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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Via Christi Hospitals Wichita Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) 929 N Saint Francis | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Wichita, KS 67214

D Employer identification number
48-1172106

E Telephone number
(314) 733-8000

G Gross receipts $ 560,839,142

F Name and address of principal officer
SHERRY HAUSMANN
929 N Saint Francis
Wichita, KS 67214

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(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 ☐ 527

J Website: ▶ https //www viachristi org/locations/hospitals

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
Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities We are advocates for a compassionate and just society through our actions and our words

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	4,107
6	Total number of volunteers (estimate if necessary)	**6**	676
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,973,861
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,650,125

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,527,522	3,730,733
9	Program service revenue (Part VIII, line 2g)	556,943,816	537,927,384
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,829,021	431,453
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,179,696	18,591,650
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	574,822,013	560,681,220
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,000	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	216,458,860	204,384,993
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	311,389,664	325,976,241
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	527,853,524	530,361,234
19	Revenue less expenses Subtract line 18 from line 12	46,968,489	30,319,986

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	401,871,509	376,980,136
21	Total liabilities (Part X, line 26)	167,605,769	113,554,969
22	Net assets or fund balances Subtract line 21 from line 20	234,265,740	263,425,167

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-10-31

Tonya Mershon Tax Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Samantha Bokori	Samantha Bokori			P01057347

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 Monument Circle Suite 4200
Indianapolis, IN 462045108 — Phone no (317) 464-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities We are advocates for a compassionate and just society through our actions and our words

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 $ 414,410,533 including grants of $ 0) (Revenue $ 542,155,447)

See Additional Data

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** ▶ 414,410,533

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
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*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
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*	15		No
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*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
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*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	329		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,107		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			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.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No
b	Other officers or key employees of the organization	15b		No
	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	Yes	
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	Yes	

Section C. Disclosure

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

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

☐ 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 ▶Darla Larkin 8200 E THORN DRIVE WICHITA, KS 67226 (316) 719-3240

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,921,170	4,417,385	810,737

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 ▶ 150

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ANESTHESIA CONSULTING SERVICES PA PO BOX 356 WICHITA, KS 67201	ANESTHESIA SERVICES	5,162,935
HOSPITALIST MEDICINE PHYSICIANS OF TEXAS PLLC 1498 PACIFIC AVE SUITE 400 TACOMA, WA 984024208	HOSPITALIST SERVICES	4,254,636
CEP AMERICA KANSAS LLC 2100 POWELL STREET SUITE 900 EMERYVILLE, CA 946081844	PHYSICIAN SERVICES	3,032,841
WICHITA SURGICAL SPECIALISTS PA 818 N EMPORIA STREET SUITE 200 WICHITA, KS 67214	SURGICAL SERVICES	2,254,448
KANSAS PROFESSIONAL ANESTHESIA AND PAIN MANAGMENT SPECIALISTS PA 1515 S CLIFTON AVE SUITE 200 WICHITA, KS 672182958	PAIN MANAGEMENT SERVICES	2,183,333

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 38

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
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	0			
e Government grants (contributions)	1e	3,334,488			
f All other contributions, gifts, grants, and similar amounts not included above	1f	396,245			
g Noncash contributions included in lines 1a-1f $					
h **Total.** Add lines 1a-1f		3,730,733			
Program Service Revenue	Business Code				
2a Patient Service Revenue	621400	533,938,524	532,885,811	1,052,713	
b 340B Pharmacy Revenue	446110	2,023,014	2,023,014		
c Meaningful Use	621400	141,773	141,773		
d Continuing Education	611600	236,458	236,458		
e Inter-company Revenue	900099	1,587,615	1,587,615		
f All other program service revenue		0	0	0	0
g **Total.** Add lines 2a-2f		537,927,384			
3 Investment income (including dividends, interest, and other similar amounts)		383,775			383,775
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	1,382,203				
b Less rental expenses	155,638				
c Rental income or (loss)	1,226,565	0			
d Net rental income or (loss)			1,226,565	92,070	1,134,495
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory		49,962			
b Less cost or other basis and sales expenses		2,284			
c Gain or (loss)	0	47,678			
d Net gain or (loss)			47,678		47,678
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
b Less direct expenses	b				
c Net income or (loss) from fundraising events			0		0
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a Cafeteria/Vending	722320	4,337,474	0	82,243	4,255,231
b Laboratory Fees	621500	3,882,680	294,524	3,588,156	
c Child Development Center	624410	1,098,260	1,098,260		
d All other revenue		8,046,671	3,887,992	4,158,679	0
e **Total.** Add lines 11a-11d		17,365,085			
12 **Total revenue.** See Instructions		560,681,220	542,155,447	8,973,861	5,821,179

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,484,162	1,912,805	571,357	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	163,482,640	147,457,316	16,025,324	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	997,895	778,358	219,537	
9 Other employee benefits	25,460,744	19,872,548	5,588,196	
10 Payroll taxes	11,959,552	10,524,406	1,435,146	
11 Fees for services (non-employees)				
a Management	80,950,641	38,856,307	42,094,334	
b Legal	24,450	0	24,450	
c Accounting	11,860	0	11,860	
d Lobbying	29,462	0	29,462	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,870,333	17,715,782	19,154,551	0
12 Advertising and promotion	736,294	29,451	706,843	
13 Office expenses	2,039,674	1,977,842	61,832	
14 Information technology	334,925	77,032	257,893	
15 Royalties . .				
16 Occupancy	8,391,857	7,906,485	485,372	
17 Travel	382,698	284,593	98,105	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	20,187	14,534	5,653	
20 Interest	-133,738	0	-133,738	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	26,781,027	23,299,493	3,481,534	
23 Insurance . . .	2,934,386	381,470	2,552,916	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Income Tax Expense	1,326,000	1,034,280	291,720	
b Medical Supplies	92,359,313	89,588,533	2,770,780	
c Purchased Services	45,086,945	35,167,816	9,919,129	
d Cost of Goods Sold	3,265,802	3,167,828	97,974	
e All other expenses	24,564,125	14,363,654	10,200,471	0
25 **Total functional expenses.** Add lines 1 through 24e	530,361,234	414,410,533	115,950,701	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	416,721	1	499,364
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net	842,177	3	988,270
	4	Accounts receivable, net	80,573,217	4	76,788,869
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	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		6	0
	7	Notes and loans receivable, net	52,407	7	115,182
	8	Inventories for sale or use	14,228,163	8	12,519,746
	9	Prepaid expenses and deferred charges	2,355,529	9	786,914
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 325,786,646			
	b	Less accumulated depreciation — 10b: 104,627,955	212,566,337	10c	221,158,691
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	11,978,039
	14	Intangible assets	197,667	14	128,126
	15	Other assets See Part IV, line 11	90,639,291	15	52,016,935
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	401,871,509	16	376,980,136
Liabilities	17	Accounts payable and accrued expenses	39,009,515	17	48,232,059
	18	Grants payable		18	
	19	Deferred revenue	85,731	19	152,812
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	11,792	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	128,498,731	25	65,170,098
	26	**Total liabilities.** Add lines 17 through 25	167,605,769	26	113,554,969
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	234,265,740	27	263,425,167
	28	Temporarily restricted net assets		28	0
	29	Permanently restricted net assets		29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	234,265,740	33	263,425,167
	34	Total liabilities and net assets/fund balances	401,871,509	34	376,980,136

Part XI Reconcilliation 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	560,681,220
2	Total expenses (must equal Part IX, column (A), line 25)	2	530,361,234
3	Revenue less expenses Subtract line 2 from line 1	3	30,319,986
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	234,265,740
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,160,559
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	263,425,167

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 48-1172106
Name: Via Christi Hospitals Wichita Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

PROVIDE OUTPATIENT AND INPATIENT SERVICES FOR THE BENEFIT, CARE, AND TREATMENT OF SICK, INJURED, AGED, AND DISABLED PATIENTS OF SOUTH CENTRAL KANSAS AND SURROUNDING AREAS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERRY HAUSMANN CHIEF HOSPITAL ADMIN OFFICER	48 0 6 0	X		X				282,855	323,720	38,254
CHRIS SHANK CHAIR	1 0 2 0	X		X				0	0	0
DALE BAALMAN VICE CHAIR	1 0 1 0	X		X				0	0	0
SISTER AGNES WEBER SECRETARY	1 0 1 0	X		X				0	0	0
MICHAEL BUKATY TREASURER	1 0 1 0	X		X				0	0	0
SISTER LORETTA MARIE HALL TRUSTEE	1 0 1 1	X						0	0	0
BROOKE E GRIZZELL MD MEDICAL STAFF PRESIDENT	50 0 0 0	X						0	226,178	32,588
SHERYL BEARD MD TRUSTEE (START 7/2016)	40 0 1 0	X						187,006	0	34,833
MICHAEL FLORES TRUSTEE (START 7/2016)	1 0 1 0	X						0	0	0
WILLIAM HANNA TRUSTEE	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON S SEERY MD TRUSTEE	40 0 ..... 1 0	X						210,597	0	29,088
FATHER THOMAS WELK TRUSTEE (START 2/2017)	1 0 ..... 1 0	X						0	0	0
DAVID YOUNG TRUSTEE	1 0 ..... 1 0	X						0	0	0
SISTER DIANE LEARY TRUSTEE (END 11/2016)	1 0 ..... 1 0	X						0	0	0
CAROL KARP ASSISTANT TREASURER/CFO (END 3/2017)	1 0 ..... 56 0			X				0	513,212	29,379
MICHAEL MCCULLOUGH ASST TREASURER/CFO VCH (START 3/2017)	40 0 ..... 4 0			X				0	0	0
GARY KNIGHT ASSISTANT SECRETARY	1 0 ..... 56 0			X				0	531,167	34,459
LAURIE LABARCA ADMIN HOSPITAL OPS	46 0 ..... 4 0				X			447,626	0	31,833
RYAN KELLY ADMINSTRATOR SURGICAL SVCS (END 9/2016)	40 0 0				X			210,621	0	23,284
SAMER ANTONIOS MD CHIEF MEDICAL OFFICER	40 0 ..... 0 0				X			0	256,369	38,526

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARRELL J YOUNGMAN DO CHIEF QUALITY OFFICER	48 0 ..... 2 0				X			0	531,643	36,712
JULIANNA M RIESCHICK CHIEF NURSING OFFICER-SJC	47 0 ..... 8 0				X			168,269	0	9,564
KRIS HILL CHIEF NURSING OFFICER-SFC	40 0 0				X			156,778	0	29,079
CARLA J YOST CHIEF NURSING OFFICER-VCH	20 0 ..... 30 0				X			0	368,010	35,216
CYNTHIA LAFLEUR SR ADMIN POST ACUTE (END 3/2016)	39 0 ..... 1 0				X			0	205,354	17,036
CLAUDIO J FERRARO SR ADMINISTRATOR-CLINC SVC LN	5 0 ..... 45 0				X			47,903	369,192	39,073
KEVIN J STRECKER SR ADMINISTRATOR (END 6/2016)	40 0 ..... 2 0				X			117,714	210,268	36,110
ART HUBER SR ADMINISTRATOR FACILITIES (END 8/2016)	46 0 ..... 6 0				X			0	206,081	23,168
SHELLY D TRENT VP FINANCE	30 0 ..... 20 0				X			237,696	0	33,562
ROBYN CHADWICK VP OPERATIONS BEHAVIORAL HEALTH	40 0 0				X			189,790	0	16,884

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JON C ANDERS MD PHYSICIAN	40 0 0					X		615,546	0	32,359
MOHAMMED A ANSARI MD PHYSICIAN	40 0 0					X		495,419	0	39,218
DAVID BRYANT MD PHYSICIAN	40 0 0					X		658,582	0	37,602
TAYSIR SHASH MD PHYSICIAN	40 0 0					X		453,530	0	32,141
DIMITRIOS E STEPHANOPOULOS MD PHYSICIAN	40 0 0					X		441,238	0	35,302
ROBERTA JOHNSON FORMER OFFICER (END 6/2016)	0 0 ..... 40 0						X	0	334,289	24,139
JEFF N SEIRER FORMER OFFICER (END 7/2014)	0 0 ..... 50 0						X	0	341,902	41,328

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Via Christi Hospitals Wichita Inc

Employer identification number
48-1172106

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
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*	1		
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)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
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*	4b		
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*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
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 I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
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)*	10b		

Part IV Supporting Organizations (continued)

			Yes	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?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Section B. Type I Supporting Organizations

			Yes	No
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*	1		
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*	2		

Section C. Type II Supporting Organizations

			Yes	No
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)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)*	2		
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*	3		

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)

			Yes	No
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*	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*	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.***	3a		
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*	3b		

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

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
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)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135145678

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*****.**

OMB No 1545-0047

2016

Open to Public Inspection

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	Employer identification number
Via Christi Hospitals Wichita Inc	48-1172106

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.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		29,462
j	Total Add lines 1c through 1i			29,462
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING VIA CHRISTI HOSPITALS WICHITA, INC DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OR STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING VIA CHRISTI HOSPITALS WICHITA, INC DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OR STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Via Christi Hospitals Wichita Inc

Employer identification number
48-1172106

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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		5,775,092		5,775,092
b Buildings		186,983,463	44,700,122	142,283,341
c Leasehold improvements		2,500	2,500	0
d Equipment		101,832,350	58,640,781	43,191,569
e Other		31,193,241	1,284,552	29,908,689
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				221,158,691

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	52,016,935

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
NOTES PAYABLE VCHS	
RETIREMENT BENEFITS PAYABLE	47,661
ASSET RETIREMENT OBLIGATION	2,495,863
AH SAVINGS PLAN LIABILITY	2,474,804
INTERCOMPANY PAYABLES	46,888,925
SELF INSURANCE LIABILITY	2,415,699
DEFERRED COMP LIABILITY	9,482,312
Estimated Settlement to Third-Party Payor	1,364,834
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	65,170,098

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

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

Complete if the organization answered 'Yes' 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 48-1172106
Name: Via Christi Hospitals Wichita Inc

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

(a) Description	(b) Book value
(1) DUE TO RELATED PARTIES	
(2) MISC ACCOUNTS RECEIVABLES	
(3) PREPAID PENSION - LONG TERM	
(4) PY & CY Settlement - Medicare/Medicaid	
(5) CSI RECIEVABLES	
(6) DEFERRED COMPENSATION INVESTMENT	
(7) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE	
(8) LIFE INSURNACE - CASH VALUE	
(9) INVESTMENT IN SUBSIDIARIES	
(10) Total Deferred Compensation Asset	9,482,312
(11) Current Portion Intra/Intercompany AR	3,093,668
(12) Other Long Term Investments	100,000
(13) Other Miscellaneous Assets	47,662
(14) Total Pension and Other Post Retire Assets	25,102,311
(15) Estimated Settlements from Third-Party Payor	9,179,812
(16) Gross Other Receivables	3,076,657
(17) Security Deposits	1,934,513

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

1 (a) Description of Liability	(b) Book Value
NOTES PAYABLE VCHS	
RETIREMENT BENEFITS PAYABLE	47,661
ASSET RETIREMENT OBLIGATION	2,495,863
AH SAVINGS PLAN LIABILITY	2,474,804
INTERCOMPANY PAYABLES	46,888,925
SELF INSURANCE LIABILITY	2,415,699
DEFERRED COMP LIABILITY	9,482,312
Estimated Settlement to Third-Party Payor	1,364,834

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRE SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A T AX 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, 2017

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Via Christi Hospitals Wichita Inc

Employer identification number
48-1172106

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			35,539,349		35,539,349	6 70 %
b Medicaid (from Worksheet 3, column a)			81,948,025	81,258,473	689,552	0 13 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	117,487,374	81,258,473	36,228,901	6 83 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			733,333	26,530	706,803	0 13 %
f Health professions education (from Worksheet 5)			29,812,884	7,651,404	22,161,480	4 18 %
g Subsidized health services (from Worksheet 6)			4,496,668	3,304,196	1,192,472	0 22 %
h Research (from Worksheet 7)			63,490	0	63,490	0 01 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			296,249	0	296,249	0 06 %
j **Total.** Other Benefits	0	0	35,402,624	10,982,130	24,420,494	4 60 %
k **Total.** Add lines 7d and 7j	0	0	152,889,998	92,240,603	60,649,395	11 44 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support			400	0	400	0 %
4 Environmental improvements			1,031	0	1,031	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			14,918	0	14,918	0 %
9 Other					0	0 %
10 Total	0	0	16,349	0	16,349	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 48,975,421		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	163,850,933
6	Enter Medicare allowable costs of care relating to payments on line 5	6	179,632,287
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-15,781,354
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 KANSAS HEART HOSPITAL LLC	CARDIAC ACUTE CARE HOSPITAL	49 %		51 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //www viachristi org/about-via-christi/mission/community-benefit			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www viachristi org/patients-and-visitors/billing-and-finance/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) https //www viachristi org/patients-and-visitors/billing-and-finance/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www viachristi org/patients-and-visitors/billing-and-finance/financial-assistance			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☑ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **8**

	Name and address	Type of Facility (describe)
1	Via Christi Cancer Center 817 N Emporia Wichita, KS 67214	Cancer Center
2	Via Christi Cyberknife Center 825 N Emporia Wichita, KS 67214	Cyberknife Cancer Treatment
3	Via Christi Wound Center 825 N Emporia WICHITA, KS 67214	Wound Center
4	Solutions for Life 6100 E Central WICHITA, KS 67208	Medical Research
5	Via Christi Research 1100 N st Francis Wichita, KS 67214	Medical Research
6	Via Christi Family Medicine CENTER 707 N Emporia WICHITA, KS 67214	Family Practice Clinic
7	Via Christi Family Medicine 1121 s Clifton Wichita, KS 67218	Family Practice Clinic
8	Dr Anthony Johnstone 1230 E 6th Winfield, KS 67156	Family Practice Clinic
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a NAME OF RELATED ORGANIZATIONS THAT PREPARED THE COMMUNITY BENEFIT REPORT	Via Christi Health, Inc produces a consolidated annual report for all ministries in their periodical magazine called "Via Christi Life" Within the report, several pages describe the Community Benefit activities that have taken place over the last year and the monetary value to the Wichita area Community Benefit Report Via Christi Hospitals Wichita, Inc ("VCH-W") is a member of Via Christi Health, Inc ("VCH") As a Catholic health system, VCH-W has its origins in faith-based responses to health needs of our communities, with a particular concern for those living in poverty and who are vulnerable 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 - Service of the Poor - Generosity of spirit, especially for persons most in need - Reverence - Respect and compassion for the dignity and diversity of life - Integrity - Inspiring trust through personal leadership - Wisdom - Integrating excellence and stewardship -Creativity - Courageous innovation - Dedication - Affirming the hope and joy of our ministry According to the VCH-W mission statement, "As a part of Via Christi Health, Inc , we share this mission Inspired by the Gospel and our Catholic tradition, we serve as a healing presence with special concern for our neighbors who are vulnerable " The financial information in this report was prepared in accordance with the Catholic Health Association's (CHA) A Guide for Planning and Reporting Community Benefit Guidelines (2015) Per these guidelines, we report the net expense for community benefit services (e g the total community benefit expense minus any associated revenue from patients, residents, payers and other external sources) The CHA guidelines reflect a conservative approach to reporting quantifiable community benefit The goal of the guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health for all The following are VCH-W's definitions for quantifiable community benefits reports Charity Care - free or discounted health services provided to persons who cannot afford to pay and who meet VCH's criteria for financial assistance Charity care is reported in terms of costs, not charges Charity care does not include bad debt Government Sponsored Means-Tested Health Care - includes unpaid costs of public programs for low-income persons The shortfall created when VCH receives payments that are less than the cost of caring for public program beneficiaries This payment shortfall is not the same as a contractual allowance, which is the full difference between charges and government payments For Fiscal Year Ended June 30, 2017 Community Benefit 1 Charity Care, at cost $35 54 million 2 Government Sponsored Health Care, net expense Unpaid cost of public indigent care programs (includes Medicaid, SCHIP and other safety net programs, does not include Medicare shortfall) $689 5 thousand 3 Community Benefit programs, net expense $24 45 million 4 Total Quantifiable Community Benefit $60 7 million
Schedule H, Part V, Section B, Line 17 Billing and Collection Policy	During tax year 2017, the organization learned via verbal comments of IRS agents at public events that the IRS intends that the "readily obtainable" standard in the 501(r) regulations for the AGB calculation and billing and collection policy is only met if those items are posted to the organization's web site The organization had interpreted that web posting standard to be a safe harbor after consulting with external counsel and tax advisors, and timely took other steps to make the information readily obtainable Consequently, the organization does not believe its decision to not post these documents to its web site rises to the level of a failure, nor does it believe the circumstances were either willful or egregious, having otherwise timely taken the steps necessary to attain and continue to maintain compliance with the other requirements related to the billing and collection policy and the AGB, as part of its policies and procedures for ensuring compliance with all aspects of 501(r) However, the organization is making this voluntary disclosure in order to communicate to the IRS the changes it is undertaking in response to the recent IRS informal guidance on this specific point concerning the "readily obtainable" standard, and the fact that the organization has started the work necessary to post its AGB information and billing and collection policy to its web site and will complete those additional postings as soon as reasonably possible The other web postings required under 501(r) (i e , those related to the community health needs assessment and the financial assistance policy) were timely completed and continue to remain in place as required The organization believes its safeguards worked as intended in this case (i e , the organization has regular communications with a number of external law firms and tax consultants and the timely attention to the recent guidance was supported by the framework of regular access to subject matter experts) These changes are in the process of being incorporated into corporate policies and procedures that apply to the organization

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	Subsidized health services - Net losses by the VCH-W Family Practice Clinics, Specialty Clinics, Forensic Nursing Program, Transitional Clinic, Community Cares Clinic, Heart Failure Clinic and Via Christi Inn
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay) The best available data was used to calculate the amounts reported in the table For the information in the table, a cost-to-charge ratio was calculated and applied

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	The St Gianna Catholic Health Academy, comprised of senior high school students, spend a semester at the hospital learning about health care careers and then working alongside the professionals This gives young students a birds-eye view into various health care careers and previous research has shown that of that students who participated in this program, nearly 80% of them eventually go into healthcare careers after graduating from high school By giving high school students this hands-on learning and networking opportunity, the students get the opportunity to see their end-goal in action, as more than just a dream but a virtual reality Helping these students to see their future as medical professionals ensures that health care access will be available for decades to come By making this program available to high school students, Via Christi is helping to grow future generations of health care providers
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Bad debt expense at cost is determined using the same cost-to-charge ratio that is used for charity care and Medicaid shortfall VCH-W follows the guidance from CHA and does not consider bad debt as a community benefit The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in healthcare coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year VCH-W's bad debt deduction was $48,975,421 at charges and $10,073,020 at cost (after the cost to charge ratio was applied to the amount of charges)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	VCH-W has a very robust financial assistance program, therefore, no estimate is made for bad debt attributed to financial assistance eligible patients
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 19

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	VCH-W follows the CHA guidelines regarding Medicare and does not include it as community benefit However, the methodology described in the instructions to Schedule H, Part III, Section B, and Line 7 for reporting Medicare shortfall does not take into account all costs incurred by VCH-W and does not represent the total Medicare shortfall The Medicare shortfall reported on Schedule H, Part III, Section B, and Line 7 was determined using information from the organization's Medicare cost report, using the Medicare cost report step-down methodology of allocating costs However, utilizing an internal cost accounting system actually results in a Medicare shortfall of $11,277,039 The most common reason for a difference between the Medicare shortfall reported on schedule h and the actual shortfall reported above include inclusion of Medicare advantage revenue and expenses, inclusion of Medicare Part B revenue and expenses, inclusion of other fee schedule revenue, other timing issues, and costs that are considered unallowable on the Medicare cost report that are, in fact, related to Medicare Patient care
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	It is the policy of VCH-W to promote socially just practices for billing and collections for all patients receiving care The policy is intended to further VCH-W's mission by requiring ethical conduct in billing and collecting self-pay balances from patient/guarantor's regardless of ability to pay The policy ensures that prior to turning an account over to a Third Party Collection Agent (Agent) for collection activity, VCH-W will perform a reasonable review of each account to verify that the patient/guarantor is not potentially eligible for any government assistance programs (e g Medicaid, Medicare, etc) and would likely not qualify for charity care VCH-W will direct its staff and Agents to periodically assess each patient/guarantor's ability to pay or to determine eligibility for charity care The review and assessment should include but may not be limited to the following A Ensure the patient/guarantor has been notified of VCH-W's financial assistance policy, B Ensure the patient/guarantor was offered a financial assistance application, C, Ensure documentation of any known extraordinary financial circumstances of the patient/guarantor or if they are medically indigent

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - Via Christi Hospitals Wichita, Inc - St Francis Line 16a URL https //www viachristi org/patients-and-visitors/billing-and-finance/financial-assistance,
Schedule H, Part V, Section B, Line 16b FAP Application website	A - Via Christi Hospitals Wichita, Inc - St Francis Line 16b URL https //www viachristi org/patients-and-visitors/billing-and-finance/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - Via Christi Hospitals Wichita, Inc - St Francis Line 16c URL https //www viachristi org/patients-and-visitors/billing-and-finance/financial-assistance,
Schedule H, Part VI, Line 2 Needs assessment	In addition to the CHNAs conducted every 3 years by the hospital, VCH-W makes use of other research conducted in the community (e g Sedgwick County Health Department's annual plan, the United Way's Environmental Scan, up-to-date downloads from the Census Bureau, as well as Kansas University's Institute for Policy and Social Research) Specific research may be conducted when applying for grants and targeted research focusing on patients who come into our Emergency Rooms and/or other departments are useful in looking at population health trends

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	1 Via Christi Hospitals Wichita's (VCH-W) financial assistance staff is trained on how to qualify patients for Medicaid, SCHIP and other such income-based programs During the patient's registration, admissions and discharge processes, VCH-W attempts to identify patients who may be eligible for charity or discounted care through the charity care policy In addition, VCH-W uses a percentage of the Federal Poverty Guidelines (FPG) to determine free and discounted care
Schedule H, Part VI, Line 4 Community information	The primary county for Via Christi Hospitals Wichita, Inc includes Sedgwick County which has a land area of 998 square miles with an estimated 2016 population of 511,995 Sedgwick County's racial breakout includes 81 0% white, 9 3% Black, 1 4% American Indian, 4 5% Asian and 14 4% persons of Hispanic or Latino origin The diversity of the population in Sedgwick County is greater than for the State of Kansas as a whole It was reported by 14 0% of Sedgwick County residents that a language other than English is spoken at home When it comes to education, 89 0% of Sedgwick County residents completed high school and 30 0% had a bachelor's degrees or higher Median household income for Sedgwick County residents between the years of 2012-2016 was $51,157 The median value of owner- occupied housing units, during the same time period in Sedgwick County, was $128,000 Sedgwick County reports 14 9% of its residents are below poverty level The Statewide poverty level is around 12 7%

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	VCH-W enriches the Wichita area through a community board, open medical staff, and taking care of patients regardless of their ability to pay Community representation of the Governing Body - where the majority of its members are external members comprised of persons who reside in or around Sedgwick County and has overall responsibility for the charitable mission of the organization as set forth in its Articles of Incorporation and Bylaws, These trustees represent areas of expertise in areas of healthcare, finance, education, and local government The Board actively debates and sets policy and strategic direction for the ministry but does not get involved in issues related to daily operations The Board takes a balanced approach when addressing community and business/financial concerns The Board is also the primary group for determining the use of surplus funds generated by the organization, which are reinvested in the ministry in order to allow the ministry to sustain its mission and prepare for the future Open Medical Staff - There are around 850 physician medical staff of which around 150 of these are Via Christi Clinic physicians Primary care physicians and other clinical staff are providing medical home services to Medicare and Medicaid patients, especially those with multiple chronic diseases Community Boards/Committees/Coalitions - VCH-W staff participates in the community on boards and committees of other not-for-profit organizations, government entities, foundations, area colleges and university committees, state-wide coalitions and national healthcare related not-for-profit organizations Via Christi Hospitals Wichita, Inc has representatives who regularly serve in some capacity to fulfill the missions of the following organizations located in Sedgwick County Safe Kids Wichita Area Coalition, South Central Regional Trauma Council, Drowning Prevention Coalition, American Heart Association, StepStone and Dear Neighbor Board, Butler Community College Nursing Advisory Council, Central Plains Regional Healthcare Foundation, Kansas High School Athletic Association Sports Medicine Advisory Committee, YMCA Board, Family Life/Natural Family Planning Committee, Grace Med Clinic, Guadalupe Clinic, Wichita Center for Graduate Medical Education, Independent Living Resource Center and more VCH-W encourages participation of outside non-profit groups to use their ministries to promote their missions, such as Newman University and Wichita State University nursing students, employees of the State's Medicaid enrollment program, University of Kansas Psychiatry clerkship, American Red Cross blood donation program and others In addition, VCH-W provides rent subsidies for Sedgwick County's EMS vehicles, GraceMed Clinic (FQHC), Ronald McDonald House, St Gianna's Academy and other not-for-profit groups needing space to hold their meetings, trainings and/or routine work VCH-W staff present numerous educational talks during the course of the year on various topics dealing with health related issues for news media wanting to inform the public about specific illnesses, breastfeeding clinics for new moms or newborns who are having difficulty in grasping the nursing technique, critical access hospitals and first responders who have to deal with burn victims, the general public on health prevention and wellness activities, students from grade school to college age on avoiding the spreading of the common cold, car seat check clinics, bicycle safety, appropriate touching, bullying, human trafficking, and workforce careers VCH-W was presented with a Community Service Award by U S Attorney Barry Grissom for VCH-W staff training to help identify and help victims of human trafficking and for its groundbreaking work with health care providers and partnership with law enforcement For review of VCH-W on this topic, go to http www viachristi org/about-via-christi/mission/human-trafficking-initiative
Schedule H, Part VI, Line 6 Affiliated health care system	As part of Via Christi Health, Inc , Via Christi Hospitals Wichita, Inc is a member of Ascension Health Alliance VCH's affiliates are large multi-faceted, integrated, not-for-profit ministries including hospital and non-hospital ministries (physician group practices, hospital organizations, research, home health, and durable medical equipment) These ministries work together to care for patients, joined by common systems and a philosophy of serving as a healing presence with special concern for our neighbors, especially those who are vulnerable This community benefit happens through its focus on patient care, education and research The organizations work together to serve their communities at the local regional, state and national level Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporations formed on September 13, 2011 Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 States and the District of Columbia Ascension is sponsored by Ascension Sponsor, a Public Juridic Person The Participating ORGANIZATIONS/ENTITIES of Ascension Sponsor are the Daughters of Charity of St Vincent de Paul, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc - American Province, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi - US/Caribbean Province Mission The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs -Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured -Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons -Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome -Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research Discounts are provided to all uninsured patients, including those with the means to pay Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and other community benefit programs The cost of providing care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 48-1172106
Name: Via Christi Hospitals Wichita Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **3** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Via Christi Hospitals Wichita Inc - St Francis 929 N St Francis Wichita, KS 67214 https //www viachristi org/location/via-christi-hospital-st-francis Kansas H-087-001	X	X		X		X	X			A
2	Via Christi Hospitals Wichita Inc - St Joseph 3600 E Harry Wichita, KS 67218 https //www viachristi org/location/via-christi-hospital-st-joseph Kansas H-087-001	X	X		X		X	X			A
3	Via Christi Behavioral Health Center 8901 E Orme Wichita, KS 67207 https //www viachristi org/locations/hospitals/via-christi-behavioral-health-center Kansas H-087-001	X							X	IP and OP Psych	A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - FACILITY GROUP A - VCH WICHITA, INC - ST FRANCIS , LINE 1, VCH, WICHITA, INC - ST JOSEPH, LINE 2, VC BEHAVORIAL HEALTH CENTER, LINE 3 A random sample of 6,808 Sedgwick, Butler, Harvey, Reno, Kingman and Sumner County households was selected Pre-sur vey postcards were mailed via first class mail on December 24, 2015, informing potential r espondents about the CHNA, asking them to watch for and complete their surveys and giving them the opportunity to request the survey in Spanish or Vietnamese, if preferred Then on December 31, 2015, surveys, cover letters and postage-paid return envelopes were mailed o ut via first class Follow-up reminder postcards were mailed out on January 12, 2016 with surveys being accepted for analysis through February 19, 2016 In addition, in an effort t o draw upon the recognition and reputation of individuals in Sedgwick, Butler, Harvey, Ren o, Kingman and Sumner Counties, community leaders were identified by nonprofit health and human services agencies by asking each executive director to identify up to ten community leaders they believed should be surveyed to gauge the community's pulse as it pertains to the area's health and human service needs All community leaders identified by at least tw o agency executive directors were included in the survey research They included nonprofit health and human services agencies executive directors, as well as Presidents/Chief Execu tive Officers of the area's largest employers, local elected and appointed government offi cials, Public School district superintendents and Board Presidents were invited to partici pate Surveys were mailed out to 670 community leaders and the response rate was 18 7 perc ent To get a feeling of real community needs that are being addressed by local not-for-pr ofit and government agencies, using the United Way of the Plains 2-1-1 database, United Wa y of Reno County contact list and the membership list of the Coalition of Community Health Clinics for Wichita-Sedgwick County, 262 Executive Directors of programs dealing with poo r and/or vulnerable populations were asked to participate in the survey effort The respon se rate from this target group was 46 6 percent Specific people involved with leading the CHNA effort included Sonja Armbruster, former community health planning and performance improvement division director for the Sedgwick County Health Department, Renee M Hanrahan , director of Community Benefit from Via Christi Health and Gloria Summer, director of res earch for United Way of the Plains Sedgwick County Health Department (SCHD) served on the CHNA Planning Committee and assisted in developing the survey which would be distributed throughout Wichita/Sedgwick County and neighboring counties Their participation was throu gh planning meetings and hosting of the MAPP Process in which Via Christi Hospitals Wichit a took an active part SCHD provides services to protect and improve the community's healt h, focusing their resources in

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	four divisions Children and Family Health, health Protection, Preventive Health and Publ ic Health Performance Under Children and Family Health they provide the Women, Infants an d Children (WIC) program which served on average 12,059 per month They also offer a Healt hy Babies program that served 783 adults and 602 children connecting a large majority of t hem to a medical home The Children's Dental Clinic provided services to 364 unduplicated clients (between ages 5-15) by providing screenings to over 16,700 children In addition, they held more than 250 mobile clinics offering 2,547 clients more than 4,000 immunization s SCHD conducted a MAPP assessment in late 2015 in which volunteers went door-to-door ask ing specific health related questions, and Via Christi Hospitals participated in this outr each effort to make sure the unusual voices could be heard in addition to the households t hat would be receiving mailed CHNA surveys in early 2016 United Way of the Plains (UWP) i s a not-for-profit organization whose primary roles include community planning, social ser vice coordination and an annual community-wide fundraising campaign in order to allocate d onations to address community needs through agency partnerships Their mission is to mobil ize resources to meet community needs, and they have been proactively doing community need s assessments since 1985 So, partnering with them in a CHNA ensures that we'll reach peop le in need as well as organizations whose mission it is to work with these special populat ions The FY 2016 CHNA included three surveys (1) A community respondent (or household) s urvey that was mailed to a random sample of 6,808 households in the Sedgwick County and ne ighboring counties which is the UWP's service area This survey was available in English, Spanish and Vietnamese (2) A community leader survey that was mailed out to 670 leaders i dentified through a reputational survey method of the area not-for-profits, or they were s elected because of their status of being an elected official (3) An agency executive surv ey which was distributed to 234 area not-for-profit health and human service agencies that were identified by using the UWP's 2-1-1 database In addition, data collected for the UW P's Environmental Scan was used which primarily relies on up-to-date secondary data gather ed from Census, county health departments, and others engaged in monitoring the sociodemog raphic composition of the population Agencies participating in the survey are identified in the CHNA appendix UWP served as the lead agency for the FY 2016 CHNA and was also resp onsible for analyzing the data Via Christi assisted in picking up the postage and survey printing costs

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - FACILITY GROUP A - VCH WICHITA, INC - ST FRANCIS , LINE 1, VCH, WICHITA, INC - ST JOSEPH, LINE 2, VC BEHAVORIAL HEALTH CENTER, LINE 3 The FY 2016 CHNA was conducted in partnership with Via Christi Hospital St Teresa, Inc (VHS-ST) and Via Christi Rehabilitation Hospital, Inc (VCRH) Via Christi Hospital St Teresa, Inc (VCH-ST) is located on the west side of Wichita, Sedgwick County on a 120-Acre campus, the 144,000 square-foot hospital features - 68 Private Patient Suites - 24/7 Emergency Room - 6 State of the art operating rooms - Diagnostic imaging and laboratory services - Inpatient Pharmacy - Critical Care Unit - Orthopedics and Inpatient Rehab - Cardiovascular Care Via Christi Rehabilitation Hospital, Inc (VCRH)serves patients in regaining their functional independence following a major illness, trauma or surgery The specialized facility offers comprehensive inpatient and outpatient therapy for children, including toddlers, and adults, and provides rehabilitation treatment for stroke, spinal cord injuries, limb loss, orthopedic issues and brain injuries

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - FACILITY GROUP A - VCH WICHITA, INC - ST FRANCIS , LINE 1, VCH, WICHITA, INC - ST JOSEPH, LINE 2, VC BEHAVORIAL HEALTH CENTER, LINE 3 The FY 2016 CHNA was conducted in partnership with United Way of the Plains (UWP) and Sedgwick County Health Department (SCHD) The three focus areas of the United Way of the Plains (UWP) is education, income and health They have been conducting community needs assessments since 1985 and are seen as the leader in assessments in the South Central Kansas area It seemed like a natural choice to join forces with them and the Sedgwick County Health Department in conducting our CHNA UWP is a not-for-profit organization whose primary roles include community planning, social service coordination and an annual community-wide fundraising campaign in order to allocate donations to address community needs through agency partnerships Their mission is to mobilize resources to meet community needs Sedgwick County Health Department (SCHD) provides services to protect and improve the community's health, focusing their resources in four divisions children and family health, health protection, preventive health and public health performance Under children and family health they provide the Women, Infants and Children (WIC) food program, pregnancy tests, exams, contraceptives and family planning resources, school health, Project Imprint (working to reduce infant mortality) and Healthy Babies Program (for expecting mothers) Their participation in the CHNA was through planning meetings and hosting of the outreach processes

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - FACILITY GROUP A - VCH WICHITA, INC - ST FRANCIS , LINE 1, VCH, WICHITA, INC - ST JOSEPH, LINE 2, VC BEHAVORIAL HEALTH CENTER, LINE 3 Significant health needs identified in the most recent CHNA and being addressed by Via Christi Hospitals Wichita, I nc (VCH-W) include Health Insurance - VCH-W provides treatment to all people who come in needing assistance, regardless of their ability to pay However, once in the door, a case manager will work with each patient to see if they qualify for traditional charity care a nd/or a government program If they do, the patient is signed up immediately and strongly encouraged to find a medical home if they do not currently have one In addition, the lead ership team at VCH-W and its board of directors, continues to be a strong proponent in the need to expand Medicaid across Kansas Affordable health care, in our Catholic tradition, should be a right given to all but especially for those who are poor and vulnerable VCH- W continues to offer charity care to the poor, takes care of those who are recipients of M edicaid and Medicare knowing that the government will not be paying the full cost of that care Basic Medical Care for Low-Income - VCH-W, like all VCH hospitals, work with the pat ient and/or their family to make sure they receive treatment when presenting at the hospit al Prior to discharge, a case manager identifies basic medical care options with the pati ent/caregiver and provides them with application forms and contact numbers In addition, i f the patient needs assistance filling out the forms or is wanting more information, our c ase managers willingly assist them to ensure a smooth transition, including patient call b ack to see if recommendations have been followed VCH-W feels strongly that basic medical care for all people is a right and responsibility of every community People who are ill a nd denied medical care not only jeopardize their own health but may impact others who shar e their environment Waiting until one is in crisis to seek medical care is not only dange rous but may have serious economic impact for families, health care providers and hospital s VCH-W case managers work with patients to find medical homes prior to discharge from ou r hospital Assistance with Prescriptions for Low-Income - Hospitalized inpatients, as wel l as clinic outpatients, may be eligible to receive financial assistance in procuring thei r required medications VCH-W currently operates a 340B drug pricing program on medication and pays an annual fee to be a Dispensary of Hope Pharmacy as well In addition, VCH-W co ntinues to look for new ways to procure medication discounts for all patients whether they are being discharged from one of our hospitals or are getting outpatient treatment in one of its clinics Child Abuse Prevention/Education - Children who are victimized may requir e immediate medical treatment, but their ordeal also has an impact on law enforcement offi cers, the judicial and correct

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	ional systems when their abuse is investigated, prosecuted and the accused are sentenced f or their crime Many young parents have limited first-hand experience with dealing with ba bies, and as a result, may inadvertently hurt their child even though they love that child That is why VCH-W offers traditional parenting classes in addition to non-traditional tr aining, like Boot Camp for New Dads In addition, VCH-W provides several different safety classes and/or services for protecting children (e g infant seat installation and give-aw ay for low-income families, child bicycle safety classes and free helmets for low-income c hildren, CPR for infants and children, etc) Immunization of Adults/Children - the Kansas Department of Health and Environment reported 510 deaths in Kansas due to complications fr om influenza or pneumonia in 2014 Starting in 2015, VCH requires all employees to get imm unized in order to further protect patients and their workforce as a condition of employme nt Those who chose not to participate for religious purposes are required to wear protect ive face masks to prevent spreading any possible germs they may be carrying and/or to keep them from getting more exposed to the disease through their work schedules

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - FACILITY GROUP A - VCH WICHITA, INC - ST FRANCIS , LINE 1, VCH, WICHITA, INC - ST JOSEPH, LINE 2, VC BEHAVORIAL HEALTH CENTER, LINE 3 Human Trafficking Prevent ion/Education - Human trafficking is the fastest-growing criminal industry in the world to day Traffickers use force, fraud or coercion to enslave their victims into situations inv olving sexual exploitation or forced labor VCH-W has become a national model for Ascensio n Health in dealing with this vulnerable population Since VCH-W first initiated this prog ram, over 70 victims have been identified and assisted The Human Trafficking program staf f is working closely with local and state law enforcement agencies and VCH-W's Forensic Nu rsing Program to address the needs of those identified as victims in our clinics or emerge ncy rooms Other agencies, in Sedgwick County, are also focusing attention and resources o n this issue in hopes of educating more businesses on how to recognize possible victims V CH-W staff, working with a national leader on the subject, has developed tools which are t hen distributed throughout the Ascension Health ministries for national awareness of victi ms Family Violence Prevention - Family violence affects people in all stages of life rega rdless of race, religion, economic status or age When VCH-W treats these victims in the E mergency Department, it goes to great lengths to separate the victims from their abusers a nd to encourage the victims that help is available ED clinical staff work very closely wi th their social work and security departments to keep victims safe and offer them immediat e referrals to organizations in the community whose sole purpose is to help these women an d their children escape this environment Food Assistance - VCH-W provides nutrition to th ose who are poor and vulnerable in several ways Associates participate in food drives thr oughout the year Primary caregivers, whose family member is an inpatient and are identifi ed as low-income and in need of proper nutrition, are given free meal tickets to ensure th ey are able to maintain their strength while assisting with the care of their loved one C ase managers, who are aware of the patient (and many times their family) needs, will assis t in getting the patient signed up for Medicaid and/or Food Stamps if they determine the p atient meets the criteria The patient is also given information about community resources to assist with food needs until government assistance is available VCH-W hospital also r eviews the menu choices available to their employees to ensure proper nutrition is a stand ard throughout their ministries Sexual Assault Prevention/Education - VCH-W supports the work of the many agencies in the community, funded by United Way, that address this proble m through their One Community Campaign, and they certainly work closely when victims are i dentified when brought to the Emergency Department for medical treatment VCH-W's Forensic Nursing program is located on

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	the St Joseph campus and works collaborateively with all victims of sexual assault by pr oviding immediate medical care, forensic examinations, advocacy, patient follow-up and ass istance with criminal justice services These forensic nurses provide care to approximatel y 350 patient a year Counseling/Mental Health Services - VCH-W has a specially equipped E mergency Department unit designed to protect patients who are brought in by law enforcemen t, families or friends who are having a behavioral health crisis Once the patient is stab ilized, VCH-W staff work with COMCARE to get the person evaluated and processed for furthe r care VCH-W will also provide transportation to an appropriate psychiatric facility when required In addition, VCH-W staff participate on numerous community boards (e g Grace M ed Health, Gaudalupe Clinic, Catholic Care Center, Heartspring, Gerard House, Newman Unive rsity Advisory Council and others) to ensure that people who are medically vulnerable or a re indigent can get access to health care when needed Needs Not Being Addressed by VCH-W Preparing Young People for the Workforce - VCH-W does offer some volunteer opportunities f or youth but has limited resources to work with youth in preparing them to join the workfo rce It does sponsor the St Gianni Academy which is a competitive high school program for junior and senior students attending Bishop Carroll and Kapaun/Mt Carmel High Schools who intend to be pre-med majors in college These students do receive credit for their work i n the Academy as they learn about the various health care professions that are available t o them after completing college Tutoring for Children/Youth at Risk of Failure - VCH-W do es participate on a community committee that deals with this issue but isn't directly invo lved in tutoring children There are several organizations in town who are focusing on thi s community priority

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Via Christi Hospitals Wichita Inc

Employer identification number
48-1172106

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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

(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				
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 3 Arrangement used to establish the top management official's compensation	VIA CHRISTI HEALTH, INC , A RELATED ORGANIZATION OF VIA CHRISTI HOSPITALS WICHITA, INC , USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S SENIOR ADMINISTRATOR - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING THE CALENDAR YEAR 2016 ART HUBER - $3,306
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 unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid No payments were made to listed persons in Part VII under the non-qualified retirement plan during the year

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 48-1172106
Name: Via Christi Hospitals Wichita 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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 SHERRY HAUSMANN CHIEF HOSPITAL ADMIN OFFICER	(I)	150,514	106,709	25,632	0	8,864	291,719	0
	(II)	307,007	0	16,713	14,575	14,815	353,110	0
1 BROOKE E GRIZZELL MD MEDICAL STAFF PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	225,732	0	446	12,607	19,981	258,766	0
2 SHERYL BEARD MD TRUSTEE (START 7/2016)	(I)	186,584	0	422	9,247	25,586	221,839	0
	(II)	0	0	0	0	0	0	0
3 DON S SEERY MD TRUSTEE	(I)	204,881	0	5,716	13,578	15,510	239,685	0
	(II)	0	0	0	0	0	0	0
4 ROBERTA JOHNSON FORMER OFFICER (END 6/2016)	(I)	0	0	0	0	0	0	0
	(II)	227,889	55,368	51,032	16,178	7,961	358,428	0
5 JEFF N SEIRER FORMER OFFICER (END 7/2014)	(I)	0	0	0	0	0	0	0
	(II)	278,985	58,683	4,234	17,225	24,103	383,230	0
6 CAROL KARP ASSISTANT TREASURER/CFO (END 3/2017)	(I)	0	0	0	0	0	0	0
	(II)	347,639	131,276	34,297	13,250	16,129	542,591	0
7 GARY KNIGHT ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	336,428	136,705	58,034	17,225	17,234	565,626	0
8 LAURIE LABARCA ADMIN HOSPITAL OPS	(I)	344,875	89,196	13,555	13,645	18,188	479,459	0
	(II)	0	0	0	0	0	0	0
9 RYAN KELLY ADMINSTRATOR SURGICAL SVCS (END 9/2016)	(I)	164,679	45,359	583	5,126	18,158	233,905	0
	(II)	0	0	0	0	0	0	0
10 SAMER ANTONIOS MD CHIEF MEDICAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	255,857	0	512	12,874	25,652	294,895	0
11 DARRELL J YOUNGMAN DO CHIEF QUALITY OFFICER	(I)	0	0	0	0	0	0	0
	(II)	369,072	112,371	50,200	14,575	22,137	568,355	0
12 JULIANNA M RIESCHICK CHIEF NURSING OFFICER-SJC	(I)	156,446	0	11,823	8,475	1,089	177,833	0
	(II)	0	0	0	0	0	0	0
13 KRIS HILL CHIEF NURSING OFFICER-SFC	(I)	140,444	0	16,334	9,430	19,649	185,857	0
	(II)	0	0	0	0	0	0	0
14 CARLA J YOST CHIEF NURSING OFFICER-VCH	(I)	0	0	0	0	0	0	0
	(II)	281,782	63,203	23,025	13,962	21,254	403,226	0
15 CYNTHIA LAFLEUR SR ADMIN POST ACUTE (END 3/2016)	(I)	0	0	0	0	0	0	0
	(II)	193,373	9,672	2,309	4,011	13,025	222,390	0
16 CLAUDIO J FERRARO SR ADMINISTRATOR-CLINC SVC LN	(I)	47,567	0	336	1,457	3,379	52,739	0
	(II)	270,538	77,277	21,377	15,768	18,469	403,429	0
17 KEVIN J STRECKER SR ADMINISTRATOR (END 6/2016)	(I)	54,884	58,943	3,887	1,574	3,906	123,194	0
	(II)	209,171	0	1,097	14,326	16,304	240,898	0
18 ART HUBER SR ADMINISTRATOR FACILITIES (END 8/2016)	(I)	0	0	0	0	0	0	0
	(II)	152,360	48,069	5,652	9,733	13,435	229,249	0
19 SHELLY D TRENT VP FINANCE	(I)	185,063	31,814	20,819	13,690	19,872	271,258	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 ROBYN CHADWICK VP OPERATIONS BEHAVIORAL HEALTH	(I)	179,427	0	10,363	9,050	7,834	206,674	0
	(II)	0	0	0	0	0	0	0
1 JON C ANDERS MD PHYSICIAN	(I)	553,976	59,066	2,504	14,575	17,784	647,905	0
	(II)	0	0	0	0	0	0	0
2 MOHAMMED A ANSARI MD PHYSICIAN	(I)	490,511	0	4,908	17,225	21,993	534,637	0
	(II)	0	0	0	0	0	0	0
3 DAVID BRYANT MD PHYSICIAN	(I)	597,865	59,066	1,651	14,575	23,027	696,184	0
	(II)	0	0	0	0	0	0	0
4 TAYSIR SHASH MD PHYSICIAN	(I)	452,484	0	1,046	10,837	21,304	485,671	0
	(II)	0	0	0	0	0	0	0
DIMITRIOS E **5** STEPHANOPOULOS MD PHYSICIAN	(I)	434,368	0	6,870	15,900	19,402	476,540	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Via Christi Hospitals Wichita Inc

Employer identification number
48-1172106

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b Explanation of Financial Statements	THE ACTIVITY OF VIA CHRISTI HOSPITALS WICHITA, INC IS REPORTED IN THE CONSOLIDATED FINANC IAL STATEMENTS OF ASCENSION HEALTH ALLIANCE NO INDIVIDUAL AUDIT OF VIA CHRISTI HOSPITALS WICHITA, INC IS COMPLETED THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF AS CENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF VIA CHRISTI HOSPITAL S WICHITA, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	In determining the compensation of the Organization's Top Management Official, the process performed by Via Christi Health, Inc , a related organization of Via Christi Hospitals Wi chita, Inc , included a review and approval by independent persons, comparability data, an d contemporaneous substantiation of the deliberation and decision The Compensation Commit tee reviewed and approved the compensation In the review of the compensation, the Top Man agement Official was compared to individuals at other organizations in the area who hold t he same title During the review and approval of the compensation, documentation of the de cision was recorded in the Committee minutes The individual was not present when his comp ensation was decided

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, THE PROCESS PERFORMED BY VIA CHRISTI HEALTH, INC , A RELATED ORGANIZATION OF VIA CHRISTI HOSPITALS WIC HITA, INC , INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATI ON COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, TH E OFFICERS AND KEY EMPLOYEES' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MINUTES INDIVIDUALS WERE NOT PRESENT WH EN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to Via Christi Hospitals Wichita, Inc 's financi al information or corporation as a whole are subject to approval by its sole corporate mem ber, Via Christi Health, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization regularly and consistently monitors and enforces compliance with the conf lict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, mu st disclose the existence of the financial interest and be given the opportunity to disclo se all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining indivi duals on the governing board or committee will decide if conflicts of interest exist Each director, principal officer and member of a committee with governing board delegated powe rs annually signs a statement which affirms such person has received a copy of the conflic ts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its f ederal tax exemption it must engage primarily in activities which accomplish its tax-exemp t purpose

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The Organization will provide any documents open to public inspection upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue 8046671, Related or Exempt Function Revenue 3887992, Unrel ated Business Revenue 4158679, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Deferred Pension - -4688747, Tranfers Between Entities & Ascension - 3528188,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant	Via Christi Hospitals Wichita, Inc is included in the consolidated financial statements o f Ascension Health Alliance The Finance and Audit committee of Ascension Health Alliance' s Board assumes responsibility for the consolidated organization as a whole

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Via Christi Hospitals Wichita Inc

Employer identification number
48-1172106

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
(1) VIA CHRISTI EMERGENCY PHYSICIAN SERVICES LLC 929 N SAINT FRANCIS WICHITA, KS 67214 45-0528343	PHYSICIAN SERVICES	KS	-180,931	16,448	VIA CHRISTI HOSPITALS WICHITA INC

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.

See Additional Data Table

(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	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) AMBULATORY SURGERY CENTER LP 818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690	SURGERY CENTER	KS	NA	N/A								
(2) KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
(3) VIA CHRISTI IMAGING LLC (fka MERCY IMAGING LLC) 1823 College Avenue MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								
(4) Via Christi Mercy Clinic LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645	Medical Services	KS	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
(2)INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(3)VCH IOWA PC TRUST 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	
(4)VCH IOWA PC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
(5)VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	
(6)VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(7) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	NA	C Corporation				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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 48-1172106
Name: Via Christi Hospitals Wichita Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
(1) PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
(2) 8200 E THORN DRIVE WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH ALLIANCE		No
(3) 1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(4) 14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(5) 3144 N HOOD WICHITA, KS 67204 48-1049532	HOSPITAL SUPPORT	KS	501(c)(3)	10	VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(6) 1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(7) 8200 E THORN DRIVE WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		VIA CHRISTI HOSPITALS WICHITA INC	Yes	
(8) 8200 E THORN DRIVE WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	VIA CHRISTI HEALTH INC	Yes	
(9) 1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	VIA CHRISTI HEALTH INC	Yes	
(10) 520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	Via Christi Health Partners Inc	Yes	
(11) 711 Genn Drive Wamego, KS 66547 72-1526400	Hospital	KS	501(c)(3)	3	Via Christi Hospital Manhattan 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
(1) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
(1) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(2) VCH IOWA PC TRUST 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	
(3) VCH IOWA PC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
(4) VIA CHRISTI CLINIC PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	
(5) VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE SUITE 300 WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(6) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	NA	C Corporation				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)	VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	L	280,242	FAIR MARKET VALUE
(1)	VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	M	267,393	FAIR MARKET VALUE
(2)	VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	P	126,888	FAIR MARKET VALUE
(3)	VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	S	47,880,162	FAIR MARKET VALUE
(4)	VIA CHRISTI REHABILITATION HOSPITAL INC	L	991,776	FAIR MARKET VALUE
(5)	VIA CHRISTI REHABILITATION HOSPITAL INC	S	1,937,296	FAIR MARKET VALUE
(6)	VIA CHRISTI HOSPITAL PITTSBURG INC	S	993,298	FAIR MARKET VALUE
(7)	VIA CHRISTI CLINIC PA	L	394,093	FAIR MARKET VALUE
(8)	VIA CHRISTI CLINIC PA	M	88,619	FAIR MARKET VALUE
(9)	VIA CHRISTI CLINIC PA	P	573,186	FAIR MARKET VALUE
(10)	INTEGRATED HEALTHCARE SYSTEMS	J	129,048	FAIR MARKET VALUE
(11)	INTEGRATED HEALTHCARE SYSTEMS	L	164,524	FAIR MARKET VALUE
(12)	INTEGRATED HEALTHCARE SYSTEMS	M	1,795,100	FAIR MARKET VALUE
(13)	INTEGRATED HEALTHCARE SYSTEMS	P	139,764	FAIR MARKET VALUE
(14)	INTEGRATED HEALTHCARE SYSTEMS	S	869,773	FAIR MARKET VALUE
(15)	VIA CHRISIT PROPERTY SERVICES INC	K	136,442	FAIR MARKET VALUE
(16)	VIA CHRISIT PROPERTY SERVICES INC	P	204,711	FAIR MARKET VALUE
(17)	VIA CHRISIT PROPERTY SERVICES INC	R	1,348,990	FAIR MARKET VALUE
(18)	AMS LAB	L	306,655	FAIR MARKET VALUE
(19)	AMS LAB	M	747,781	FAIR MARKET VALUE
(20)	AMS LAB	S	805,473	FAIR MARKET VALUE