



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



2015

Open to Public Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization  
Via Christi Health Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address)  
8200 E Thorn Drive

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
Wichita, KS 67226D Employer identification number  
48-1172107E Telephone number  
(316) 858-4900

G Gross receipts \$ 148,553,547

F Name and address of principal officer

Michael Mullins  
8200 E Thorn Drive  
Wichita, KS 67226H(a) Is this a group return for  
subordinates?  Yes  NoH(b) Are all subordinates  
Included?  Yes  No

If "No," attach a list (see instructions)

H(c) Group exemption number ► 0928

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

We serve as a healing presence with special concern for our neighbors who are vulnerable

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	4	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	13
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6	898
6 Total number of volunteers (estimate if necessary)	7a	728
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	2,126,594
b Net unrelated business taxable income from Form 990-T, line 34		-723,155

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		3,170,408	3,460,520
9 Program service revenue (Part VIII, line 2g)		134,148,509	120,457,461
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,941,719	14,521,735
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,339,059	9,612,774
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		149,599,695	148,052,490

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
		2,108,598	1,601,268
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)		59,636,294	48,222,469
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 398,721			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		118,807,373	122,792,541
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		180,552,265	172,616,278
19 Revenue less expenses Subtract line 18 from line 12		-30,952,570	-24,563,788

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	555,701,448	888,279,151
21 Total liabilities (Part X, line 26)	415,573,233	439,914,738
22 Net assets or fund balances Subtract line 21 from line 20	140,128,215	448,364,413

## 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	2017-05-15		
	Signature of officer	Date	
	MICHAEL MCCULLOUGH CFO		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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 (2015)

**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 O

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

If "Yes," describe these changes on Schedule O

**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**

**4a (Code ) (Expenses \$      136,634,128      including grants of \$      1,601,268 ) (Revenue \$      127,575,141 )**

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 2015 estimated population was 511,574 Wichita is the largest city within Sedgwick County and the State of Kansas The population is 80.8% white, 9.5% Black, 1.4% American Indian and 4.5% Asian 3.6% of the population identified themselves as being biracial and 14.1% identified themselves as Hispanic or Latino Nearly 13.9% of the population speak a foreign language, other than English, in their homes 89.0% of adults 25 and older identified themselves as having a high school education and 29.4% identified themselves as having Bachelor of Arts/Bachelor of Science degrees Median household income is \$50,657, which is less than the rest of the State at \$53,889 The land area is nearly 1,000 square miles with approximately 500 persons per square mile when compared to 87.4 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, KS School for Effective Learning, Gerard House, Wichita Center for Graduate Medical Education, Newman University, YMCA, Wichita Community Foundation, Children's Miracle Network, Catholic Health Association, Catholic Charities, March of Dimes, Raise My Head, Operation Holiday, Health Alliance and others 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, 2016 Community Benefit - VCH provided the following net benefit Financial & In-Kind Donations = \$673,972, Community Benefit Operations = \$219,885, Community Health Improvement = \$216,141, Research = \$8,385, Community Building = \$31,106 Total of Quantifiable Community Benefit of \$1,149,489 For the Fiscal Year Ended June 30, 2016, Community Benefit - VCH Consolidated provided the following net benefit 1 Chanty Care (at cost) - \$44,457,338 2 Government sponsored health care (net expense at cost) - \$7,929,266 3 Community benefit programs (net expense) - \$25,424,108 Community Health Improvement Services a Community Health Improvement Services and Community Benefit Operations - \$1,499,194 b Health Professions Education - \$20,236,234 c Subsidized Health Services - \$2,138,056 d Research - \$62,156 e Financial and in-kind donations - \$1,343,361 f Community building activities - \$144,977 Total quantifiable community benefit expense - \$77,810,712

**4b (Code ) (Expenses \$      including grants of \$      ) (Revenue \$      )**

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

**4d Other program services (Describe in Schedule O )**  
 (Expenses \$      including grants of \$      ) (Revenue \$      )

**4e Total program service expenses ► 136,634,128**

**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 X

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

**Part IV Checklist of Required Schedules (continued)**

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

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	82	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . . . .	<b>2a</b>	898	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .	<b>4a</b>	No	
<b>b</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)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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? . . . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes	
<b>a</b> 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? . . . . .	<b>7b</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>	<b>8</b>		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>9a</b>		
<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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 . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**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**

**1a** Enter the number of voting members of the governing body at the end of the tax year  
**1a** 15

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

**b** Enter the number of voting members included in line 1a, above, who are independent  
**1b** 13

**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** No

**3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . **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  
**a** The governing body? . . . . . **8a** Yes  
**b** Each committee with authority to act on behalf of the governing body? . . . . . **8b** Yes

**9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . **9** No

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

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

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . **10b** Yes

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

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

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

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12b** Yes

**c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . **12c** Yes

**13** Did the organization have a written whistleblower policy? . . . . . **13** Yes

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

**15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
**a** The organization's CEO, Executive Director, or top management official . . . . . **15a** Yes  
**b** Other officers or key employees of the organization . . . . . **15b** Yes

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

**16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . **16a** No

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . **16b**

**Section C. Disclosure**

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
► William Fischer 8200 E Thorn Drive Suite 300 Wichita, KS 67226-2708 (316) 858-4931

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

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

**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	
		or director	Individual trustee	Institutional Trustee	Officer	Key Employee	Employee	Highest Compensated	Foster Parent	
See Additional Data Table										

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	9,078,648	452,136	1,204,539

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 ► 91

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	<b>3</b>	No
<b>4</b> 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 . . . . .	<b>4</b>	Yes
<b>5</b> 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 . . . . .	<b>5</b>	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
BG Staffing LLC  1005 Main St 2205 Pawtucket, RI 02860	Professional Services	3,630,157
MedAssets Inc  PO Box 405652 Atlanta, GA 30384	Medical Services	1,504,528
Sage Technologies Co  630 E Jefferson St Rockford, IL 61107	Management Services	1,486,854
ARX  800 Crescent Centre Drive Ste 500 Franklin, TN 37067	Professional Services	996,984
Dell Marketing LP  PO Box 677654 Dallas, TX 75267	Professional Services	798,003
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 51		

**Part VIII Statement of Revenue**

Check 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0					
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 128,817					
	<b>d</b> Related organizations . . . . .	<b>1d</b> 1,076,332					
	<b>e</b> Government grants (contributions)	<b>1e</b> 136,714					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 2,118,657					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ►		3,460,520				
<b>Program Service Revenue</b>	Business Code						
	<b>2a</b> Management Fees	561000	120,457,461	118,330,867	2,126,594		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue		0	0	0	0	
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ►		120,457,461					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ►		14,656,433			14,656,433	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ►						
	<b>5</b> Royalties . . . . . ►						
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents						
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)	0	0				
	<b>d</b> Net rental income or (loss) . . . . . ►						
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory						
	<b>b</b> Less cost or other basis and sales expenses		134,698				
<b>c</b> Gain or (loss)	0	-134,698					
<b>d</b> Net gain or (loss) . . . . . ►			-134,698			-134,698	
<b>8a</b> Gross income from fundraising events (not including \$ <u>128,817</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>a</b>	33,600						
<b>b</b> Less direct expenses . . . . .	<b>b</b> 39,010						
<b>c</b> Net income or (loss) from fundraising events . . . . . ►			-5,410			-5,410	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>a</b>							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ►							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>	626,269						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b> 327,349						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ►			298,920			298,920	
Miscellaneous Revenue		Business Code					
<b>11a</b> Investment in Unconsolidated Sub		621990	7,595,726	7,595,726			
<b>b</b> Vending Machine		722515	74,990			74,990	
<b>c</b> Other Revenue		900099	1,648,548	1,648,548			
<b>d</b> All other revenue . . . . .			0	0	0	0	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ►			9,319,264				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . . ►			148,052,490	127,575,141	2,126,594	14,890,235	

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	1,240,065	1,240,065		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	361,203	361,203		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	7,599,227	7,599,227	0	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0		
<b>7</b> Other salaries and wages . . . . .	31,242,964	21,413,168	9,527,892	301,904
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	-1,360,217	-1,123,617	-233,534	-3,066
<b>9</b> Other employee benefits . . . . .	7,899,128	6,738,413	1,136,175	24,540
<b>10</b> Payroll taxes . . . . .	2,841,367	2,098,324	719,125	23,918
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	1,579,476	388,052	1,191,424	0
<b>b</b> Legal . . . . .	1,844,437	-5,576	1,850,013	
<b>c</b> Accounting . . . . .	1,721,402	844,257	877,145	
<b>d</b> Lobbying . . . . .	249,206	249,206		
<b>e</b> Professional fundraising services See Part IV, line 17	0			0
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	2,141,598	43,721	2,097,877	0
<b>12</b> Advertising and promotion . . . . .	491,171	466,345	11,668	13,158
<b>13</b> Office expenses . . . . .	748,269	312,998	435,271	0
<b>14</b> Information technology . . . . .	279,013	243,137	35,876	0
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	2,587,583	2,509,810	77,773	0
<b>17</b> Travel . . . . .	346,965	167,169	179,796	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	84,610	29,797	54,813	0
<b>20</b> Interest . . . . .	11,876,264	11,836,472	39,792	
<b>21</b> Payments to affiliates . . . . .	0	0		
<b>22</b> Depreciation, depletion, and amortization . . . . .	22,542,107	21,169,282	1,372,825	0
<b>23</b> Insurance . . . . .	10,985	56,063	-45,078	
<b>24</b> 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 )				
<b>a</b> Purchased Services	62,105,188	57,509,669	4,575,064	20,455
<b>b</b> shared services	10,773,495		10,773,495	
<b>c</b> EquipMgt/TriMedx Exp	88,612	39,639	48,640	333
<b>d</b> non-operating exp	1,322,508	1,322,508		
<b>e</b> All other expenses	1,999,652	1,124,796	857,377	17,479
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	172,616,278	136,634,128	35,583,429	398,721
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing	17,117,634	<b>1</b> 1,926,799
	2 Savings and temporary cash investments	0	<b>2</b> 0
	3 Pledges and grants receivable, net	429,751	<b>3</b> 656,877
	4 Accounts receivable, net	0	<b>4</b> 0
	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	<b>5</b> 0
	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	<b>6</b>
	7 Notes and loans receivable, net	0	<b>7</b>
	8 Inventories for sale or use	216,966	<b>8</b> 189,372
	9 Prepaid expenses and deferred charges	6,015,198	<b>9</b> 4,044,683
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 29,168,794	
	b Less accumulated depreciation	10b 5,365,360	31,981,216
	11 Investments—publicly traded securities	0	<b>11</b> 0
	12 Investments—other securities See Part IV, line 11	0	<b>12</b>
	13 Investments—program-related See Part IV, line 11	86,341,008	<b>13</b> 107,861,717
	14 Intangible assets	58,205,235	<b>14</b> 46,609,537
	15 Other assets See Part IV, line 11	355,394,440	<b>15</b> 703,186,732
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	555,701,448	<b>16</b> 888,279,151
Liabilities	17 Accounts payable and accrued expenses	33,616,630	<b>17</b> 10,161,488
	18 Grants payable	0	<b>18</b> 0
	19 Deferred revenue	0	<b>19</b> 0
	20 Tax-exempt bond liabilities	0	<b>20</b> 0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b> 0
	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	<b>22</b>
	23 Secured mortgages and notes payable to unrelated third parties	0	<b>23</b> 0
	24 Unsecured notes and loans payable to unrelated third parties	0	<b>24</b> 0
	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	381,956,603	<b>25</b> 429,753,250
	<b>26 Total liabilities.</b> Add lines 17 through 25	415,573,233	<b>26</b> 439,914,738
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	124,989,232	<b>27</b> 433,243,863
	28 Temporarily restricted net assets	9,213,642	<b>28</b> 9,195,209
	29 Permanently restricted net assets	5,925,341	<b>29</b> 5,925,341
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds	0	<b>30</b> 0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	<b>31</b> 0
	32 Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b> 0
	33 Total net assets or fund balances	140,128,215	<b>33</b> 448,364,413
	34 Total liabilities and net assets/fund balances	555,701,448	<b>34</b> 888,279,151

**Part XI Reconciliation of Net Assets**Check 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) . . . . .	1 148,052,490
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2 172,616,278
3 Revenue less expenses Subtract line 2 from line 1 . . . . .	3 -24,563,788
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4 140,128,215
5 Net unrealized gains (losses) on investments . . . . .	5 10,883,165
6 Donated services and use of facilities . . . . .	6 38,450
7 Investment expenses . . . . .	7 0
8 Prior period adjustments . . . . .	8 0
9 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9 321,878,371
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10 448,364,413

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

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

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

Separate basis  Consolidated basis  Both consolidated and separate basis

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

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?

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

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

## Additional Data

**Software ID:** 15000238  
**Software Version:** 2015v3.0  
**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	
		Officer or Director or Trustee	Independent Trustee	Officer	Key Employee	Highest Compensated				
GERALD T AARON CHAIR	1 0 ..... 0	X		X				0	0	0
B ANTHONY ISAAC VICE CHAIR	1 0 ..... 0	X		X				0	0	0
CAROLINE A WILLIAMS SECRETARY (END 5/2016)	1 0 ..... 0	X		X				0	0	0
THOMAS R KRUSE TREASURER	1 0 ..... 0	X		X				0	0	0
JEFFREY O KORSMO PRESIDENT & CEO (END 5/2016)	50 0 ..... 0	X		X			1,927,467		0	76,626
TODD A CONKLIN INTERIM PRESIDENT (START 5/2016)	50 0 ..... 2 0	X		X				0	0	0
MARTHA E BEEZLEY TRUSTEE	1 0 ..... 1 0	X						0	0	0
NOREEN M CARROCCI PhD TRUSTEE	1 0 ..... 2 0	X						0	0	0
SISTER M FELICIDAD CHAVEZ SSM TRUSTEE	1 0 ..... 3 7	X						0	0	0
SISTER M THERESE GOTTSCHALK TRUSTEE	1 0 ..... 5 0	X						0	0	0

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

Compensated Employees, and Independent Contractors						
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)
		Individual trustee or director	Officer	Key manager	Non-Executive compensation	Formal
DOUGLAS P HINKIN MD	1 0 .....	X				0
TRUSTEE	1 0 .....					0
JON D RAHMAN MD	1 0 .....	X				0
TRUSTEE (END 4/2016)	0 .....	X				0
SR MARY JOAN WALSH CSJ	1 0 .....	X				0
TRUSTEE	0 .....					0
LYNDON O WELLS	1 0 .....	X				0
TRUSTEE	0 .....					0
DONALD A WILSON	1 0 .....	X				0
TRUSTEE	0 .....					0
ROBERTA JOHNSON	36 0 .....		X		284,651	0
ASSOC GENERAL COUNSEL	6 0 .....					66,681
CAROL KARP	49 0 .....		X		417,633	0
CFO-MINISTRY MARKET KANSAS	7 0 .....					52,961
GARY KNIGHT	50 0 .....		X		447,281	0
GENERAL COUNSEL, MINISTRY MARKET	1 0 .....					71,941
JEFF SEIRER	46 0 .....		X		321,492	0
VP- ACCOUNTING	3 0 .....					71,171
JUDITH ESPINOZA	50 0 .....		X		342,112	0
CHIEF HUMAN RESOURCES OFFICER	0 .....					72,511

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, 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	Non- Employee Director				
CLAUDIO J FERRARO	45 0				X					
SR ADMINISTRATOR CLIN SVC LN	..... 6 0						372,424	0	47,306	
LINDA GOODWIN	1 0				X					
CHIEF NURSING OFFICER	..... 49 0						0	452,136	32,786	
SHERRY HAUSMANN	2 0				X					
CHIEF HOSPITAL ADMIN OFFICER	..... 53 0						562,482	0	71,924	
JOHN SHELLITO MD	48 0				X					
CHIEF CLINICAL PHYSICIAN OFFICER	..... 2 0						619,784	0	78,436	
MARGARET TICHACEK	50 0				X					
CHIEF PLANNING & MKT	..... 0						363,858	0	69,939	
KARL J ULRICH MD	50 0				X					
CHIEF OPERATING OFFICER (START 2/14)	..... 0						756,105	0	70,248	
DARRELL YOUNGMAN DO	2 0				X					
CHIEF MEDICAL OFFICER	..... 48 0						639,191	0	60,474	
DAVID A GAMBINO	43 0				X					
CHIEF STRATEGY & REG ADM OFFICER	..... 12 0						544,747	0	74,387	
JOHN R BROBERG	46 0				X					
SR ADMINISTRATOR	..... 4 0						329,415	0	62,281	
LISA CARRUTHERS	50 0				X					
SR ADMIN REV CYCLE	..... 0						261,645	0	57,912	

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

Compensated Employees and Independent Contractors								
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	
RANDALL R CASON SR ADMINISTRATOR	40 ..... 510				X	309,775	0	63,417
EDWARD J HETT MEDICAL DIRECTOR	500 ..... 0				X	307,566	0	51,675
ART HUBER SR ADMIN	40 ..... 520				X	271,020	0	51,849

## **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](http://www.irs.gov/form990).**

2015

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

**Name of the organization**

Via Christi Health Inc

**Employer identification number**

48-1172107

**Part I 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 (Form 990 or 990-EZ))  
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 . . . . .  
g Provide the following information about the supported organization(s) \_\_\_\_\_ **1 1** \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (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)
See Additional Data Table					
<b>Total 9</b>					836,225

**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 <b>Total support.</b> 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 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		►
18 <b>Private foundation.</b> 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (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 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
16 Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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

	Yes	No
<b>1</b>		No

**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)

<b>2</b>		No
----------	--	----

**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>3a</b>		No
<b>3b</b>		
<b>3c</b>		

**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>4a</b>		No
<b>4b</b>		

**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

<b>4c</b>		
-----------	--	--

**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>5a</b>		No
<b>5b</b>		
<b>5c</b>		

**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**.

<b>6</b>		No
<b>7</b>		

**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)

<b>7</b>		No
<b>8</b>		

**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)

<b>8</b>		No
<b>9a</b>		

**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**.

<b>9b</b>		No
<b>9c</b>		

**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**.

<b>9c</b>		No
<b>10a</b>		

**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)

<b>10b</b>		
<b>11a</b>		No

**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>11b</b>		No
<b>11c</b>		

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

<b>11c</b>		No
<b>11d</b>		

**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**

**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? *If "Yes," describe in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)*

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		No

**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*

	Yes	No
2a		

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*

	Yes	No
2b		

**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
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  
**6** 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)  
**7** Other expenses (see instructions)  
**8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

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

**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)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in Part VI) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b>	Distributable amount for 2015 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7</b> <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**Return Reference****Explanation**

Schedule A, Part IV, Section E, 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 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:** 15000238  
**Software Version:** 2015v3.0  
**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)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) VIA CHRISTI HOSPITAL PITTSBURG INC	480543778			No	0	0
(A) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	271965272			No	8,757	0
(B) VIA CHRISTI HOSPITALS WICHITA INC	481172106			No	705,666	0
(C) GERARD HOUSE INC	481049532			No	121,802	0
(D) VIA CHRISTI REHABILITATION HOSPITAL INC	481158274			No	0	0
(E) VIA CHRISTI HEALTH PARTNERS INC	480958974			No	0	0
(F) VIA CHRISTI HOSPITAL MANHATTAN INC	481186704			No	0	0
(G) WAMEGO HOSPITAL ASSOCIATION INC	721526400			No	0	0
(H) SALINA REGIONAL HOME MEDICAL SERVICES LLC	431948057			No	0	0

2015

Open to Public  
Inspection**SCHEDULE C**  
**(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► 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 at

[www.irs.gov/form990](http://www.irs.gov/form990).**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

**If the organization answered "Yes" on 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" on 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**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.)

	Totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	
<b>d</b> Other exempt purpose expenditures	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>
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
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	

Yes  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)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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?
- b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c Media advertisements?
- d Mailings to members, legislators, or the public?
- e Publications, or published or broadcast statements?
- f Grants to other organizations for lobbying purposes?
- g Direct contact with legislators, their staffs, government officials, or a legislative body?
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i Other activities?
- j Total Add lines 1c through 1i

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

- 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?

	(a)	(b)
Yes	No	Amount
		No
Yes		
	No	
	No	
	No	
Yes		249,206
	No	
	No	
	No	249,206

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

1 Were substantially all (90% or more) dues received nondeductible by members?

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes	No
1	
2	
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

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
- b Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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
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

2015

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

► Complete if the organization answered "Yes," on 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](http://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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on 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" on 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)  
 Protection of natural habitat  
 Preservation of open space

Preservation of an historically important land area  
 Preservation of a certified historic structure

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

a Total number of conservation easements

	Held at the End of the Year
2a	
2b	
2c	
2d	

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <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" on 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

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

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.

	<b>(a)</b> Current year	<b>(b)</b> Prior year	<b>(c)</b> Two years back	<b>(d)</b> Three years back	<b>(e)</b> Four years back
1a Beginning of year balance . . . . .	15,138,983	14,820,023	14,143,938	13,703,596	13,098,590
b Contributions . . . . .	2,680,620	2,823,903	1,842,184	2,750,395	2,849,747
c Net investment earnings, gains, and losses . . . . .	-508,628	52,589	953,821	167,725	1,014,728
d Grants or scholarships . . . . .	307,392	815,367	659,430	520,396	689,873
e Other expenditures for facilities and programs . . . . .	1,603,249	1,389,866	1,031,195	1,604,370	2,172,326
f Administrative expenses . . . . .	279,784	352,299	429,295	353,012	397,270
g End of year balance . . . . .	15,120,550	15,138,983	14,820,023	14,143,938	13,703,596

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 ► 39.19 %

c Temporarily restricted endowment ► 60.81 %

The percentages on 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 . . . . .

Yes  No

(ii) related organizations . . . . .

Yes  No

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

**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.

	<b>(a)</b> Description of property	<b>(b)</b> Cost or other basis (investment)	<b>(c)</b> Cost or other basis (other)	<b>(d)</b> Accumulated depreciation	<b>(d)</b> Book value
1a Land . . . . .		0	0		0
b Buildings . . . . .		3,843,789	774,655		3,069,134
c Leasehold improvements . . . . .		542,604	127,940		414,664
d Equipment . . . . .		23,871,206	4,462,765		19,408,441
e Other . . . . .		911,195	0		911,195
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .					23,803,434

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
(3) 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' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<b>(a)</b> Description of investment	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) Investment in Salina Regional Health Center	88,187,240	C
(2) Investment in related Organizations	19,674,477	C

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

107,861,717

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

<b>(a) Description</b>	<b>(b) Book value</b>
See Additional Data Table	

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

703,186,732

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

<b>1.</b>	<b>(a) Description of liability</b>	<b>(b) Book value</b>
Federal income taxes		0
INTERCOMPANY DEBT WITH ASCENSION HEALTH ALLIANCE		377,529,788
VALUATION RESERVE		6,577,806
WORKERS COMP RESERVE		6,662,242
PROFESSIONAL LIABILITY TAIL ACCRUAL		903,220
intercompany payable		36,372,150
savings plan liability		731,922
other liability		528,531
deferred compensation liability		447,591
deferred comp keysop		

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 429,753,250

**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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on 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' on 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, 2016

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

## Additional Data

**Software ID:** 15000238  
**Software Version:** 2015v3.0  
**EIN:** 48-1172107  
**Name:** Via Christi Health Inc

### Form 990, Schedule D, Part IX, - Other Assets

	(a) Description	(b) Book value
(1) Investment in Related Organizations		
(2) Prepaid Pension		
(3) Other Noncurrent Assets		
(4) Other Miscellaneous Receivables		
(5) Interest Receivable		
(6) Cash Value Life Insurance		
(7) Interest in Investments Held by Ascension Health Alliance		429,795,609
(8) other Investments		2,493,407
(9) donor restricted assets		14,463,673
(10) affiliate receivables		39,873,077
(11) self insurance trust		342,394
(12) deferred compensation asset		447,591
(13) other receivables		3,366,675
(14) Intercompany Receivables		212,404,306

### Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	INTERCOMPANY DEBT WITH ASCENSION HEALTH ALLIANCE	377,529,788
	VALUATION RESERVE	6,577,806
	WORKERS COMP RESERVE	6,662,242
	PROFESSIONAL LIABILITY TAIL ACCRUAL	903,220
	intercompany payable	36,372,150
	savings plan liability	731,922
	other liability	528,531
	deferred compensation liability	447,591
	deferred comp keysop	

2015

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" on 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](http://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" on 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

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

**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" on 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>CHARITY CLASSICA</b> (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
<b>1</b> Gross receipts . . . . .	162,417			162,417
<b>2</b> Less Contributions . . . . .	128,817			128,817
<b>3</b> Gross income (line 1 minus line 2) . . . . .	33,600	0	0	33,600
<b>Direct Expenses</b>				
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .	34,554			34,554
<b>7</b> Food and beverages . . . . .				
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	4,456			4,456
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				39,010
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				-5,410

**Part III Gaming.**

Complete if the organization answered "Yes" on 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))
<b>Revenue</b>				
<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>				
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
<b>8</b> 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 activity 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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

## Schedule I (Form 990)

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

**Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
Via Christi Health Inc

**Employer identification number**

48-1172107

## **Part I 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" on 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.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data Table							

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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	58	16,514			
(2) VCH-W Patient Assistance	3745	62,406			
(3) VCH-W Student Scholarships	58	31,250			
UNIVERSITY COLLEGE OF DUBLIN (4) (SCHOLARSHIPS)	4	6,000			
ASSISTANCE PROVIDED BY (5) CHILDREN'S MIRACLE NETWORK	114	245,033			

**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 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

## Additional Data

**Software ID:** 15000238  
**Software Version:** 2015v3.0  
**EIN:** 48-1172107  
**Name:** Via Christi Health Inc

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Via Christi Hospitals Wichita Inc 929 N St Francis Wichita, KS 67214	48-1172106	501(c)(3)	705,666				OPERATING EXPENSES/EQUIPMENT & EDUCATION
Gerard House Inc 3144 N Hood Wichita, KS 67204	48-1049532	501(c)(3)	121,802				OPERATING EXPENSES
GraceMed Health Clinic Inc 1122 N Topeka Wichita, KS 67218	48-1159633	501(c)(3)	12,703				GENERAL ASSISTANCE FOR PATIENTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Greater Wichita Partnership Inc 402 N Market St Wichita, KS 67202	47-4134110	N/A	25,000				ECONOMIC DEVELOPMENT PARTNERSHIP
VIA CHRISTI HOSPITALS - ST TERESA 14800 W ST TERESA Wichita, KS 67235	27-1965272	501(c)(3)	8,757				EQUIPMENT FOR ED REMODEL
Ronald McDonald House Charities of Wichita Inc 1110 N Emporia Wichita, KS 67214	48-0918101	501(c)(3)	5,500				BENEFIT GOLF TOURNAMENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIA CHRISTI CLINIC PA 1100 N ST FRANCIS 4TH FLR WICHITA, KS 67208	48-0993446	N/A	140,423				OPERATING EXPENSES
STRYKER PERFORMANCE SOLUTIONS 325 CORPORATE DRIVE MAHWAH, NJ 07430	38-2902424	N/A	20,185				JOINT REPLACEMENT PROJECT
IHEARTMEDIA-WICHITA PO BOX 847465 DALLAS, TX 752847472	13-3922738	N/A	26,949				SUPPORT FOR KIDS SAFETY TOWN PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KANSAS HEAD START ASSOCIATION 932 MASSACHUSETTS ST SUITE 301 LAWRENCE, KS 66044	48-1195593	501(C)(3)	5,132				SUPPORT FOR GS LITERATURE PROGRAM
FUNDAMENTAL LEARNING CENTER INC 917 S GLENDALE WICHITA, KS 67218	31-1693508	N/A	9,283				LITERACY ACADEMY SCHOLARSHIPS FOR CHILDREN
KIDS NETWORK INC 1148 S HILLSIDE STE 10 WICHITA, KS 67211	48-1213707	N/A	16,500				SUPPORT FOR CRIBS FOR KIDS PROJECT

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

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

► Complete if the organization answered "Yes" on 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](http://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 Questions Regarding Compensation**

Yes No

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input 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

1b

**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?

2

**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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

4a Yes

**a** Receive a severance payment or change-of-control payment?

4b Yes

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c No

**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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

5a No

**a** The organization?

5b No

**b** Any related organization?

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

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

6a No

**a** The organization?

6b No

**b** Any related organization?

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

7 No

**7** For persons listed on 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 No

**8** Were any amounts reported on 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 No

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

**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 on 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.

<b>(A)</b> Name and Title	<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred benefits	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
	<b>(i)</b> Base compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> 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 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 2015 LINDA GOODWIN - \$80,748
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. Ulrich, Karl \$41,930

**Additional Data**

**Software ID:** 15000238  
**Software Version:** 2015v3.0  
**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 on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFFREY O KORSMO PRESIDENT & CEO (END 5/2016)	(i) 945,224 - 0	(ii) 966,007 - 0	(iii) 16,236 - 0	49,500 - 0	27,126 - 0	2,004,093 - 0	0
1 ROBERTA JOHNSON ASSOC GENERAL COUNSEL	(i) 244,281 - 0	(ii) 33,055 - 0	(iii) 7,315 - 0	58,855 - 0	7,834 - 0	351,340 - 0	0
2 CAROL KARP CFO-MINISTRY MARKET KANSAS	(i) 352,689 - 0	(ii) 61,150 - 0	(iii) 3,794 - 0	31,950 - 0	21,010 - 0	470,593 - 0	0
3 GARY KNIGHT GENERAL COUNSEL, MINISTRY MARKET	(i) 364,261 - 0	(ii) 76,415 - 0	(iii) 6,604 - 0	49,950 - 0	21,998 - 0	519,229 - 0	0
4 JEFF SEIRER VP-ACCOUNTING	(i) 269,148 - 0	(ii) 49,628 - 0	(iii) 2,716 - 0	50,408 - 0	20,767 - 0	392,667 - 0	0
5 JUDITH ESPINOZA CHIEF HUMAN RESOURCES OFFICER	(i) 279,983 - 0	(ii) 59,240 - 0	(iii) 2,889 - 0	49,950 - 0	22,560 - 0	414,621 - 0	0
6 CLAUDIO J FERRARO SR ADMINISTRATOR CLIN SVC LN	(i) 305,683 - 0	(ii) 64,626 - 0	(iii) 2,115 - 0	25,950 - 0	21,356 - 0	419,730 - 0	0
7 LINDA GOODWIN CHIEF NURSING OFFICER	(i) 0 - 305,663	(ii) 0 - 60,497	(iii) 0 - 85,976	0 - 17,941	0 - 14,844	0 - 484,922	0
8 SHERRY HAUSMANN CHIEF HOSPITAL ADMIN OFFICER	(i) 462,579 - 0	(ii) 95,456 - 0	(iii) 4,448 - 0	49,950 - 0	21,974 - 0	634,406 - 0	0
9 JOHN SHELLITO MD CHIEF CLINICAL PHYSICIAN OFFICER	(i) 494,225 - 0	(ii) 104,582 - 0	(iii) 20,977 - 0	49,950 - 0	28,486 - 0	698,220 - 0	0
10 MARGARET TICHACEK CHIEF PLANNING & MKT	(i) 295,319 - 0	(ii) 60,425 - 0	(iii) 8,115 - 0	57,459 - 0	12,479 - 0	433,797 - 0	0
11 KARL J ULRICH MD CHIEF OPERATING OFFICER (START 2/14)	(i) 598,996 - 0	(ii) 113,924 - 0	(iii) 43,185 - 0	45,950 - 0	24,298 - 0	826,353 - 0	0
12 DARRELL YOUNGMAN DO CHIEF MEDICAL OFFICER	(i) 525,206 - 0	(ii) 100,521 - 0	(iii) 13,464 - 0	31,950 - 0	28,524 - 0	699,665 - 0	0
13 DAVID A GAMBINO CHIEF STRATEGY & REG ADM OFFICER	(i) 444,439 - 0	(ii) 92,278 - 0	(iii) 8,029 - 0	49,950 - 0	24,437 - 0	619,133 - 0	0
14 JOHN R BROBERG SR ADMINISTRATOR	(i) 288,916 - 0	(ii) 36,151 - 0	(iii) 4,348 - 0	51,381 - 0	10,900 - 0	391,696 - 0	0
15 LISA CARRUTHERS SR ADMIN REV CYCLE	(i) 163,862 - 0	(ii) 97,300 - 0	(iii) 483 - 0	47,118 - 0	10,793 - 0	319,557 - 0	0
16 RANDALL R CASON SR ADMINISTRATOR	(i) 283,803 - 0	(ii) 24,545 - 0	(iii) 1,428 - 0	44,268 - 0	19,148 - 0	373,192 - 0	0
17 EDWARD J HETT MEDICAL DIRECTOR	(i) 278,247 - 0	(ii) 25,130 - 0	(iii) 4,190 - 0	35,302 - 0	16,372 - 0	359,241 - 0	0
18 ART HUBER SR ADMIN	(i) 226,974 - 0	(ii) 41,772 - 0	(iii) 2,274 - 0	33,460 - 0	18,388 - 0	322,868 - 0	0

**Schedule L**  
(Form 990 or 990-EZ)

## Transactions with Interested Persons

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

►Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
Via Christi Health Inc

**Employer identification number**

48-1172107

**Part I Excess Benefit Transactions (section 501(c)(3), 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

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

### **Part III Grants or Assistance Benefiting Interested Persons.**

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

## **Part IV Business Transactions Involving Interested Persons.**

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

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)**

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](http://www.irs.gov/form990).

**2015****Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
Via Christi Health Inc

Employer identification number  
48-1172107

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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.
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.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The organization monitors and enforces the Conflict of Interest Policy as follows:</p> <ol style="list-style-type: none"> <li>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,</li> <li>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,</li> <li>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,</li> <li>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</li> </ol>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Via Christi Health, Inc (VCH) has established a common philosophy, strategy, and processes for executive compensation to be used throughout the Health System. Through the oversight of the VCH Executive Compensation Committee, executive compensation is competitively positioned at its stated market position when compared to the compensation paid by relevant organizations (comparably-sized health systems, hospitals, and long-term care providers). VCH recognizes its responsibility to ensure that its executive compensation program is appropriate in view of its mission and tax-exempt status and that its compensation levels and expenditures are reasonable and not excessive. To ensure these ends the VCH Executive Compensation Committee has established and approved the executive compensation philosophy for VCH and all related entities. It will also approve all changes in the compensation package for VCH executives in advance. On an annual basis the committee conducts a comprehensive review of total compensation for all executives. It also reviews and approves "off-cycle" compensation transactions as needed. In their review, the Committee considers the following factors:</p> <ul style="list-style-type: none"> <li>- Market data from independent compensation surveys and sources that reflect comparable positions in organizations of similar size and scope.</li> <li>- Difficulties in recruiting and retaining executives.</li> <li>- Skills, experience and performance history of individual executives.</li> <li>- Critical business or strategic issues that the organization may face.</li> <li>- Market position for total compensation.</li> </ul> <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. The consultant provides 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>

## 990 Schedule O, Supplemental Information

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
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers to Affiliates - -22237862, Transfers to Affiliates - Intercompany Acct-3516162 97, Deferred Pension Cost - -1750570, Change Share of Investees Net Assets - -5749494,

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant	The activity of Via Christi Health, Inc is reported in the consolidated financial statements of Ascension Health Alliance. No individual audit of Via Christi Health, Inc is completed. Ascension Health Alliance's audit committee assumes responsibility for oversight of the audit of the financial statements. The audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of Via Christi Health, Inc.

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

► 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](http://www.irs.gov/form990)**

OMB No. 1545-0047

2015

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Via Christi Health Inc

**Employer identification number**

48-117210

**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?	
						Yes	No
See Additional Data Table							

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

**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	18,541,826	5,667,646	100 %	Yes	
(2) INTEGRATED HEALTHCARE SYSTEMS INC  3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	Via Christi Health Inc	C Corporation	85,885,902	62,396,010	100 %	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	100 %	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	158,710,195	100 %	Yes	
(5)VIA CHRISTI CLINIC PA  3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	Via Christi Health Inc	C Corporation	146,436,940	84,227,472	100 %	Yes	
VIA CHRISTI CLINIC (6)SERVICES INC  8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	Via Christi Health Inc	C Corporation	0	0	100 %	Yes	
(7) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC  8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	Via Christi Health Inc	C Corporation	0	0	100 %	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
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>	Yes	
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		No

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

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

See Additional Data Table

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

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

**Part VII      Supplemental Information**

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

Return Reference	Explanation

**Additional Data**

**Software ID:** 15000238  
**Software Version:** 2015v3.0  
**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
ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
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	
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	
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	
GERARD HOUSE INC 3144 N HOOD WICHITA, KS 67204 48-1049532	HOSPITAL SUPPORT	KS	501(c)(3)	9	VIA CHRISTI HOSPITALS WICHITA INC	Yes	
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	
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	
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	
VIA CHRISTI HOSPITAL MANHATTAN INC 1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
WAMEGO HOSPITAL ASSOCIATION INC 711 GENN DRIVE WAMEGO, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	Via Christi Hospital Manhattan Inc	Yes	
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 (1) LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	Via Christi Health Inc	C Corporation	18,541,826	5,667,646	100 %	Yes	
(1) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	Via Christi Health Inc	C Corporation	85,885,902	62,396,010	100 %	Yes	
(2) 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	100 %	Yes	
(3) VCH IOWA PC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	Via Christi Health Inc	C Corporation	0	158,710,195	100 %	Yes	
(4) VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	Via Christi Health Inc	C Corporation	146,436,940	84,227,472	100 %	Yes	
(5) 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	100 %	Yes	
(6) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	Via Christi Health Inc	C Corporation	0	0	100 %	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
(1) GERARD HOUSE INC	B	102,611	ACTUAL AMOUNT TRANSFERRED
(1) GERARD HOUSE INC	C	55,905	Actual Amount Transferred
(2) VIA CHRISTI HOSPITALS WICHITA INC	B	204,178,752	Actual Amount Transferred
(3) VIA CHRISTI HOSPITALS WICHITA INC	I	600,133	Actual Amount Transferred
(4) VIA CHRISTI HOSPITALS WICHITA INC	L	43,593,077	Actual Amount Transferred
(5) VIA CHRISTI HOSPITALS WICHITA INC	M	349,088	Actual Amount Transferred
(6) VIA CHRISTI HOSPITALS WICHITA INC	N	71,603	Actual Amount Transferred
(7) VIA CHRISTI HOSPITALS WICHITA INC	O	188,632	Actual Amount Transferred
(8) VIA CHRISTI HOSPITALS WICHITA INC	P	1,239,399	Actual Amount Transferred
(9) VIA CHRISTI HOSPITALS WICHITA INC	Q	734,231	Actual Amount Transferred
(10) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	B	10,317,121	ACTUAL AMOUNT TRANSFERRED
(11) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	L	4,748,619	ACTUAL AMOUNT TRANSFERRED
(12) VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	Q	104,495	ACTUAL AMOUNT TRANSFERRED
(13) VIA CHRISTI CLINIC PA	B	25,844,333	ACTUAL AMOUNT TRANSFERRED
(14) VIA CHRISTI CLINIC PA	M	1,445,705	ACTUAL AMOUNT TRANSFERRED
(15) VIA CHRISTI CLINIC PA	P	1,489,632	ACTUAL AMOUNT TRANSFERRED
(16) VIA CHRISTI CLINIC PA	Q	3,662,168	ACTUAL AMOUNT TRANSFERRED
(17) INTEGRATED HEALTH SYSTEMS INC	B	16,876,314	ACTUAL AMOUNT TRANSFERRED
(18) INTEGRATED HEALTH SYSTEMS INC	L	12,744,397	ACTUAL AMOUNT TRANSFERRED
(19) INTEGRATED HEALTH SYSTEMS INC	M	153,303	ACTUAL AMOUNT TRANSFERRED
(20) INTEGRATED HEALTH SYSTEMS INC	P	150,188	ACTUAL AMOUNT TRANSFERRED
(21) INTEGRATED HEALTH SYSTEMS INC	Q	79,798	ACTUAL AMOUNT TRANSFERRED
(22) VIA CHRISTI PROPERTY SERVICES INC	B	2,353,577	ACTUAL AMOUNT TRANSFERRED
(23) VIA CHRISTI PROPERTY SERVICES INC	C	67,554	ACTUAL AMOUNT TRANSFERRED
(24) VIA CHRISTI PROPERTY SERVICES INC	J	70,733	ACTUAL AMOUNT TRANSFERRED

## 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
(26) VIA CHRISTI PROPERTY SERVICES INC	P	132,085	ACTUAL AMOUNT TRANSFERRED
(1) VIA CHRISTI PROPERTY SERVICES INC	Q	57,590	ACTUAL AMOUNT TRANSFERRED
(2) AMS DIAGNOSTICS LLC	B	945,714	ACTUAL AMOUNT TRANSFERRED
(3) AMS DIAGNOSTICS LLC	Q	52,965	ACTUAL AMOUNT TRANSFERRED
(4) AFFILIATED MEDICAL SERVICES LABORATORY INC	B	6,285,555	ACTUAL AMOUNT TRANSFERRED
(5) AFFILIATED MEDICAL SERVICES LABORATORY INC	L	942,287	ACTUAL AMOUNT TRANSFERRED
(6) AFFILIATED MEDICAL SERVICES LABORATORY INC	P	117,741	ACTUAL AMOUNT TRANSFERRED
(7) VIA CHRISTI REHABILITATION HOSPITAL INC	B	7,371,041	ACTUAL AMOUNT TRANSFERRED
(8) VIA CHRISTI REHABILITATION HOSPITAL INC	L	2,406,073	ACTUAL AMOUNT TRANSFERRED
(9) VIA CHRISTI REHABILITATION HOSPITAL INC	Q	1,345,258	ACTUAL AMOUNT TRANSFERRED
(10) VIA CHRISTI HOSPITAL MANHATTAN INC	B	32,958,439	ACTUAL AMOUNT TRANSFERRED
(11) VIA CHRISTI HOSPITAL MANHATTAN INC	L	6,754,358	ACTUAL AMOUNT TRANSFERRED
(12) VIA CHRISTI HOSPITAL MANHATTAN INC	M	84,450	ACTUAL AMOUNT TRANSFERRED
(13) VIA CHRISTI HOSPITAL MANHATTAN INC	O	76,942	ACTUAL AMOUNT TRANSFERRED
(14) VIA CHRISTI HOSPITAL MANHATTAN INC	P	554,105	ACTUAL AMOUNT TRANSFERRED
(15) VIA CHRISTI HOSPITAL MANHATTAN INC	Q	343,897	ACTUAL AMOUNT TRANSFERRED
(16) VIA CHRISTI HOSPITAL PITTSBURGH INC	B	33,471,219	ACTUAL AMOUNT TRANSFERRED
(17) VIA CHRISTI HOSPITAL PITTSBURGH INC	I	77,811	ACTUAL AMOUNT TRANSFERRED
(18) VIA CHRISTI HOSPITAL PITTSBURGH INC	L	6,549,590	ACTUAL AMOUNT TRANSFERRED
(19) VIA CHRISTI HOSPITAL PITTSBURGH INC	M	99,324	ACTUAL AMOUNT TRANSFERRED
(20) VIA CHRISTI HOSPITAL PITTSBURGH INC	N	101,513	ACTUAL AMOUNT TRANSFERRED
(21) VIA CHRISTI HOSPITAL PITTSBURGH INC	P	228,150	ACTUAL AMOUNT TRANSFERRED
(22) VIA CHRISTI HOSPITAL PITTSBURGH INC	Q	412,420	ACTUAL AMOUNT TRANSFERRED
(23) WAMEGO HOSPITAL ASSOCIATION INC	B	1,006,535	ACTUAL AMOUNT TRANSFERRED
(24) WAMEGO HOSPITAL ASSOCIATION INC	L	682,987	ACTUAL AMOUNT TRANSFERRED

**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
(51) WAMEGO HOSPITAL ASSOCIATION INC	Q	92,609	ACTUAL AMOUNT TRANSFERRED
(1) VIA CHRISTI HEALTH PARTNERS INC	B	1,763,414	ACTUAL AMOUNT TRANSFERRED
(2) VIA CHRISTI HEALTH PARTNERS INC	L	1,797,836	ACTUAL AMOUNT TRANSFERRED
(3) Via Christi Imaging LLC (fka Mercy Imaging LLC)	B	56,087	ACTUAL AMOUNT TRANSFERRED
(4) VIA CHRISTI HOSPITAL ALLIANCE INC	L	958,623	ACTUAL AMOUNT TRANSFERRED
(5) VIA CHRISTI HOSPITAL ALLIANCE INC	Q	920,858	ACTUAL AMOUNT TRANSFERRED
(6) VIA CHRISTI HEALTH PARTNERS INC	B	5,386,744	ACTUAL AMOUNT TRANSFERRED
(7) VIA CHRISTI HEALTH PARTNERS INC	B	171,863	ACTUAL AMOUNT TRANSFERRED