYONS	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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Via Christi Health, Inc , a Catholic Health System, shares 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 C

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 \$ 151,712,804 including grants of \$ 2,108,598) (Revenue \$ 134,771,838

Via Christi Health, Inc , a Catholic health system, shares this mission "Inspired by the Gospel and our Catholic tradition, we serve as a healing presence with special concern for our neighbors who are vulnerable " Via Christi Health's history extends back over 100 years and today, along with our sponsoring organization, Ascension Health, we continue to respond to community needs in Kansas and Northeastern Oklahoma The obligation to reach out to those in need and improve community health flows directly from our identity as a faith-based healing ministry As a mission-driven organization, we provide community benefit because we are committed to our core values of 1) Service of the Poor - Generosity of spirit, especially for persons most in need, 2) Reverence - Respect and compassion for the dignity and diversity of life, 3) Integrity - Inspiring trust through personal leadership, 4) Wisdom - Integrating excellence and stewardship, 5) Creativity - Courageous innovation, and 6) Dedication - Affirming the hope and joy of our ministry The primary location of Via Christi Health, Inc is Wichita, Sedgwick County, Kansas The 2014 estimated population was 508,803 Wichita is the largest city within Sedgwick County and the State of Kansas The population is 81% white, 9.5% Black, 1.4% American Indian and 4.4% Asian 3.6% of the population identified themselves as being biracial and 13.9% identified themselves as Hispanic or Latino Nearly 14% of the population speak a foreign language, other than English, in their homes 88.6% of adults 25 and older identified themselves as having a high school education and nearly 29% identified themselves as having Bachelor of Arts/Bachelor of Science degrees Median household income is \$49,865, which is less than the rest of the State at \$51,332 The land area is nearly 1,000 square miles with approximately 500 persons per square mile when compared to 35 per square mile for all of Kansas VCH works with the communities they serve in addressing their needs with their limited resources Here are some of the ways in which VCH helps Employees assist with 1) Fundraising for other area not-for-profits through the annual One Community Campaign (in partnership with United Way), 2) Protecting the environment through a recycling program, 3) Saving lives through sponsoring blood drives in partnership with the American Red Cross, 4) Cash donations to organizations and programs that are health related, 5) In-kind donations of time for United Way Ambassadors, Jefferson Elementary, American Heart Association, Ronald McDonald House, community food drives, Children's Miracle Network and more The financial information in this report was prepared in accordance with the Catholic Health Association's Community Benefit reporting guidelines These guidelines recommend the following 1) Report Charity Care at cost, not charges, 2) Do not include bad debt, contractual allowances and quick pay discounts as part of the Charity Care expense, 3) Do not count Medicare shortfall as a community benefit, and 4) Report the net expense for community benefit services (e.g. the total community benefit expense minus any associated revenue from patients, payers and other external sources) For Fiscal Year Ended June 30, 2015 Community Benefit - VCH provided the following net benefit Financial & In-Kind Donations = \$969,525, Community Benefit Operations = \$196,998, Community Health Improvement = \$266,809, Research = \$57,579, Community Building = \$13,608 Total of Quantifiable Community Benefit of \$1,480,911 In addition, in the category of Community Building, Via Christi Health, Inc expended a total of \$13,608 for a Grand Total of \$1,504,519 One of the restricted donations of \$100,000 was awarded to GraceMed Health Clinic, Inc , a FQHC that, in partnership with VCH and the YMCA, has opened up a clinic in South Wichita where there was a health care desert Land was donated by the YMCA and VCH cash went toward the first year of operational costs in order to increase access to healthcare for low income populations living in the area who are in need of a medical home For the Fiscal Year Ended June 30, 2015, Community Benefit - VCH Consolidated provided the following net benefit 1) Charity Care (at cost) - \$46,122,579 2) Government sponsored health care (net expense at cost) - \$15,593,880 3) Community benefit programs (net expense) - \$20,770,525 Community Health Improvement Services a) Community Health Improvement Services and Community Benefit Operations - \$1,883,263 b) Health Professions Education - \$16,586,827 c) Subsidized Health Services - \$430,802 d) Research - \$281,626 e) Financial and in-kind donations - \$1,481,902 f) Community building activities - \$106,105 Total quantifiable community benefit expense - \$82,470,525

4b (Code) (Expenses \$ 102,603 including grants of \$ 0) (Revenue \$ 54,770

VIA CHRISTI HEALTH, INC. 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 \$)

(code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule Q)

(Expenses \$)

including grants of \$

) (Revenue

4e Total program service expenses

151 815 407

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		No
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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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	254	
1b 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	925	
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	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	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	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? . . .	7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a 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.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
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 . . .	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? <i>If "No," provide an explanation in Schedule O</i> . . .	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	10	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	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	
b	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	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9	No	
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			

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?	15a	Yes
a	The organization's CEO, Executive Director, or top management official	15b	Yes
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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, address, and telephone number of the person who possesses the organization's books and records <input checked="" type="checkbox"/> Judy Davis

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 VII

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

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

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

(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
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	10,549,898	414,775	1,465,442

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 **►88**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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
American Consultants 9359 West 75th Street Overland Park, KS 66204	Services	5,198,649
ARX 800 Crescent Centre Drive Suite 500 Franklin, TN 37067	Services	2,900,708
HIMS Consulting Group Inc 2155 Resort Drive Suite 220 Steamboat Springs, CO 80487	Services	1,330,340
AGFA Healthcare Corporation 10 South Academy Street Greenville, SC 29601	Services	816,499
Medical Information Technology Inc Meditech Circle Westwood, MA 02090	Software Management Support	631,510
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 ►47		

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	125,141			
	d Related organizations	1d	781,658			
	e Government grants (contributions)	1e	70,334			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,193,275			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		3,170,408			
Program Service Revenue	2a IT Service Center	Business Code				
		561000	73,002,972	73,002,972		
	b Reimbursements		37,347,036	37,347,036		
	c Management Fees		16,690,505	14,480,621	2,209,884	
	d HR Service Center		7,107,996	7,107,996		
	e					
	f All other program service revenue		0	0	0	
	g Total. Add lines 2a-2f		134,148,509			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,994,041		8,994,041	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(I) Real	(II) Personal			
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses	92,542	0				
c Gain or (loss)	0	144,864				
d Net gain or (loss)	92,542	-144,864	-52,322		-52,322	
8a Gross income from fundraising events (not including \$ <u>125,141</u> of contributions reported on line 1c)						
See Part IV, line 18	a	148,185				
b Less direct expenses	b	89,335	58,850		58,850	
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities	a					
See Part IV, line 19	b					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	840,487				
b Less cost of goods sold	b	448,261	392,226		392,226	
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a Soarian Early Termination Fee	900099	1,732,275	1,732,275			
b POOLED INVESTMENT MANAGEMENT	900099	118,372	118,372			
c Vending MACHINE/Other	900099	35,417	35,417			
d All other revenue		1,001,919	1,001,919	0	0	
e Total. Add lines 11a-11d		2,887,983				
12 Total revenue. See Instructions		149,599,695	134,826,608	2,209,884	9,392,795	

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 domestic organizations and domestic governments See Part IV, line 21	1,224,331	1,224,331		
2 Grants and other assistance to domestic individuals See Part IV, line 22	884,267	884,267		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,088,070		9,088,070	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,424,025		1,424,025	
7 Other salaries and wages	37,607,599	30,421,684	6,820,482	365,433
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-1,568,715	-991,828	-463,217	-113,670
9 Other employee benefits	9,673,395	6,292,792	3,313,782	66,821
10 Payroll taxes	3,411,920	2,272,959	1,112,887	26,074
11 Fees for services (non-employees)				
a Management				
b Legal	34,209	26,626	7,583	
c Accounting	1,855,753	9,770	1,845,983	0
d Lobbying	259,826	259,826		
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)	0	0	0	0
12 Advertising and promotion	820,600	641,376	15,130	164,094
13 Office expenses	6,222,385	5,489,374	733,011	
14 Information technology	31,033,192	30,552,086	481,106	
15 Royalties				
16 Occupancy	2,688,804	2,620,007	68,797	
17 Travel	1,217,501	1,040,447	177,054	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	268,361	160,187	108,174	
20 Interest	12,113,480	12,113,480		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,524,419	21,907,791	616,628	
23 Insurance	-428,455	7,181	-435,636	
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	9,666,726	8,451,574	1,207,938	7,214
b Service Fees	13,951,031	13,059,762	823,829	67,440
c Equip mgt/TriMedx Exp	9,155,422	9,155,422		
d Collection Services	4,705,941	4,705,941		
e All other expenses	2,718,178	1,510,352	1,172,786	35,040
25 Total functional expenses. Add lines 1 through 24e	180,552,265	151,815,407	28,118,412	618,446
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	13,163,660	1
	2 Savings and temporary cash investments	0	2
	3 Pledges and grants receivable, net	366,953	3
	4 Accounts receivable, net	0	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	0	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	0	6
	7 Notes and loans receivable, net	281,416,626	7
	8 Inventories for sale or use	261,869	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	28,358,993	10a
	b Less accumulated depreciation	-3,622,223	41,526,577
		10b	10c
	11 Investments—publicly traded securities	0	11
	12 Investments—other securities See Part IV, line 11	0	12
	13 Investments—program-related See Part IV, line 11	80,432,991	13
	14 Intangible assets	61,464,334	14
	15 Other assets See Part IV, line 11	88,984,749	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	0	18
	19 Deferred revenue	0	19
	20 Tax-exempt bond liabilities	0	20
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	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	0	22
	23 Secured mortgages and notes payable to unrelated third parties	0	23
	24 Unsecured notes and loans payable to unrelated third parties	0	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.	381,956,603	
	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.	5,925,341	
	30 Capital stock or trust principal, or current funds	0	30
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31
	32 Retained earnings, endowment, accumulated income, or other funds	0	32
	33 Total net assets or fund balances	55,843,719	33
	34 Total liabilities and net assets/fund balances	575,749,845	34
		140,128,215	
		555,701,448	

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	149,599,695
2	Total expenses (must equal Part IX, column (A), line 25)	2	180,552,265
3	Revenue less expenses Subtract line 2 from line 1	3	-30,952,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,843,719
5	Net unrealized gains (losses) on investments	5	-1,239,579
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	116,476,645
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	140,128,215

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 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 checked="" 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: 14000329
Software Version: 2014v1.0
EIN: 48-1172107
Name: Via Christi Health Inc

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

(A) Name and Title	(B) Average hours per week (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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) JEFFREY O KORSMO PRESIDENT & CEO	50 000	X		X			1,234,574	0	67,812
(1) SR M THERESE GOTTSCHALK TRUSTEE	1 005 70	X					0	0	0
(2) GERALD T AARON TRUSTEE	1 000	X					0	0	0
(3) B ANTHONY ISAAC TRUSTEE	1 000	X					0	0	0
(4) THOMAS R KRUSE TRUSTEE	1 000	X					0	0	0
(5) JON RAHMAN TRUSTEE	1 000	X					0	0	0
(6) SR MARY JOAN WALSH TRUSTEE	1 000	X					0	0	0
(7) LYNDON O WELLS TRUSTEE	1 000	X					0	0	0
(8) CAROLINE A WILLIAMS TRUSTEE	1 000	X					0	0	0
(9) DONALD A WILSON TRUSTEE	1 000	X					0	0	0
(10) SR M JEANINE RETZER TRUSTEE (END 4/15)	1 000	X					0	0	0
(11) ROBERTA JOHNSON ASSISTANT SECRETARY	36 0014 00			X			280,071	0	51,357
(12) GARY KNIGHT SECRETARY	50 001 00			X			435,018	0	128,044
(13) JEFF SEIRER ASSISTANT TREASURER	46 007 00			X			345,950	0	67,759
(14) CAROL KARP TREASURER (START 8/14)	49 005 00			X			158,602	0	9,132
(15) ABDUL BENGALI CHIEF INFORMATION OFFICER	50 000			X			519,534	0	12,274
(16) JUDITH ESPINOZA CHIEF HUMAN RESOURCES OFFICER	50 000			X			329,378	0	69,962
(17) CLAUDIO J FERRARO SR ADMINISTRATOR CLIN SVC LN	45 005 00			X			356,329	0	63,975
(18) DAVID A GAMBINO CHIEF STRATEGY & REG ADM OFFICER	44 0011 00			X			563,471	0	121,219
(19) LINDA GOODWIN CHIEF NURSING OFFICER	1 0049 00			X			141,380	192,839	70,658
(20) SHERRY HAUSMANN CHIEF HOSPITAL ADMIN OFFICER	2 0048 00			X			511,373	0	85,924
(21) JOHN SHELLITO MD CHIEF CLINICAL PHYSICIAN OFFICER	48 002 00			X			595,306	0	115,931
(22) MARGARET TICHACEK CHIEF PLANNING & MKT	50 000			X			367,698	0	57,774
(23) KARL J ULRICH MD CHIEF OPERATING OFFICER (START 2/14)	50 000			X			714,879	0	107,184
(24) DARRELL YOUNGMAN DO CHIEF MEDICAL OFFICER	2 0048 00			X			422,084	20,204	63,389

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

(A) Name and Title	(B) Average hours per week (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
		Individual trustee Or director	Institutional Trustee	Officer	Key employee before highest compensated	Highest compensated employee			
(26) STEVE NESBITT CHIEF QUALITY OFFICER (END 11/14)	0 00 50 00			X			247,477	201,732	34,573
(1) DANIEL PENNINGTON CHIEF PHILANTHROPY OFFICER (END 10/14)	50 00 1 00			X			288,619	0	19,865
(2) JOHN R BROBERG SR ADMINISTRATOR	46 00 4 00				X		371,296	0	58,655
(3) RANDALL R CASON SR ADMINISTRATOR	48 00 2 00				X		358,017	0	56,605
(4) EDWARD J HETT MEDICAL DIRECTOR	50 00 0				X		309,264	0	49,634
(5) ART HUBER SR ADMIN	4 00 46 00				X		274,578	0	49,053
(6) LISA CARRUTHERS SR ADMIN REV CYCLE	50 00 0				X		338,287	0	67,351
(7) DIANA KIDD FORMER KEY EMPLOYEE	0 00 1 00				X		100,547	0	10,141
(8) CARLETON RIDER FORMER KEY EMPLOYEE (END 6/14)	0 00 1 00				X		306,391	0	27,171
(9) RANDALL PETERSON FORMER KEY EMPLOYEE (END 4/12)	0 00 0				X		645,257	0	0
(10) JERRY CARLEY FORMER KEY EMPLOYEE (END 12/13)	0 00 0 00				X		207,533	0	0
(11) LORI GRUBS FORMER KEY EMPLOYEE-CHRO (END 11/12)	0 00 0				X		126,985	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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service
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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total 11					1,019,901	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

11 Has the organization accepted a gift or contribution from any of the following persons?

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

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

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
1		No
2		No
3a		No
3b		
3c		
4a		No
4b		
4c		
5a		No
5b		
5c		
6		No
7		No
8		No
9a		No
9b		No
9c		No
10a		No
10b		
11a		No
11b		No
11c		No

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1	Yes	
2	Yes	
3	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a The organization satisfied the Activities Test Complete **line 2** below

b The organization is the parent of each of its supported organizations Complete **line 3** below

c The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		No
3b	Yes	

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3
 5 Depreciation and depletion
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
 6 Other expenses (see instructions)
 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
 a Average monthly value of securities
 b Average monthly cash balances
 c Fair market value of other non-exempt-use assets
 d **Total** (add lines 1a, 1b, and 1c)
 e **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
 2 Acquisition indebtedness applicable to non-exempt use assets
 3 Subtract line 2 from line 1d
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
 6 Multiply line 5 by 035
 7 Recoveries of prior-year distributions
 8 **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year
 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part IV, Line 3a	Even though each Via Christi entity chooses their own board members, there is oversight from the VCH board. There is a historic and continuing relationship between VCH and Via Christi entities and the VCH board has final decision over major decisions for all Via Christi entities
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	VCH sets the overall policies for all Via Christi entities to follow and communicates the policies to each entity. Even though each Via Christi entity chooses their own board members, there is oversight from the VCH board. There is a historic and continuing relationship between VCH and Via Christi entities and the VCH board has final decision over major decisions for all Via Christi entities
Schedule A, Part IV, Section D, Line 3 Supp Org Have Significant Voice In Investment Policies	The Ascension Sponsor, through its control of the Ascension board, controls the system integrated strategic operational financial plan, annual targets, and initiatives. Within this operational framework, certain expenditures of funds, capital investments, issuances of debt, etc. are subject to Ascension-level approval
Schedule A, Part IV, Section E, Line 3b Substantial Direction Over Policies/Programs/Activities	VCH sets the overall policies for all Via Christi entities to follow and communicates the policies to each entity. Even though each Via Christi entity chooses their own board members, there is oversight from the VCH board. There is a historic and continuing relationship between VCH and Via Christi entities and the VCH board has final decision over major decisions for all Via Christi entities

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 48-1172107
Name: Via Christi Health Inc

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) VIA CHRISTI HOSPITAL PITTSBURG INC	480543778		Yes		0	0
(A) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	271965272		Yes		812,032	0
(B) VIA CHRISTI HOSPITALS WICHITA INC	481172106		Yes		0	0
(C) GERARD HOUSE INC	481049532		Yes		207,869	0
(D) VIA CHRISTI REHABILITATION HOSPITAL INC	481158274		Yes		0	0
(E) VIA CHRISTI HEALTH PARTNERS INC	480958974		Yes		0	0
(F) VIA CHRISTI HOSPITAL MANHATTAN INC	481186704		Yes		0	0
(G) MERCY COMMUNITY HEALTH FOUNDATION INC	481152279		Yes		0	0
(H) WAMEGO HOSPITAL ASSOCIATION INC	721526400		Yes		0	0
(I) MERCY REGIONAL HOME MEDICAL SERVICES LLC	432024491		Yes		0	0
(J) SALINA REGIONAL HOME MEDICAL SERVICES LLC	431948057		Yes		0	0

SCHEDULE C

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is available at www.irs.gov.**

2014

**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-E
- 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		259,826	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i Other activities?		No		
j Total Add lines 1c through 1i			259,826	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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 C (Form 990 or 990EZ) 2014

2014

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**

Via Christi Health Inc

Employer identification number

48-1172107

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
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) Revenue 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 Revenue 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, for escrow or custodial account liability? 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	14,820,023	14,143,938	13,703,596	13,098,590	12,824,717
b Contributions	2,823,903	1,842,184	2,750,395	2,849,747	3,198,552
c Net investment earnings, gains, and losses	52,589	953,821	167,725	1,014,728	33,188
d Grants or scholarships	815,367	659,430	520,396	689,873	561,157
e Other expenditures for facilities and programs	1,389,866	1,031,195	1,604,370	2,172,326	1,960,981
f Administrative expenses	352,299	429,295	353,012	397,270	435,729
g End of year balance	15,138,983	14,820,023	14,143,938	13,703,596	13,098,590

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

a Board designated or quasi-endowment 0 %

b Permanent endowment 39.14 %

c Temporarily restricted endowment 60.86 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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					
b Buildings		-3,663,784	-6,552,931	2,889,147	
c Leasehold improvements		-464,391	-892,458	428,067	
d Equipment		31,431,837	3,933,776	27,498,061	
e Other		1,055,331	-110,610	1,165,941	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				31,981,216	

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	86,341,008	C

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

86,341,00

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) Investment in Related Organizations	26,034,421
(2) Prepaid Pension	3,673,624
(3) Other Noncurrent Assets	3,614,703
(4) Other Miscellaneous Receivables	2,764,117
(5) Interest Receivable	173,797
(6) Cash Value Life Insurance	16,922
(7) Interest in Investments Held by Ascension Health Alliance	101,751,508
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	138,029,092

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

138 029 092

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		
INTERCOMPANY DEBT WITH ASCENSION HEALTH ALLIANCE		367,383,014
VALUATION RESERVE		6,577,807
WORKERS COMP RESERVE		4,354,529
PROFESSIONAL LIABILITY TAIL ACCRUAL		3,286,957
DEFERRED COMP - KEYSOP		354,296
Total (Column (b) must equal Form 990, Part X, col (B), line 25.)		361,956,630

Total. (Column (b) must equal Form 990, Part A, col (B) line 25) **381,956,603**

381,956,60.

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 (losses) 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
Schedule D, Part X, Line 2 FIN 48 (ASC 740)	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 POSITIONS 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, 2015
Schedule D, Part V, Line 4 Intended uses of endowment funds	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 XIII **Supplemental Information (continued)**

Return Reference	Explanation

2014

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

► 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 . . .	145,930	127,396		273,326
2	Less Contributions . . .	61,235	63,906		125,141
3	Gross income (line 1 minus line 2) . . .	84,695	63,490	0	148,185
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .	42,696	24,927		67,623
7	Food and beverages . . .				
8	Entertainment . . .				
9	Other direct expenses . . .	5,199	16,513		21,712
10	Direct expense summary Add lines 4 through 9 in column (d)				(89,335) ►
11	Net income summary Subtract line 10 from line 3, column (d)				58,850 ►

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 conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct 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 activities conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

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 provide any additional information (see instructions).

Return Reference	Explanation
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**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.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Via Christi Health IncEmployer 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 Domestic Organizations and Domestic Governments. 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 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)	812,032				Operating Expenses/Equipment & Education
(2) Gerard House Inc 3144 N Hood Wichita, KS 67204	48-1049532	501(c)(3)	207,869				Operating Expenses
(3) GraceMed Health Clinic Inc 1122 N Topeka Wichita, KS 67218	48-1159633	501(c)(3)	61,168				General Assistance for Patients
(4) Greater Wichita YMCA 402 N Market St Wichita, KS 67202	48-0554440	501(c)(3)	10,000				Medical Equipment & Low Income Family Memberships
(5) Wichita Metro Chamber of Commerce Inc 350 West Douglas Avenue Wichita, KS 67202	48-0477290	501(c)(6)	25,000				Economic Development Partnership
(6) Ronald McDonald House Charities of Wichita Inc 1110 N Emporia Wichita, KS 67214	48-0918101	501(c)(3)	5,500				Benefit Golf Tournament

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

5

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

1

Part III Grants and Other Assistance to Domestic Individuals. 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	62	21,458			
(2) VCH-W Patient Assistance	2726	78,552			
(3) VCH-W Student Scholarships	54	49,099			
(4) Local Community Scholarships	320	735,158			

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
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	All grants and assistance are reviewed and approved by a grant committee consisting of members of the Board of Trustees. Grant expenses are reviewed by the accounting department, and detailed grant reports are requested from all grantees
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	All grants and assistance are reviewed and approved by a grant committee consisting of members of the Board of Trustees. Grant expenses are reviewed by the accounting department, and detailed grant reports are requested from all grantees

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

OMB No 1545-0047

2014**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.

► 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 checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

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

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

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	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 in column(B) 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
Schedule J, Part I, Line 1a First-class or charter travel	Midwest Corporate Aviation , 1/28/15, \$2,654, Project Tumbleweed--Passengers Jeff Seirer, Jeff Korsmo, Gary Knight, Sherry Hausmann, Dave Gambino Not taxable compensation
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following Former Key Employees received severance payments from the organization or a related organization during calendar year 2014 Lori Grubs - \$123,200 Jerry Carley - \$205,526
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 supplemental non-qualified retirement plan in the amount listed below. Karl Ulrich - \$41,930 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 Associate 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, Schedule J, Part II, Column F. The following individuals received a distribution from the Keysop plan in the amount listed below. Roberta Johnson - \$19,367 Margaret Tichacek - \$2,534 Daniel Pennington - \$93

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
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 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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEFFREY O KORSMO PRESIDENT & CEO	(i) 819,900 (ii) 0	(i) 396,914 (ii) 0	(i) 17,760 (ii) 0	(i) 48,300 (ii) 0	(i) 19,512 (ii) 0	(i) 1,302,386 (ii) 0	(i) 0 (ii) 0
JERRY CARLEY FORMER KEY EMPLOYEE (END 12/13)	(i) 1 (ii) 0	(i) 0 (ii) 0	(i) 207,532 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 207,533 (ii) 0	(i) 0 (ii) 0
LORI GRUBS FORMER KEY EMPLOYEE- CHRO (END 11/12)	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 126,985 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 126,985 (ii) 0	(i) 0 (ii) 0
ROBERTA JOHNSON ASSISTANT SECRETARY	(i) 215,175 (ii) 0	(i) 57,129 (ii) 0	(i) 7,767 (ii) 0	(i) 42,318 (ii) 0	(i) 9,039 (ii) 0	(i) 331,428 (ii) 0	(i) 19,367 (ii) 0
GARY KNIGHT SECRETARY	(i) 427,173 (ii) 0	(i) 0 (ii) 0	(i) 7,845 (ii) 0	(i) 113,321 (ii) 0	(i) 14,723 (ii) 0	(i) 563,062 (ii) 0	(i) 0 (ii) 0
JEFF SEIRER ASSISTANT TREASURER	(i) 276,864 (ii) 0	(i) 62,485 (ii) 0	(i) 6,601 (ii) 0	(i) 48,628 (ii) 0	(i) 19,131 (ii) 0	(i) 413,709 (ii) 0	(i) 0 (ii) 0
CAROL KARP TREASURER (START 8/14)	(i) 119,270 (ii) 0	(i) 0 (ii) 0	(i) 39,332 (ii) 0	(i) 5,054 (ii) 0	(i) 4,078 (ii) 0	(i) 167,734 (ii) 0	(i) 0 (ii) 0
DIANA KIDD FORMER KEY EMPLOYEE	(i) 99,131 (ii) 0	(i) 0 (ii) 0	(i) 1,416 (ii) 0	(i) 7,889 (ii) 0	(i) 2,252 (ii) 0	(i) 110,688 (ii) 0	(i) 0 (ii) 0
CARLETON RIDER FORMER KEY EMPLOYEE (END 6/14)	(i) 247,130 (ii) 0	(i) 0 (ii) 0	(i) 59,261 (ii) 0	(i) 26,085 (ii) 0	(i) 1,086 (ii) 0	(i) 333,562 (ii) 0	(i) 0 (ii) 0
RANDALL PETERSON FORMER KEY EMPLOYEE (END 4/12)	(i) 645,257 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 645,257 (ii) 0	(i) 0 (ii) 0
ABDUL BENGALI CHIEF INFORMATION OFFICER	(i) 406,230 (ii) 0	(i) 104,709 (ii) 0	(i) 8,595 (ii) 0	(i) 10,400 (ii) 0	(i) 1,874 (ii) 0	(i) 531,808 (ii) 0	(i) 0 (ii) 0
JUDITH ESPINOZA CHIEF HUMAN RESOURCES OFFICER	(i) 256,319 (ii) 0	(i) 68,372 (ii) 0	(i) 4,687 (ii) 0	(i) 52,281 (ii) 0	(i) 17,681 (ii) 0	(i) 399,340 (ii) 0	(i) 0 (ii) 0
CLAUDIO J FERRARO SR ADMINISTRATOR CLIN SVC LN	(i) 280,316 (ii) 0	(i) 71,821 (ii) 0	(i) 4,192 (ii) 0	(i) 46,545 (ii) 0	(i) 17,430 (ii) 0	(i) 420,304 (ii) 0	(i) 0 (ii) 0
DAVID A GAMBINO CHIEF STRATEGY & REG ADM OFFICER	(i) 438,370 (ii) 0	(i) 116,184 (ii) 0	(i) 8,917 (ii) 0	(i) 105,040 (ii) 0	(i) 16,179 (ii) 0	(i) 684,690 (ii) 0	(i) 0 (ii) 0
LINDA GOODWIN CHIEF NURSING OFFICER	(i) 136,880 (ii) 121,194	(i) 0 (ii) 67,233	(i) 4,500 (ii) 4,412	(i) 9,160 (ii) 40,239	(i) 11,345 (ii) 9,914	(i) 161,885 (ii) 242,992	(i) 0 (ii) 0
SHERRY HAUSMANN CHIEF HOSPITAL ADMIN OFFICER	(i) 400,463 (ii) 0	(i) 106,084 (ii) 0	(i) 4,826 (ii) 0	(i) 68,686 (ii) 0	(i) 17,238 (ii) 0	(i) 597,297 (ii) 0	(i) 0 (ii) 0
JOHN SHELLITO MD CHIEF CLINICAL PHYSICIAN OFFICER	(i) 443,308 (ii) 0	(i) 131,676 (ii) 0	(i) 20,322 (ii) 0	(i) 96,436 (ii) 0	(i) 19,495 (ii) 0	(i) 711,237 (ii) 0	(i) 0 (ii) 0
MARGARET TICHACEK CHIEF PLANNING & MKT	(i) 280,976 (ii) 0	(i) 80,025 (ii) 0	(i) 6,697 (ii) 0	(i) 48,623 (ii) 0	(i) 9,151 (ii) 0	(i) 425,472 (ii) 0	(i) 2,534 (ii) 0
KARL J ULRICH MD CHIEF OPERATING OFFICER (START 2/14)	(i) 419,815 (ii) 0	(i) 111,376 (ii) 0	(i) 183,688 (ii) 0	(i) 96,200 (ii) 0	(i) 10,984 (ii) 0	(i) 822,063 (ii) 0	(i) 41,930 (ii) 0
DARRELL YOUNGMAN DO CHIEF MEDICAL OFFICER	(i) 409,927 (ii) 20,204	(i) 0 (ii) 0	(i) 12,157 (ii) 0	(i) 43,058 (ii) 0	(i) 20,331 (ii) 0	(i) 485,473 (ii) 20,204	(i) 0 (ii) 0

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

(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVE NESBITT CHIEF QUALITY OFFICER (END 11/14)	(i) 146,901 (ii) 195,914	95,737 0	4,839 5,818	3,988 12,912	7,361 10,312	258,826 224,956	0 0
DANIEL PENNINGTON CHIEF PHILANTHROPY OFFICER (END 10/14)	(i) 225,131 (ii) 0	51,120 0	12,368 0	5,786 0	14,079 0	308,484 0	93 0
JOHN R BROBERG SR ADMINISTRATOR	(i) 275,321 (ii) 0	86,690 0	9,285 0	49,403 0	9,252 0	429,951 0	0 0
RANDALL R CASON SR ADMINISTRATOR	(i) 270,229 (ii) 0	82,864 0	4,924 0	39,220 0	17,385 0	414,622 0	0 0
EDWARD J HETT MEDICAL DIRECTOR	(i) 270,748 (ii) 0	31,641 0	6,875 0	34,531 0	15,103 0	358,898 0	0 0
ART HUBER SR ADMIN	(i) 216,426 (ii) 0	52,594 0	5,558 0	32,193 0	16,860 0	323,631 0	0 0
LISA CARRUTHERS SR ADMIN REV CYCLE	(i) 275,493 (ii) 0	59,056 0	3,738 0	45,633 0	21,718 0	405,638 0	0 0

Schedule L
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

► Information about Schedule L (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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II**Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						To	From	Yes	No	Yes	No

Total

► \$

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) INTRUST BANK	BOARD MEMBER (LYNDON WELLS) IS A BOARD MEMBER OF INTRUST BANK	199,635	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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2014****Open to Public
Inspection**

Name of the organization

Via Christi Health Inc

Employer identification number

48-1172107

Return Reference	Explanation
Form 990, Part VI, Line 2 Business/Family Relationships Amongst Interested Persons	MANY OF THE PERSONS LISTED ON PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF EMPLOYMENT BY VIA CHRISTI HEALTH, INC RELATED ENTITIES

Return Reference	Explanation
Form 990, Part VI, Line 15 COMPENSATION	<p>Via Christi Health, Inc (VCH) has established a common philosophy, strategy, and process 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:</p> <ul style="list-style-type: none"> - Market data from independent compensation surveys and sources that reflect comparable positions in organizations of similar size and scope, - Difficulties in recruiting and retaining executives, - Skills, experience and performance history of individual executives, - Critical business or strategic issues that the organization may face, and - Market position for total compensation. <p>The adequacy, competitiveness, and cost of the VCH total executive compensation program are reviewed on an ongoing basis and changes are made as the Committee determines appropriate. The executive compensation program will be maintained such that it will fall within the safe harbor guidelines established by the intermediate sanctions regulations. The Committee also employs the services of an independent compensation consultant to prepare market analysis to aid and support the Committee's actions, provide documentation of market trends for budget setting purposes, review annual compensation changes to ensure "reasonableness" and provide attestation, and provide consultation on all executive compensation issues. The Committee also relies on third-party validation of performance measures used in the determination of compensation.</p>

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Via Christi Health, Inc has a single corporate member, Ascension Health

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Via Christi Health, Inc has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of Via Christi Health, Inc

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	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, evaluations, debt limits, strategic & financial plans, assets, and system policies & procedures. These areas are subject to certain levels of approval by Ascension Health per the system authority matrix.

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management, including certain officers, works 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.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Via Christi Health, Inc 's governing documents and Conflict of Interest Policy are available to the public upon request

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	P-Card Rev - Total Revenue 160876, Related or Exempt Function Revenue 160876, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Misc Op Rev - Total Revenue 841043, Related or Exempt Function Revenue 841043, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer to Via Christi Entities - 230031295, Transfer from Ascension Entities - -40555186, Market Value/Fund Balance - -141641692, FMV Non-controlling interest - other Activity - 1239276, Change in Pension and Other Changes - -1237058, Foundation Capital Transfers to Via Christi Entities - -84227, Transfer of Market value co 0101 to 0100 - 9080606, Beneficial interest - 35828238, Transfers to Affiliates - 23452350, Other Unrestricted Net Asset Activity - 12444, Net Assets Released from Restriction - 350599,

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName 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.

(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?
See Additional Data Table						Yes No

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	NA	N/A								
(2) AMS DIAGNOSTICS LLC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1223653	RADIOLOGY SERVICES	KS	NA	N/A								
(3) KANSAS SURGERY AND RECOVERY CENTER LLC 2770 NORTH WEBB ROAD WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
(4) MR IMAGING CENTER LLC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1000538	IMAGING CENTER	KS	NA	N/A								
(5) ST JOSEPH MRI LLC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-1007220	IMAGING CENTER	KS	NA	N/A								
(6) Via Christi Imaging LLC (fka Mercy Imaging LLC) 1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	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
(1) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	Via Christi Health Inc	C Corporation	19,333,326	10,152,359		Yes	
(2) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	Via Christi Health Inc	C Corporation	100,937,573	50,659,613		Yes	
(3) VCH IOWA PC TRUST 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	Via Christi Health Inc	Trust	0	0		Yes	
(4) VCH IOWA PC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	Via Christi Health Inc	C Corporation	0	48,710,195		Yes	
(5) VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	VIA CHRISTI HEALTH INC	C Corporation	152,556,063	83,782,920		Yes	
(6) VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	Via Christi Health Inc	C Corporation	0	0		Yes	
(7) 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	C Corporation	0	0		Yes	

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	Yes	
1d		No
1e		No
1f		No
1g		No
1h	Yes	
1i	Yes	
1j	Yes	
1k	Yes	
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
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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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(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			

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) 2014

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
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	501(c)(3)	Type I	NA	
(1) ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	No
(2) VIA CHRISTI HOSPITAL PITTSBURG INC 1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes
(3) MOUNT CARMEL FOUNDATION INC 1 MT CARMEL WAY PITTSBURG, KS 66762 48-0961283	FOUNDATION	KS	501(c)(3)	Type I	VIA CHRISTI HOSPITAL PITTSBURG INC	Yes
(4) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC 14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes
(5) VIA CHRISTI HOSPITALS WICHITA INC 929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes
(6) GERARD HOUSE INC 3144 N HOOD WICHITA, KS 67204 48-1049532	HOSPITAL SUPPORT	KS	501(c)(3)	9	VIA CHRISTI HOSPITALS WICHITA INC	Yes
(7) VIA CHRISTI REHABILITATION HOSPITAL INC 1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HOSPITALS WICHITA INC	Yes
(8) VIA CHRISTI PROPERTY SERVICES INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		VIA CHRISTI HOSPITALS WICHITA INC	Yes
(9) VIA CHRISTI HEALTH PARTNERS INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	9	VIA CHRISTI HEALTH INC	Yes
(10) Via Christi Hospital Manhattan Inc 1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes
(11) MERCY COMMUNITY HEALTH FOUNDATION INC PO BOX 13 MANHATTAN, KS 66502 48-1152279	FOUNDATION	KS	501(c)(3)	9	Via Christi Hospital Manhattan Inc	Yes
(12) WAMEGO HOSPITAL ASSOCIATION INC 711 GENN DRIVE WAMEGO, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	Via Christi Hospital Manhattan Inc	Yes
(13) MERCY REGIONAL HOME MEDICAL SERVICES LLC 2439 CLAFLIN ROAD MANHATTAN, KS 66502 43-2024491	MEDICAL EQUIPMENT	KS	501(c)(3)	9	Via Christi Hospital Manhattan Inc	Yes
(14) SALINA REGIONAL HOME MEDICAL SERVICES LLC 520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	9	SALINA REGIONAL HEALTH CENTER INC	Yes

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?
Yes	No							
AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	Via Christi Health Inc	C Corporation	19,333,326	10,152,359		Yes
INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	Via Christi Health Inc	C Corporation	100,937,573	50,659,613		Yes
VCH IOWA PC TRUST 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	Via Christi Health Inc	Trust	0	0		Yes
VCH IOWA PC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	Via Christi Health Inc	C Corporation	0	48,710,195		Yes
VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	VIA CHRISTI HEALTH INC	C Corporation	152,556,063	83,782,920		Yes
VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	Via Christi Health Inc	C Corporation	0	0		Yes
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	C Corporation	0	0		Yes

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

(a)	Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
	VIA CHRISTI HOSPITALS WICHITA INC	B	1,367,702	Actual Amount Transferred
	GERARD HOUSE INC	B	390,813	ACTUAL AMOUNT TRANSFERRED
	INTEGRATED HEALTH SYSTEMS INC	I	118,786	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITALS WICHITA INC	H	189,025	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL PITTSBURGH INC	I	66,634	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI PROPERTY SERVICES INC	J	106,099	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI CLINIC PA	L	265,401	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI CLINIC PA	M	659,160	ACTUAL AMOUNT TRANSFERRED
	INTEGRATED HEALTH SYSTEMS INC	L	14,702,756	ACTUAL AMOUNT TRANSFERRED
	AFFILIATED MEDICAL SERVICES LABORATORY INC	L	1,342,091	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITALS WICHITA INC	M	68,246	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITALS WICHITA INC	L	63,259,381	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	L	6,890,113	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI REHABILITATION HOSPITAL INC	L	3,239,344	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HEALTH PARTNERS INC	L	2,492,195	ACTUAL AMOUNT TRANSFERRED
	HOME MEDICAL SERVICES INC	M	61,204	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL PITTSBURGH INC	L	8,860,931	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL MANHATTAN INC	L	9,140,831	ACTUAL AMOUNT TRANSFERRED
	WAMEGO HOSPITAL ASSOCIATION INC	L	913,512	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI CLINIC PA	O	2,081,099	ACTUAL AMOUNT TRANSFERRED
	INTEGRATED HEALTH SYSTEMS INC	O	94,981	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITALS WICHITA INC	O	302,684	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI CLINIC PA	P	22,752,317	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI CLINIC PA	Q	2,225,314	ACTUAL AMOUNT TRANSFERRED
	INTEGRATED HEALTH SYSTEMS INC	P	11,296,725	ACTUAL AMOUNT TRANSFERRED

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	INTEGRATED HEALTH SYSTEMS INC	Q	3,092,331	ACTUAL AMOUNT TRANSFERRED
	AFFILIATED MEDICAL SERVICES LABORATORY INC	P	6,042,981	ACTUAL AMOUNT TRANSFERRED
	AFFILIATED MEDICAL SERVICES LABORATORY INC	Q	73,837	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITALS WICHITA INC	P	161,804,740	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITALS WICHITA INC	Q	6,420,386	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	P	4,327,815	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	Q	295,925	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI REHABILITATION HOSPITAL INC	P	6,112,101	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI REHABILITATION HOSPITAL INC	Q	156,632	ACTUAL AMOUNT TRANSFERRED
	AMS DIAGNOSTICS LLC	P	117,930	ACTUAL AMOUNT TRANSFERRED
	AMS DIAGNOSTICS LLC	Q	87,699	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI PROPERTY SERVICES INC	P	3,193,522	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL PITTSBURGH INC	P	36,459,624	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL PITTSBURGH INC	Q	1,077,533	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL MANHATTAN INC	P	23,601,136	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL MANHATTAN INC	Q	906,039	ACTUAL AMOUNT TRANSFERRED
	WAMEGO HOSPITAL ASSOCIATION INC	Q	137,009	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI CLINIC PA	R	3,195,412	ACTUAL AMOUNT TRANSFERRED
	INTEGRATED HEALTH SYSTEMS INC	R	3,858,283	ACTUAL AMOUNT TRANSFERRED
	AFFILIATED MEDICAL SERVICES LABORATORY INC	R	1,248,052	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITALS WICHITA INC	R	28,313,517	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	R	1,011,844	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI REHABILITATION HOSPITAL INC	R	998,548	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI PROPERTY SERVICES INC	R	665,488	ACTUAL AMOUNT TRANSFERRED
	VIA CHRISTI HOSPITAL PITTSBURGH INC	R	6,746,362	ACTUAL AMOUNT TRANSFERRED

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
VIA CHRISTI HOSPITAL MANHATTAN INC	R	5,169,179	ACTUAL AMOUNT TRANSFERRED