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

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01, **2012**, and ending 06/30, **20** 13

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
INTEGRIS AMBULATORY CARE CORPORATION

Doing Business As SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5300 N. INDEPENDENCE AVE., STE. 130

City, town or post office, state, and ZIP code
OKLAHOMA CITY, OK 73112

D Employer identification number
73-1192765

E Telephone number
(405) 949-6026

G Gross receipts $ 122,319,097.

F Name and address of principal officer C. BRUCE LAWRENCE
5300 N. INDEPENDENCE AVE. OKLAHOMA CITY, OK 73112

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.INTEGRIS-HEALTH.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1983 | **M** State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

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	3.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	684.
6	Total number of volunteers (estimate if necessary)	6	599.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	750.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,661,580.	32,051,426.
9	Program service revenue (Part VIII, line 2g)	62,463,695.	67,551,240.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	134,016.	167,849.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,982,129.	22,532,527.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,241,420.	122,303,042.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,140.	12,510.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	77,090,061.	85,655,684.
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)	22,623,188.	25,255,702.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	99,735,389.	110,923,896.
19	Revenue less expenses Subtract line 18 from line 12	1,506,031.	11,379,146.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	77,155,391.	104,478,413.
21	Total liabilities (Part X, line 26)	65,163,030.	80,676,439.
22	Net assets or fund balances. Subtract line 21 from line 20	11,992,361.	23,801,974.

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 David Hadley Managing Director/CFO Date 4/11/2014

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Debra C. Cook	Debra C Cook	4/8/14		P00031689

Firm's name ▶ KPMG LLP | Firm's EIN ▶ 13-5565207

Firm's address ▶ 210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102 | Phone no 405-239-6411

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

JSA
2E1010 1 000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

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 $ 105,348,342. including grants of $ 12,510.) (Revenue $ 67,551,240.)

SEE SCHEDULE O STATEMENTS 2 THROUGH 4

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** ▶ 105,348,342.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	X	
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		X
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	X	
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 684			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		

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

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

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 3			
	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 0			
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	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	X	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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		X
b	Other officers or key employees of the organization	15b	X	
	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	X	
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	X	

Section C. Disclosure

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

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BARBARA DEAN 5300 N. INDEPENDENCE AVE., STE. 130; OKLAHOMA CITY, OK 73112 (405)951-2747

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) C. BRUCE LAWRENCE	1.00									
DIRECTOR	39.00	X		X				0	1,194,376.	339,459.
(2) WENTZ MILLER	1.00									
ASST.TREASURER/VP/DIRECTOR	39.00	X		X				0	614,959.	62,644.
(3) BETH PAUCHNIK	1.00									
DIRECTOR/SECRETARY	39.00	X		X				0	503,259.	56,573.
(4) JOHN S. CHAFFIN	40.00									
PHYSICIAN	0					X		1,211,065.	0	24,050.
(5) PAUL J. KANALY	40.00									
PHYSICIAN	0					X		1,197,083.	0	21,056.
(6) C. CRAIG ELKINS	40.00									
PHYSICIAN	0					X		1,196,920.	0	24,287.
(7) BRIAN V. GEISTER	40.00									
PHYSICIAN	0					X		1,095,579.	0	31,299.
(8) IMRAN S. VIRK	40.00									
PHYSICIAN	0					X		1,421,968.	0	17,326.
(9) STANLEY F. HUPFELD	0									
FORMER OFFICER & DIRECTOR	21.00						X	0	102,697.	5,705.
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								6,122,615.	2,415,291.	582,399.
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								6,122,615.	2,415,291.	582,399.

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 ▶ 151

		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	X	
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	X	
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		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O, GENERAL STATEMENT 12		1,470,412.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 8

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	32,051,426.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $ 650.					
	h	Total. Add lines 1a-1f		32,051,426.			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621990	57,472,910.	57,472,910.		
	b	INCOME FROM JOINT VENTURES	621990	3,634,743.	3,633,993.	750.	
	c	ELECTRONIC HEALTH RECORDS	900099	2,305,891.	2,305,891.		
	d	PACER FITNESS CENTER	900099	1,579,006.			1,579,006.
	e	QUALITY INCENTIVES	900099	976,124.	976,124.		
	f	All other program service revenue		1,582,566.	1,406,480.		176,086.
	g	Total. Add lines 2a-2f		67,551,240.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		179,464.			179,464.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,440.				
	b	Less: cost or other basis and sales expenses	16,055.				
	c	Gain or (loss)	-11,615.				
	d	Net gain or (loss)		-11,615.			-11,615.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		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		0			
	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		0			
		Miscellaneous Revenue	Business Code				
	11a	REIMB. - PHYSICIAN SERVICES	900099	22,520,429.			22,520,429.
	b	MISCELLANEOUS INCOME	900099	12,098.			12,098.
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		22,532,527.			
	12	Total revenue. See instructions		122,303,042.	65,795,398.	750.	24,455,468.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	12,510.	12,510.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	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)	57,815.	57,815.		
7 Other salaries and wages	72,554,728.	72,554,728.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,657,902.	4,657,902.		
9 Other employee benefits	4,972,093.	4,972,093.		
10 Payroll taxes	3,413,146.	3,413,146.		
11 Fees for services (non-employees):				
a Management	94,427.	94,427.		
b Legal	20,561.		20,561.	
c Accounting	47,663.		47,663.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,265,529.	150,627.	4,114,902.	
12 Advertising and promotion	512,627.	154,674.	357,953.	
13 Office expenses	6,490,653.	6,298,019.	192,634.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	4,781,920.	4,632,809.	149,111.	
17 Travel	356,876.	318,946.	37,930.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	344,698.	316,440.	28,258.	
20 Interest	31,131.		31,131.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	979,165.	959,895.	19,270.	
23 Insurance	1,000,900.	1,208,312.	-207,412.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PURCHASED SERVICES	4,165,376.	3,560,311.	605,065.	
b RIF & RECRUITMENT	1,212,935.	1,177,149.	35,786.	
c DUES & MEMBERSHIP	158,220.	151,015.	7,205.	
d LICENSES/PERMITS ETC.	107,113.	106,595.	518.	
e All other expenses	685,908.	550,929.	134,979.	
25 Total functional expenses. Add lines 1 through 24e	110,923,896.	105,348,342.	5,575,554.	
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)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	40,712.	1	25,619.
	2	Savings and temporary cash investments	59,353,383.	2	67,729,723.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	3,848,292.	4	4,566,595.
	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	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	96,340.	9	123,593.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 17,274,895.			
	b	Less accumulated depreciation — 10b: 11,730,150.	4,703,642.	10c	5,544,745.
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities. See Part IV, line 11	2,360,343.	12	2,837,408.
	13	Investments - program-related See Part IV, line 11	6,687,861.	13	23,619,050.
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	64,818.	15	31,680.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	77,155,391.	16	104,478,413.
Liabilities	17	Accounts payable and accrued expenses	6,666,134.	17	9,247,675.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	58,496,896.	25	71,428,764.
	26	**Total liabilities.** Add lines 17 through 25	65,163,030.	26	80,676,439.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	11,992,361.	27	23,801,974.
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	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	11,992,361.	33	23,801,974.
	34	Total liabilities and net assets/fund balances	77,155,391.	34	104,478,413.

Form **990** (2012)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	122,303,042.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,923,896.
3	Revenue less expenses Subtract line 2 from line 1	3	11,379,146.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,992,361.
5	Net unrealized gains (losses) on investments	5	108,280.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-154,877.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	477,064.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,801,974.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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		X
	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	X	
	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	X	
	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		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	**Employer identification number**
INTEGRIS AMBULATORY CARE CORPORATION	73-1192765

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

JSA
2E1210 1 000

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 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. 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		70,327.		70,327.
b Buildings		1,948,411.	711,439.	1,236,972.
c Leasehold improvements		1,601,767.	1,139,987.	461,780.
d Equipment		13,240,246.	9,817,163.	3,423,083.
e Other		414,144.	61,561.	352,583.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,544,745.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) INVESTMENT IN FRESENIUS	1,242,562.	FMV
(2) INVESTMENT IN ADVANCED	203,966.	FMV
(3) IMAGING LLC		
(4) INVESTMENT IN SW ORTHO	4,075,858.	FMV
(5) INVESTMENT IN MEDICAL PLAZA	688,790.	FMV
(6) IMAGING		
(7) INVESTMENT IN LAKESIDE	17,407,874.	FMV
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶	23,619,050.	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LONG-TERM LIABILITIES	29,007.
(3) DUE TO AFFILIATES	71,399,757.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	71,428,764.

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

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

Part XIII Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number
73-1192765

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	X	
b	If "Yes," was it a written policy?	X	
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. [X] 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. [ ] 100% [X] 150% [ ] 200% [ ] Other _____ %	X	
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 [ ] 200% [ ] 250% [X] 300% [ ] 350% [ ] 400% [ ] Other _____%	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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 eligible for free or discounted care?		X
6a	Did the organization prepare a community benefit report during the tax year?	X	
b	If "Yes," did the organization make it available to the public?	X	

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)			188,533.		188,533.	.17
b Medicaid (from Worksheet 3, column a)			450,796.		450,796.	.41
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			639,329.		639,329.	.58
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,349,157.		2,349,157.	2.12
f Health professions education (from Worksheet 5)			47,248.		47,248.	.04
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			18,291.		18,291.	.02
i Cash and in-kind contributions for community benefit (from Worksheet 8)			9,921.		9,921.	.01
j **Total.** Other Benefits			2,424,617.		2,424,617.	2.19
k **Total.** Add lines 7d and 7j			3,063,946.		3,063,946.	2.77

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						
2 Economic development						
3 Community support			303,820.		303,820.	.27
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			303,820.		303,820.	.27

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 Healthcare Financial Management Association Statement No 15?	1		X
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 4,250,219.			
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 3 212,511.			
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 1,839,383.			
6	Enter Medicare allowable costs of care relating to payments on line 5 6 1,875,794.			
7	Subtract line 6 from line 5 This is the surplus (or shortfall) 7 -36,411.			
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	X	
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	X	

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	LAKESIDE WOMEN'S HOSP	WOMEN'S HEALTH	75.00000		25.00000
2	ADVANCED IMAGING LLC	RADIOLOGY IMAGING CENTER	50.00000		50.00000
3	MED. PLAZA IMAGING	RADIOLOGY IMAGING CENTER	50.00000		50.00000
4	SW AMB. SURGERY CTR.	AMBULATORY SURGERY CENTER	19.00000		58.00000
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? 2

Name, address, and primary website address	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 OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SPECIALITY SURGERY 330 SOUTHWEST 80TH STREET OKLAHOMA CITY OK 73139	X	X					X			
2 LAKESIDE WOMEN'S HOSPITAL LLC 11200 N. PORTLAND OKLAHOMA CITY OK 73120	X	X					X			
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

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)

Name of hospital facility or facility reporting group OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SPECIALITY SURGERY

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	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 9	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA. 20 1 2			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.	3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X	
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website			
b	[X] Available upon request from the hospital facility			
c	[X] Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date).			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide plan			
d	[X] Participation in the execution of a community-wide plan			
e	[X] Inclusion of a community benefit section in operational plans			
f	[X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a	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)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, 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)*

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)

Name of hospital facility or facility reporting group LAKESIDE WOMEN'S HOSPITAL LLC

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 2

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	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 9	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply).			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA. 20 1 2			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.	3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X	
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website			
b	[X] Available upon request from the hospital facility			
c	[X] Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide plan			
d	[X] Participation in the execution of a community-wide plan			
e	[X] Inclusion of a community benefit section in operational plans			
f	[X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	X	
8a	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)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, 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 OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SPECIALTY SURGERY

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care 150 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 300 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[ ] Uninsured discount			
f	[ ] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply).			
a	[X] The policy was posted on the hospital facility's website			
b	[X] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[ ] The policy was posted in the hospital facility's admissions offices			
e	[X] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

15	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 actions the hospital facility may take upon non-payment?	15	X	
16	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 patient's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

Financial Assistance Policy LAKESIDE WOMEN'S HOSPITAL LLC

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 150 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply).			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[ ] Uninsured discount			
f	[ ] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The policy was posted on the hospital facility's website			
b	[X] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[ ] The policy was posted in the hospital facility's admissions offices			
e	[X] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

15	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 actions the hospital facility may take upon non-payment?	15	X	
16	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 patient's eligibility under the facility's FAP.			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		X
	If "Yes," check all actions in which the hospital facility or a third party engaged.			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)* OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SPECIALTY SURGERY

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a [X] Notified individuals of the financial assistance policy on admission
- b [X] Notified individuals of the financial assistance policy prior to discharge
- c [X] Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d [X] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e [ ] Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
	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 Part VI)		
d	[ ] Other (describe in Part VI)		

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

		Yes	No
20	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	[X] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	[ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	[ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	[ ] Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any of its FAP- eligible individuals, 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?		X
	If "Yes," explain in Part VI		
22	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?		X
	If "Yes," explain in Part VI		

Part V Facility Information *(continued)* LAKESIDE WOMEN'S HOSPITAL LLC

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply).

- a [X] Notified individuals of the financial assistance policy on admission
- b [X] Notified individuals of the financial assistance policy prior to discharge
- c [X] Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d [X] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e [ ] Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	19 X	

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 Part VI)
- d [ ] Other (describe in Part VI)

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 [X] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d [ ] Other (describe in Part VI)

21	During the tax year, did the hospital facility charge any of its FAP- eligible individuals, 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?	20	X
	If "Yes," explain in Part VI.		
22	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?	21	X
	If "Yes," explain in Part VI		

Part V Facility Information *(continued)*

Section C. 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? 4

	Name and address	Type of Facility (describe)
1	SOUTHWEST AMBULATORY SURGERY CENTER, LLC 8125 SOUTH WALKER AVENUE OKLAHOMA CITY OK 73139	AMBULATORY SURGERY CENTER
2	FRESENIUS INTEGRIS, LLC 920 WINTER STREET WALTHAM MA 02451	DIALYSIS CENTER
3	MEDICAL PLAZA IMAGING CENTER 3330 NW 56TH OKLAHOMA CITY OK 73112	RADIOLOGY IMAGING CENTER
4	ADVANCED IMAGING, LLC 3330 NW 56TH, SUITE 206 OKLAHOMA CITY OK 73112	RADIOLOGY IMAGING CENTER
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

SUPPLEMENTAL INFORMATION 1

SCHEDULE H, PART VI:

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC. AS SUCH IACC FOLLOWS CERTAIN POLICIES AND PROCEDURES ESTABLISHED AT THE SYSTEM LEVEL, MANY OF WHICH ARE DESCRIBED BELOW.

IACC DOES NOT HAVE A DIRECTLY OWNED HOSPITAL FACILITY, BUT OWNS A MINORITY INTEREST IN TWO HOSPITAL FACILITIES, OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SPECIALTY SURGERY (OCOM), THROUGH ITS INVESTMENT IN SOUTHWEST AMBULATORY SURGERY CENTER, LLC AND LAKESIDE WOMEN'S HOSPITAL LLC (LWH). THE ACTIVITY REPORTED ON SCHEDULE H, PARTS I-III INCLUDES THE ACTIVITY OF OCOM & LWH AS WELL AS THE THE DIRECT ACTIVITY OF IACC AND IACC'S PROPORTIONATE SHARE OF THE ACTIVITY OF THE NON-HOSPITAL JOINT VENTURES LISTED ON SCHEDULE H, PART V, SECTION C.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

SUPPLEMENTAL INFORMATION 2

PART I, LINE 3C: N/A

SUPPLEMENTAL INFORMATION 3

PART I, LINE 6A:

INTEGRIS HEALTH INC. 73-1192764, THE PARENT ORGANIZATION OF INTEGRIS AMBULATORY CARE CORPORATION, PRODUCES A CONSOLIDATED COMMUNITY BENEFIT REPORT THAT IS MADE AVAILABLE TO THE PUBLIC.

SUPPLEMENTAL INFORMATION 4

PART I, LINE 7, COLUMN F:

THERE WAS NO BAD DEBT INCLUDED IN TOTAL EXPENSES FROM PART IX, LINE 25(A) $110,923,896. AS SUCH NO ADJUSTMENT WAS REQUIRED FOR PURPOSES OF CALCULATING THE PERCENTAGES ON PART I, LINE 7.

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SUPPLEMENTAL INFORMATION 5

PART I, LINE 7:

COSTING METHODOLOGY: THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE CHARITY ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF CHARITY ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON PART 1, LINE 7. DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE.

Barbara - this was our question to you & you responded by saying you will review when the new draft is posted.

(SUPPLEMENTAL INFORMATION 6)

(PART II: COMMUNITY BUILDING ACTIVITIES)

(COMMUNITY-BUILDING ACTIVITIES IMPROVE THE COMMUNITY'S HEALTH AND SAFETY) (BY ADDRESSING THE ROOT CAUSE OF HEALTH PROBLEMS, SUCH AS POVERTY,) (HOMELESSNESS, AND ENVIRONMENTAL HAZARDS. THESE ACTIVITIES STRENGTHEN THE) (COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS) (RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE) (ORGANIZATION. COSTS FOR THESE ACTIVITIES INCLUDE CASH AND IN-KIND) (DONATIONS AND EXPENSES FOR THE DEVELOPMENT OF A VARIETY OF)

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

(COMMUNITY-BUILDING PROGRAMS AND PARTNERSHIPS.)

SUPPLEMENTAL INFORMATION 7

PART III, LINE 4:

NET PATIENT SERVICE REVENUE IS RECORDED AT ESTABLISHED RATES, NET OF CONTRACTUAL ADJUSTMENTS, CHARITY CARE ADJUSTMENTS, ADMINISTRATIVE ADJUSTMENTS, AND NET PATIENT BAD DEBT. RETROACTIVELY CALCULATED CONTRACTUAL ADJUSTMENTS ARISING UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYORS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED. ADJUSTMENTS TO ESTIMATES IN FUTURE PERIODS ARE RECORDED AS FINAL SETTLEMENTS ARE DETERMINED OR AS ADDITIONAL INFORMATION BECOMES AVAILABLE.

ACCOUNTS RECEIVABLE ARE RECORDED NET OF AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND CONTRACTUAL ADJUSTMENTS OF APPROXIMATELY $456,489 AND $432,925 AT JUNE 30, 2013 AND 2012, RESPECTIVELY, WHICH IS FROM THE CONSOLIDATED AUDIT. ALTHOUGH INTEGRIS HEALTH ESTIMATES UNCOLLECTIBLE

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

ACCOUNTS ON A REASONABLE BASIS, THE NET PATIENT ACCOUNTS RECEIVABLE BALANCE IS SUBJECT TO AN ACCOUNTING LOSS IF PATIENTS AND THIRD-PARTY PAYORS ARE UNABLE TO MEET THEIR CONTRACTUAL OBLIGATIONS.

THE ALLOWANCE AND RESULTING PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE AGING OF RECEIVABLES AND MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE AND PAYMENT TRENDS BY PAYOR CATEGORY. PATIENT ACCOUNTS ARE ALSO MONITORED, AND, IF NECESSARY, PAST DUE ACCOUNTS ARE PLACED WITH COLLECTION AGENCIES IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY INTEGRIS HEALTH. ALL PATIENT BALANCES REGARDLESS OF PAYOR SOURCE ARE COLLECTED IN ACCORDANCE WITH A PREDEFINED TIME LIMITED PROCESS DESIGNED TO GIVE THE PATIENT AN OPPORTUNITY TO PAY THE BALANCE BEFORE WRITING OFF THE BALANCE TO BAD DEBT EXPENSE AND TURNING THE ACCOUNT OVER TO A COLLECTION AGENCY.

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

INTEGRIS AMBULATORY CARE CORPORATION AND CERTAIN OTHER OF THE HEALTHCARE RELATED CONTROLLED ENTITIES OF INTEGRIS HEALTH, INC. PROVIDE CARE WITHOUT CHARGE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER INTEGRIS HEALTH'S CHARITY CARE POLICY. BECAUSE THESE ENTITIES DO NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE AMOUNTS ARE NOT REPORTED AS NET REVENUE OR INCLUDED IN NET ACCOUNTS RECEIVABLE.

THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON PART III, LINE 2. DISCOUNTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE.

IN ADDITION, PART III, LINES 2 AND 3 ALSO INCLUDE IACC'S PROPORTIONATE SHARE OF THE BAD DEBT EXPENSE REPORTED BY THE JOINT VENTURE HOSPITAL AND NON-HOSPITAL FACILITIES LISTED ON SCHEDULE H, PART V.

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

INTEGRIS HEALTH CONTRIBUTES RESOURCES, ADVOCACY AND COMMUNITY SUPPORT TO PROMOTE THE HEALTH STATUS OF THE COMMUNITIES WE SERVE. INTEGRIS HEALTH BELIEVES THAT MEDICALLY NECESSARY HEALTH CARE SERVICES SHOULD BE ACCESSIBLE TO ALL REGARDLESS OF RACE, ANCESTRY, RELIGION, NATIONAL ORIGIN, CITIZENSHIP STATUS, AGE, DISABILITY OR GENDER. INTEGRIS HEALTH IS COMMITTED TO PROVIDING HEALTH SERVICES AND ACKNOWLEDGES THAT IN SOME CASES THE PATIENT WILL NOT BE ABLE TO PAY FOR THE SERVICES RECEIVED AND IN THOSE CASES ASSOCIATED BAD DEBT COULD BE CONSIDERED AS A COMMUNITY BENEFIT.

INTEGRIS HEALTH HAS ADOPTED A PRESUMPTIVE PROCESS TO ACCURATELY IDENTIFY THOSE PATIENTS WHO WOULD QUALIFY FOR CHARITY ASSISTANCE. THE PROCESS REVIEWS THE PATIENT'S ABILITY TO PAY BASED ON AN ALGORITHM DEVELOPED BY AN EXTERNAL VENDOR AND REVIEWED BY KPMG, THE EXTERNAL AUDITOR FOR INTEGRIS. ALL BAD DEBT ACCOUNTS ARE REVIEWED USING THIS ALGORITHM AND THOSE THAT MEET THE CHARITY THRESHOLD OF 150% OF THE FEDERAL POVERTY

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

LEVEL ARE RECLASSIFIED AS CHARITY CARE. THE RESULTANT EFFECT IS THAT

INTEGRIS BELIEVES THAT LESS THAN 5% OF BAD DEBT EXPENSE MIGHT BE ABLE TO

BE CLASSIFIED AS CHARITY EXPENSE.

SUPPLEMENTAL INFORMATION 8

PART III, LINE 8:

THE AMOUNTS REPORTED ON PART III, LINES 5 AND 6 REPRESENT INTEGRIS

AMBULATORY CARE CORPORATION'S (IACC) PROPORTIONATE SHARE OF THE ALLOWABLE

COSTS AND MEDICARE REIMBURSMENTS THAT ARE REPORTED ON OKLAHOMA CENTER FOR

ORTHOPAEDIC & MULTI-SPECIALTY SURGERY'S (OCOM) MEDICARE COST REPORT &

LAKESIDE WOMEN'S HOSPITAL LLC (LWH) MEDICARE COST REPORT.

IN ADDITION TO THE AMOUNTS REPORTED ON PART III, SECTION B, THE

ORGANIZATION HAD AN ADDITIONAL $3,180,404 OF REVENUE RECEIVED FROM

MEDICARE AND $2,542,032 OF RELATED MEDICARE ALLOWABLE COSTS OF CARE, FOR

AN ADDITIONAL NET SURPLUS OF $638,372. THIS INCLUDES IACC'S PROPORTIONATE

SHARE OF AMOUNTS FROM DIRECTLY AND INDIRECTLY OWNED NON-HOSPITAL

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

FACILITIES THAT DO NOT HAVE A MEDICARE COST REPORT.

COSTING METHODOLOGY: MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A

COST-TO-CHARGE RATIO AND THE MEDICARE FILED COST REPORT.

SUPPLEMENTAL INFORMATION 9

PART III, LINE 9B:

PATIENTS MAY, AT ANY TIME DURING THE COLLECTION CYCLE, SUBMIT FINANCIAL

INFORMATION FOR FINANCIAL ASSISTANCE OR CHARITY CONSIDERATION PURSUANT TO

INTEGRIS POLICY SYS-RCM-100 CHARITY SERVICES.

ALL AVAILABLE AVENUES OF ASSISTANCE AND AVAILABLE PAYMENTS FROM THIRD

PARTY PAYORS MUST BE EXHAUSTED BEFORE SUCH ASSISTANCE FOR CHARITY OR

OTHER FINANCIAL ASSISTANCE IS CONSIDERED.

IACC DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS

CHARITY CARE.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

SUPPLEMENTAL INFORMATION 10

PART V, SECTION B, LINE 3:

PUBLIC HEALTH EXPERTISE WAS UTILIZED WITH EACH FACILITY USING THE OKLAHOMA STATE DEPARTMENT OF HEALTH'S TURNING POINT CONSULTANT. EACH CONSULTANT GAVE THEIR INPUT BASED ON COUNTY DATA AND GAVE THEIR APPROVAL OF THE CHOSEN INDICATORS. THEY ALSO SIGNED IN APPROVAL OF THE OVERALL STRATEGIC PLAN. EACH CONSULTANT HELPED THE INDIVIDUAL COALITIONS PRIORITIZE THEIR COUNTY'S NEEDS BASED ON SEVERAL FACTORS. PUBLIC HEALTH EXPERTS INCLUDED:

CENTRAL OKLAHOMA TURNING POINT WELLNESS CHAIR: KEITH KLESZYNSKI

IN CONDUCTING THE CHNA, THE HOSPITALS TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY BY SURVEYS, LISTENING SESSIONS, FOCUS GROUPS, AND LOCAL DATA COLLECTION. ETHNICITIES INPUT WAS OBTAINED FROM SURVEYS BY TARGETING POPULATION GATHERING PLACES SUCH AS COMMUNITY CLINIC, CHURCHES, HEALTH DEPARTMENT, HUMAN SERVICES, AFTER SCHOOL

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

PROGRAMS, AND PUBLIC TRANSPORTATION SERVICES.

SUPPLEMENTAL INFORMATION 11

PART V, SECTION B, LINE 4:

THE FACILITIES LISTED IN THE METRO AREA USED THE SAME SURVEY, BUT SOME CONTENTS OF THE PLANS WERE CHANGED DUE TO SOME DEMOGRAPHIC ASPECTS OF THE COMMUNITIES (IE LARGE HISPANIC POPULATION, HIGHER SOCIO ECONOMIC FACTORS, ETC). THOSE FACILITIES INCLUDED: INTEGRIS HEALTH EDMOND, INTEGRIS BAPTIST MEDICAL CENTER, LAKESIDE WOMEN'S HOSPITAL, OKLAHOMA CENTER OF ORTHOPEDIC MULTI-SPECIALTY SURGERY, INTEGRIS SOUTHWEST MEDICAL CENTER, AND INTEGRIS CANADIAN VALLEY HOSPITAL. DUE TO THEIR CLOSE PROXIMITY AND GEOGRAPHIC LOCATION, INTEGRIS GROVE HOSPITAL AND INTEGRIS BAPTIST REGIONAL HEALTH CENTER USED THE SAME. INTEGRIS BASS BAPTIST HEALTH CENTER AND INTEGRIS NORTHWEST SPECIALTY HOSPITAL USED THE SAME SURVEY SINCE THEY SHARE THE SAME ZIP CODE. EACH FACILITY PLACED THE ASSESSMENT SURVEY ON THEIR WEB SITE'S HOME PAGE.

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

SUPPLEMENTAL INFORMATION 12

PART V, SECTION B, LINE 5C:

THE CHNA IS WIDELY AVAILABLE TO THE COMMUNITY. THE PLANS WERE ALSO ADDED TO EACH FACILITY'S WEBSITE AND CLEARLY TITLED. THE PLANS WERE ALSO DISTRIBUTED TO ADMINISTRATION, LOCAL BOARDS, AT COMMUNITY FORUMS, COALITIONS, OTHER LOCAL AGENCIES AND ORGANIZATIONS. COPIES OF THE PLAN WERE PLACED IN EACH FACILITY'S ADMINISTRATION OFFICES FOR DISTRIBUTION AS WELL.

SUPPLEMENTAL INFORMATION 13

PART V, SECTION B, LINE 7:

THE CHNA PROCESS ASSISTED IN DETERMINING AVAILABLE RESOURCES, GAPS IN SERVICES, AND BOTH PERCEIVED AND ACTUAL NEEDS WITHIN THE INTEGRIS SERVICE AREAS. MANY OF THE NEEDS IDENTIFIED WERE COMMON WITHIN THE VARIOUS SERVICE AREAS, INCLUDING HEART DISEASE, DIABETES, TOBACCO USE, OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE. OTHERS, HOWEVER, SUCH AS CHILD ABUSE AND TEEN PREGNANCY, WERE NOT AS PREDOMINANT.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

THE NEEDS IDENTIFIED BY THE CHNA WERE INITIALLY PRIORITIZED THROUGH COLLABORATION WITH THE LOCAL COMMUNITY COALITIONS. THESE LOCAL PRIORITIZED NEEDS WERE THEN REEXAMINED BY INTEGRIS TO DETERMINE WHICH NEEDS COULD MOST EFFECTIVELY BE IMPACTED BY INTEGRIS THROUGH ADMINISTRATION OF THE DEVELOPED CHIP AND WHICH, IF ANY OF THE REMAINING, WERE CURRENTLY BEING ADDRESSED THROUGH OTHER COMMUNITY RESOURCES AND/OR SERVICES. INTEGRIS OPTED TO CONCENTRATE ON THE SAME THREE FOCUS AREAS FOR THE CHIPS IN EACH OF THE SERVICE AREAS-HEART DISEASE, MENTAL HEALTH, AND OBESITY-BELIEVING THAT A UNITED EFFORT WOULD ALLOW FOR A SHARING OF RESOURCES, PERSONNEL, PROGRAMS, ETC. AND ENSURE CONSISTENCY IN IMPLEMENTATION AND EVALUATION METHODS, THEREBY INCREASING THE POTENTIAL TO MORE EFFECTIVELY COMBAT THE ISSUES SYSTEM-WIDE. OTHER COMMONLY IDENTIFIED NEEDS SUCH AS DIABETES, TOBACCO USE, AND SUBSTANCE ABUSE THAT ARE ASSOCIATED RISK FACTORS FOR THE PRIMARY FOCUS AREAS ARE ADDRESSED IN ONE OR MORE OF THOSE RESPECTIVE SECTIONS OF THE CHIP.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

IT WAS DETERMINED THAT THE REMAINING NEEDS THAT WERE HIGHLY PRIORITIZED

WITHIN CERTAIN SERVICE AREAS WERE PREVIOUSLY IDENTIFIED AND ALREADY BEING

ADDRESSED THROUGH LOCAL AGENCY AND/OR COALITION AND PARTNERSHIP EFFORTS

WITHIN THE COMMUNITIES. AS SUCH, INTEGRIS COMMITTED TO PROVIDE SUPPORT

AND RESOURCES TO THE COMMUNITY PARTNERS TAKING THE LEAD ON THOSE

PARTICULAR ISSUES.

SUPPLEMENTAL INFORMATION 14

PART VI, LINE 2: NEEDS ASSESSMENT

INTEGRIS HEALTH UTILIZES A VARIETY OF TOOLS TO DETERMINE THE HEALTH CARE

NEEDS OF OUR COMMUNITIES. THESE INCLUDE PARTNERSHIPS WITH LOCAL COMMUNITY

AGENCIES AND ORGANIZATIONS TO DETERMINE SPECIFIC TARGET MARKET NEEDS,

PROGRAM SURVEYS AND COMMUNITY FOCUS GROUPS, PROGRAM EVALUATIONS FROM

PARTICIPANTS IN OUR COMMUNITY HEALTH SCREENINGS, HEALTH EDUCATION AND

SUPPORT GROUPS, THE COUNTY HEALTH RANKINGS REPORT AND THE OKLAHOMA STATE

HEALTH DEPARTMENT'S "STATE OF THE STATE HEALTH REPORT."

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

AFTER REVIEWING THESE MATERIALS FOR ISSUES CONCERNING ACCESS TO CARE,

HEALTH EDUCATION NEEDS AND GAPS IN SERVICES IN OUR COMMUNITIES, INTEGRIS

HEALTH DETERMINES HOW TO ADDRESS THESE ISSUES BY DEVELOPING

PROGRAMS/SERVICES TO IMPLEMENT, INCLUDING, BUT NOT LIMITED TO, HEALTH

SCREENINGS, COMMUNITY HEALTH EDUCATION AND WELLNESS PROGRAMS, SUPPORT

GROUPS, AND ACCESS TO HEALTH CARE FACILITIES. INTEGRIS HEALTH UTILIZES

OUR HEALTH SYSTEM RESOURCES, FACILITIES AND PERSONNEL FOR MANY OF THESE

PROGRAMS, BUT ALSO PARTNERS WITH OUR COMMUNITIES AND DEVELOPS

COLLABORATIONS WITH LOCAL NON-PROFIT AGENCIES, CIVIC ORGANIZATIONS,

SCHOOLS, AND CHURCHES TO IMPROVE THE ISSUES IDENTIFIED.

SUPPLEMENTAL INFORMATION 15

PART VI, LINE 3: PATIENT EDUCATION - ELIGIBILITY FOR ASSISTANCE

INTEGRIS HEALTH USES A MULTI-FACETED APPROACH TO EDUCATE OUR PATIENTS ON

THE AVAILABILITY OF CHARITY AS WELL AS STATE AND FEDERAL FINANCIAL

ASSISTANCE. THIS INCLUDES:

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

*POSTERS CLEARLY DISPLAYED IN EVERY PATIENT REGISTRATION AREA SPEAKING TO OUR FINANCIAL ASSISTANCE PROGRAMS.

*A FINANCIAL RIGHTS AND RESPONSIBILITY BROCHURE GIVEN TO EVERY PATIENT AT THE TIME OF THEIR REGISTRATION WHICH PROVIDES FINANCIAL ASSISTANCE PROGRAM DETAILS.

*A CLEARLY MARKED PRESENCE ON THE INTEGRIS HEALTH ON-LINE BUSINESS OFFICE WEBSITE WITH A SECTION DEVOTED TO FINANCIAL ASSISTANCE PROGRAM DETAILS AS WELL AS AN ON-LINE CHARITY APPLICATION.

*A DESCRIPTION OF THE FINANCIAL ASSISTANCE PROGRAM AS WELL AS THE APPLICATION PROCESS IS INCLUDED ON EVERY PATIENT BILL. FINANCIAL COUNSELORS MEET WITH PATIENTS TO IDENTIFY ELIGIBILITY FOR FEDERAL AND STATE ASSISTANCE PROGRAMS.

SUPPLEMENTAL INFORMATION 16

PART VI, LINE 4: COMMUNITY INFORMATION

INTEGRIS HEALTH SYSTEM IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE SYSTEM AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS, WITH HOSPITALS,

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

REHABILITATION CENTERS, PHYSICIAN'S CLINICS, MENTAL HEALTH FACILITIES,

CANCER CENTERS, INDEPENDENT LIVING CENTERS, AND HOME HEALTH AGENCIES

THROUGHOUT MOST OF THE STATE.

ALL COUNTIES IN WHICH INTEGRIS HEALTH OPERATES INCLUDE ONE OR MORE

FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS.

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS LOCATED IN OKLAHOMA CITY,

WHICH IS IN OKLAHOMA COUNTY IN CENTRAL OKLAHOMA.

SUPPLEMENTAL INFORMATION 17

PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH

EVIDENCE OF THE ORGANIZATIONS' RESPONSIVENESS TO THE COMMUNITY, INCLUDING

OPPORTUNITIES FOR COMMUNITY INVOLVEMENT IN GOVERNANCE AND ADVISORY

GROUPS.

IACC'S BOARD OF DIRECTORS IS APPOINTED BY INTEGRIS HEALTH, INC. INTEGRIS

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

HEALTH, INC. IS GOVERNED BY A BOARD OF DIRECTORS SPECIFICALLY MADE UP OF MEN AND WOMEN WHO LIVE AND WORK IN THE COMMUNITY INCLUDING: LOCAL BUSINESS OWNERS, CIVIC LEADERS, COMMUNITY VOLUNTEERS, REPRESENTATIVES WORKING IN HIGHER EDUCATION, UTILITY COMPANIES, AND A VARIETY OF NON-PROFIT ORGANIZATIONS. PATIENT AND COMMUNITY ADVISORY GROUPS HAVE ALSO BEEN ESTABLISHED AT SEVERAL INTEGRIS FACILITIES ACROSS THE STATE. THESE GROUPS GIVE HOSPITAL LEADERS INPUT, SUGGESTIONS, AND FEEDBACK ON WAYS TO IMPROVE PROGRAMS, SERVICES, COMMUNITY NEEDS, AND PROCESS IMPROVEMENT IN CLINICAL AREAS.

PROGRAMS ESTABLISHED TO MEET COMMUNITY NEEDS THIS TAX YEAR INCLUDE A FALLS PREVENTION PROGRAM FOR SENIOR CITIZENS, COMMUNITY HEALTH SCREENINGS AND PHYSICIAN LECTURES REQUESTED BY LOCAL SCHOOLS, CHURCHES, CIVIC GROUPS, AND COMMUNITY LEADERS TO ADDRESS SPECIFIC HEALTH ISSUES WHICH INCLUDE: DIABETES, CANCER DIAGNOSIS AND TREATMENT OPTIONS, OBESITY AND PHYSICAL FITNESS PROGRAMS, MEN'S UROLOGICAL HEALTH PROGRAMS AND PROSTATE SCREENINGS, CANCER SCREENINGS, SPANISH DIABETES SUPPORT GROUP, AFRICAN

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

AMERICAN MEN AND WOMEN'S HEART HEALTH, AND STROKE LECTURES.

ADVOCACY INITIATIVES FOR PROMOTING COMMUNITY-WIDE, STATE OR NATIONAL EFFORTS TO IMPROVE HEALTH OF THE POPULATION AND INCREASE ACCESS.

INTEGRIS HEALTH PARTNERS WITH THE OKLAHOMA LIONS CLUB MOBILE HEALTH UNIT, THE OKLAHOMA STATE HEALTH DEPARTMENT, AND THE OKLAHOMA TURNING POINT PROGRAM TO INCREASE HEALTH SCREENING OPPORTUNITIES AND HEALTH ACCESS FOR PEOPLE LIVING IN RURAL, UNDERSERVED AREAS OF OKLAHOMA. THE PARTNERSHIP INCLUDES DONATION OF RESOURCES AND MONEY TO SPONSOR THE OPERATION OF THE LIONS MOBILE HEALTH UNIT WHICH TRAVELS AROUND THE STATE OFFERING FREE HEALTH SCREENINGS AND MEDICAL INFORMATION. THE OKLAHOMA STATE HEALTH DEPARTMENT AND THE OKLAHOMA TURNING POINT PROGRAM ASSIST WITH HEALTH SCREENINGS AND HELP WITH REFERRALS TO MEDICAL HOMES AND CLINICS FOR PEOPLE WITHOUT A PHYSICIAN AND FOR THOSE UNINSURED OR UNDERINSURED.

INTEGRIS HEALTH PARTNERS WITH LOCAL CIVIC GROUPS, SUCH AS OUR CHAMBERS OF

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b, Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

COMMERCE, ROTARY, AND KIWANIS CLUBS, TECHNOLOGY SCHOOLS, COMMUNITY COLLEGES, CHURCHES, AND LOCAL SCHOOLS IN A VARIETY OF EVENTS AND PROGRAMS TO EDUCATE THE COMMUNITY ON HEALTH/WELLNESS ISSUES, CREATE OPPORTUNITIES FOR HEALTH ACCESS, PROVIDE COMMUNITY SCREENINGS IN UNDERSERVED AREAS OF OKLAHOMA, AND TO GIVE STUDENTS AND COMMUNITY MEMBERS THE OPPORTUNITY TO VOLUNTEER FOR THESE EVENTS. THIS INCLUDES MEDICAL STUDENTS WHO WORK WITH INTEGRIS ACROSS THE STATE AT OUR EVENTS TO LEARN MORE ABOUT PROVIDING HEALTH SERVICES TO THE COMMUNITY AND TO HELP TRAIN THEM FOR FUTURE WORK IN THE HEALTHCARE ARENA.

THE HOSPITAL'S ROLE IN WORKING WITH OTHERS TO IDENTIFY COMMUNITY NEEDS AND ADDRESS COMMUNITY PROBLEMS.

INTEGRIS HEALTH WORKS WITH THE OKLAHOMA HOSPITAL ASSOCIATION, THE OKLAHOMA STATE MEDICAL ASSOCIATION, THE ALLIANCE FOR THE UNINSURED, THE OKLAHOMA STATE HEALTH DEPARTMENT, THE OKLAHOMA MENTAL HEALTH ASSOCIATION, AND LOCAL NON-PROFIT ORGANIZATIONS SUCH AS THE OKLAHOMA CHAPTERS OF

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

AMERICAN HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION, AMERICAN DIABETES ASSOCIATION, AMERICAN CANCER SOCIETY, AND OTHER LOCAL HEALTH AND WELLNESS ORGANIZATIONS AND AGENCIES TO DETERMINE HEALTH CARE NEEDS IN THE STATE, ISSUES CONCERNING SPECIFIC CITIES, ACCESS TO HEALTH ISSUES, NEIGHBORHOOD AND ENVIRONMENT ISSUES, AND OTHER SOCIAL DETERMINANTS OF HEALTH THAT AFFECT THE LIVES OF OUR RESIDENTS. A VARIETY OF COALITIONS, TASK FORCES, AND COMMITTEES HAVE BEEN STARTED TO ADDRESS SPECIFIC HEALTH AND WELLNESS ISSUES AND TO DETERMINE INTERVENTIONAL STRATEGIES FOR IMPLEMENTATION.

THE IMPACT PROGRAMS ARE HAVING ON COMMUNITY HEALTH, ESPECIALLY PREVENTION ACTIVITIES, EFFORTS TO IMPROVE HEALTH AND INCREASE ACCESS TO HEALTH CARE SERVICES, AND REDUCING HEALTH CARE COSTS.

INTEGRIS COMMUNITY HEALTH PROGRAMS ACROSS THE STATE ARE IMPLEMENTED TO EDUCATE OUR RESIDENTS ABOUT HEALTH AND WELLNESS ISSUES AFFECTING THEM AND THEIR COMMUNITIES. WORKING WITH PARTNER AGENCIES AND ORGANIZATIONS IN THE COMMUNITIES WE SERVE GIVES US THE OPPORTUNITY TO CREATE PROGRAMS THAT

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

SPECIFICALLY ADDRESS NEGATIVE HEALTH INDICATORS AFFECTING THE COMMUNITY.

PREVENTION AND HEALTH EDUCATION HAVE BEEN THE PRIORITY FOR INTEGRIS FOR MANY YEARS IN AN EFFORT TO BETTER EDUCATE THE PUBLIC ON TAKING CARE OF THEIR HEALTH AND CREATING AWARENESS ABOUT HOW THEIR BEHAVIORS MAY NEGATIVELY AFFECT THEIR HEALTH AND THE HEALTH OF THEIR FAMILIES.

WORKING WITH PARTNER AGENCIES, ORGANIZATIONS, PHYSICIANS, AND LOCAL CLINICS, INTEGRIS HAS BEEN ABLE TO HELP SLOWLY IMPROVE HEALTH IN SOME INDICATORS, SUCH AS CHILDHOOD IMMUNIZATIONS, ADULT IMMUNIZATIONS, AND SMALL STEP TOWARD IMPROVING CHILDHOOD OBESITY WITH SEVERAL PROGRAMS IMPLEMENTED IN THE METROPOLITAN AREAS, INCREASING ACCESS BY DEVELOPING REFERRAL NETWORKS BETWEEN FREE CLINICS ACROSS OKLAHOMA CITY AND IN SOME RURAL AREAS.

ALL OF THESE PROGRAMS AND PARTNERSHIPS, COUPLED WITH EDUCATING THE COMMUNITY ABOUT AVAILABLE SERVICES, CAN HELP US CONTINUE TO REDUCE SOME

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b, Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

OF THE HEALTHCARE COSTS WE SEE IN OUR HOSPITALS, CLINICS, AND EMERGENCY

DEPARTMENTS.

SUPPLEMENTAL INFORMATION 18

PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM ROLES

IACC IS A MEMBER OF INTEGRIS HEALTH SYSTEM, OF WHICH INTEGRIS HEALTH,

INC. IS THE CONTROLLING MEMBER. INTEGRIS HEALTH SYSTEM IS AN OKLAHOMA

HEALTH CARE SYSTEM WHICH SUPPORTS THE COMMUNITY NEEDS ACROSS THE STATE.

THE MISSION OF INTEGRIS HEALTH IS TO IMPROVE THE HEALTH OF THE PEOPLE IN

THE COMMUNITIES WE SERVE. THE FACILITIES OF OTHER TAXPAYERS ARE LISTED ON

ON THE SCHEDULE H OF THEIR RESPECTIVE FORMS 990. SEE SCHEDULE O, GENERAL

STATEMENTS 3 THROUGH 4 FOR ADDITIONAL INFORMATION REGARDING THE INTEGRIS

HEALTH SYSTEM.

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22

SUPPLEMENTAL INFORMATON 19

PART VI, LINE 7: STATE FILING OF COMMUNITY BENEFIT REPORT

ALL STATES WHICH THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

OK

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number
73-1192765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	HERITAGE HALL SCHOLARSHIP	1.	12,510.			
2						
3						
4						
5						
6						
7						

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

SUPPLEMENTAL INFORMATION 1

SCHEDULE I, PART I, LINE 2

HERITAGE HALL SCHOLARSHIPS - STUDENTS FROM WESTERN VILLAGE ACADEMY ARE SELECTED FOR A MULTI-YEAR SCHOLARSHIP TO HERITAGE HALL. ACADEMIC EXCELLENCE AND EXEMPLARY CHARACTER ARE THE DETERMINING FACTORS WHEN SELECTED BY THE WESTERN VILLAGE ACADEMY BOARD.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" to 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	C. BRUCE LAWRENCE DIRECTOR	(i)	0	0	0	0	0	0	0
		(ii)	844,370.	330,802.	19,204.	327,071.	12,388.	1,533,835.	0
2	WENTZ MILLER ASST.TREASURER/VP/DIRECTOR	(i)	0	0	0	0	0	0	0
		(ii)	441,153.	153,685.	20,121.	52,987.	9,657.	677,603.	0
3	JOHN S. CHAFFIN PHYSICIAN	(i)	1,193,123.	400.	17,542.	10,000.	14,050.	1,235,115.	0
		(ii)	0	0	0	0	0	0	0
4	PAUL J. KANALY PHYSICIAN	(i)	1,187,242.	400.	9,441.	7,500.	13,556.	1,218,139.	0
		(ii)	0	0	0	0	0	0	0
5	C. CRAIG ELKINS PHYSICIAN	(i)	1,193,343.	400.	3,177.	10,237.	14,050.	1,221,207.	0
		(ii)	0	0	0	0	0	0	0
6	BETH PAUCHNIK DIRECTOR/SECRETARY	(i)	0	0	0	0	0	0	0
		(ii)	366,355.	122,725.	14,179.	47,182.	9,391.	559,832.	0
7	BRIAN V. GEISTER PHYSICIAN	(i)	949,281.	142,500.	3,798.	18,750.	12,549.	1,126,878.	0
		(ii)	0	0	0	0	0	0	0
8	IMRAN S. VIRK PHYSICIAN	(i)	843,404.	576,599.	1,965.	7,500.	9,826.	1,439,294.	0
		(ii)	0	0	0	0	0	0	0
9	STANLEY F. HUPFELD FORMER OFFICER & DIRECTOR	(i)	0	0	0	0	0	0	0
		(ii)	83,005.	8,263.	11,429.	5,705.	0	108,402.	0
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL INFORMATION 1

SCHEDULE J, PART I, LINE 3

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS). AS PART OF THIS SYSTEM, IACC RELIES UPON INTEGRIS TO ESTABLISH THE COMPENSATION FOR ITS OFFICERS. INTEGRIS UTILIZES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THIS COMPENSATION.

SUPPLEMENTAL INFORMATION 2

SCHEDULE J, PART I, LINE 4B

INTEGRIS HEALTH PROVIDES TO CERTAIN EXECUTIVES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN.

THE PURPOSE OF THE PLAN IS TO SUPPLEMENT THE SPONSOR-PROVIDED RETIREMENT BENEFITS TO BE PAID TO SENIOR EXECUTIVES PURSUANT TO THE DEFINED BENEFIT PENSION PLAN, THE TAX DEFERRED ANNUITY PLAN AND OTHER QUALIFIED OR NONQUALIFIED RETIREMENT PLANS WHICH ARE MAINTAINED BY THE SPONSOR.

Part III Supplemental Information

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

THE PLAN PROVIDES AN OPPORTUNITY TO EARN SUPPLEMENTAL INCENTIVE INCOME BY PROVIDING ANNUAL CONTRIBUTIONS TO THE ACCOUNT SO LONG AS THE EXECUTIVE REMAINS EMPLOYED BY THE SPONSOR TO RETIREMENT AGE OF 65.

THE FOLLOWING INDIVIDUALS LISTED IN PART VII OF FORM 990 PARTICIPATED IN THIS PLAN BUT DID NOT RECEIVE A PAYMENT DURING THE YEAR.

C. BRUCE LAWRENCE

WENTZ MILLER

BETH PAUCHNIK

SUPPLEMENTAL INFORMATION 3

SCHEDULE J, PART I, LINE 7

THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS). INTEGRIS HEALTH HAS ESTABLISHED A FINANCIAL INCENTIVE PLAN THAT ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY AND FINANCIAL OPERATIONS OF THE ORGANIZATION. THE QUALITY COMPONENT IS DEFINED AS IMPROVEMENT IN PATIENT SAFETY, PATIENT SATISFACTION AND

Part III Supplemental Information

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

REDUCTION OF EMPLOYEE TURNOVER. THE FINANCIAL COMPONENT CONSISTS OF ACHIEVEMENT IN NET OPERATING INCOME THRESHOLD TO BE ACHIEVED TO ACTIVATE THE PLAN. A PREDETERMINED THRESHOLD IS CREATED WITHIN ALL ASPECTS OF THE PLAN BEFORE FINANCIAL ACHIEVEMENT IS PAYABLE. ALL PLANS ARE WRITTEN ACCORDING TO EXECUTIVE LEVEL AND ADOPTED BY INTEGRIS HEALTH BOARD RESOLUTION EACH PLAN YEAR AND PAYABLE AFTER INDEPENDENT AUDIT RESULTS ARE DETERMINED.

IN THE SECOND PLAN, CERTAIN EMPLOYED PHYSICIANS ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION PURSUANT TO THEIR WRITTEN EMPLOYMENT AGREEMENTS. ALL INCENTIVE COMPENSATION IS SUBJECT TO A CAP AND DOES NOT EXCEED 50% OF THE PHYSICIAN'S TOTAL COMPENSATION. THERE ARE A VARIETY OF METHODS USED TO CALCULATE INCENTIVE COMPENSATION BASED ON THE PHYSICIAN'S PERSONAL PRODUCTION, RANGING FROM (I) A SPECIFIED PERCENTAGE OF NET INCOME LESS EXPENSES; (II) A SPECIFIED PERCENTAGE OF TOTAL COLLECTIONS LESS EXPENSES; (III) A SPECIFIED PERCENTAGE OF BASE SALARY BASED COMPLIANCE WITH CERTAIN QUALITY, PATIENT SATISFACTION, PRODUCTION AND FINANCIAL INDICATORS; (IV) A SPECIFIED PERCENTAGE OF BASE SALARY BASED ON COMPLIANCE WITH QUALITY,

Part III Supplemental Information

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

GUIDING VALUES, PATIENT SATISFACTION AND PRODUCTRION CRITERIA; (V) A SPECIFIED PERCENTAGE OF FEE-BASED COLLECTIONS AND CAPITATION COLLECTIONS, IF APPLICABLE, IN EXCESS OF QUARTERLY SALARY; (VI) QUARTERLY BONUSES MEASURED BY RVUS THAT EXCEED A SPECIFIED TARGET PER QUARTER; AND (VII) PRO RATA SHARE OF ANNUAL INCENTIVE POOLS BASED UPON PRODUCTION, COMPLIANCE WITH CLINICAL GUIDELINES, QUALITY AND PATIENT SATISFACTION CRITERIA.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number
73-1192765

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36
Part I can be duplicated if additional space is needed

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization:			
a Become a director or trustee of a successor or transferee organization?	2a		
b Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c Become a direct or indirect owner of a successor or transferee organization?	2c		
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

Part I Liquidation, Termination, or Dissolution *(continued)*

			Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-			
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		
c	If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
REIMBURSEMENT OF EXPENSES	VARIOUS	110,869,900.	COST	73-1192764	INTEGRIS HEALTH, INC. 5300 N. INDEPENDENCE AVE., SUITE 130	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization.			
a	Become a director or trustee of a successor or transferee organization?	2a	X	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	X	
c	Become a direct or indirect owner of a successor or transferee organization?	2c		X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		X
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶			

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e Also complete this part to provide any additional information.

SUPPLEMENTAL INFORMATION 1

SCHEDULE N, PART II, LINE 2A AND 2B

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF INTEGRIS HEALTH (INTEGRIS), AN INTEGRATED HEALTHCARE SYSTEM. IACC IS REIMBURSING INTEGRIS FOR EXPENSES RELATED TO MANAGEMENT, HOUSEKEEPING, UTILITIES, SECURITY AND OTHER INTEGRATED SERVICES PROVIDED BY INTEGRIS. THE FOLLOWING INDIVIDUALS WERE OFFICERS, DIRECTORS, OR EMPLOYEES OF BOTH ORGANIZATIONS AT THE TIME OD THE TRANSACTIONS:

C. BRUCE LAWRENCE

WENTZ MILLER

BETH PAUCHNIK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

GENERAL STATEMENT 1

FORM 990, BOX C: DOING BUSINESS AS

CHEST PAIN EMERGENCY CENTER

MEDICAL PLAZA IMAGING CENTER

MEDICAL PLAZA SURGERY CENTER

PROHEALTH LABORATORY

MERIDIAN OCCUPATIONAL HEALTH CENTER

MERIDIAN PRIORITY OCCUPATIONAL HEALTH CENTER

FAMILY PHYSICIANS OF OKLAHOMA CITY

PACER FITNESS CENTER

INTEGRIS HOMECARE PLUS

SAMARITAN HEALTH SERVICES

INTEGRIS FAMILY CARE CENTER

SOUTH PENN FAMILY MEDICINE CENTER

SOUTH PENN FAMILY MEDICINE CLINIC

SAMARITAN HOME INFUSION

INTEGRIS AMBULATORY CARE REHABILITATION SERVICES

SAMARITAN HOME BASED SERVICES

BAPTIST COMMUNITY CLINIC

HELP

INTEGRIS COCHLEAR IMPLANT CLINIC

INNER EAR RESEARCH TEAM

INTEGRIS PHYSICIAN SERVICES

INTEGRIS MEDICAL GROUP

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

GENERAL STATEMENT 2

PART III, LINE 4A: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS INCLUDED IN THE INTEGRIS HEALTH SYSTEM. IACC PROVIDED $4,181,379 UNPAID BILLED CHARGES FOR UNCOMPENSATED CARE DURING THE YEAR ENDED JUNE 30, 2013. FOR ADDITIONAL DETAILS REGARDING COMMUNITY BENEFIT SEE THE ATTACHED COMPLETE COMMUNITY BENEFIT REPORT ON SCHEDULE O BEGINNING WITH STATEMENT 3 THROUGH 4.

GENERAL STATEMENT 3

PART III, LINE 4A: COMMUNITY BENEFIT REPORT

MY COMMUNITY - COMMUNITIES MAKING A DIFFERENCE

"SERVING OUR COMMUNITIES IN THE PAST, PRESENT AND FUTURE."

IN 1910, BASS BAPTIST HEALTH CENTER, LOCATED IN ENID IN NORTH CENTRAL OKLAHOMA, BEGAN OPERATION IN A SIX-BEDROOM HOME. SOON TO FOLLOW, THE DOORS OF MIAMI BAPTIST HOSPITAL OPENED, DEDICATED TO IMPROVING THE HEALTH OF THE MINERS AND THEIR FAMILIES IN THE LARGEST LEAD AND ZINC AREA IN THE WORLD AT THE TIME, WITH A 62-BED HOSPITAL HOUSED IN A THREE-STORY BUILDING IN EASTERN OKLAHOMA.

AS TIME MARCHED ON AND OUR STATE GREW IN POPULATION AND PROSPERITY, MORE HOSPITALS DOTTED OUR HORIZONS. TECHNOLOGY GREW, EDUCATIONAL OPPORTUNITIES GREW AND THE NEEDS OF OUR POPULATION GREW AS WELL. IN 1995, INTEGRIS HEALTH WAS BORN OUT OF A DESIRE TO PROVIDE STATE-OF-THE-ART MEDICAL CARE FOR THE PEOPLE OF OUR STATE.

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

IN THE FOLLOWING PAGES, YOU WILL SEE THE MANY WAYS OUR INTEGRIS HEALTH HOSPITALS DISTINGUISH THEMSELVES, FROM RECOGNITION BY NATIONAL ASSOCIATIONS AND PUBLICATIONS, TO THE COVETED MAGNET RECERTIFICATION FOR NURSING EXCELLENCE. ONE FACILITY IS AMONG THE FEW IN THE NATION TO OFFER THE NEWEST REHABILITATION TECHNOLOGIES; ANOTHER, IN PARTNERSHIP WITH PROCURE, IS THE ONLY PROTON THERAPY CAMPUS IN THE STATE FOR THE TREATMENT OF CANCER.

THEN AND NOW, TWO IMAGES ARE NECESSARY TO SHOW WHERE WE WERE, THEN, AND WHERE WE ARE, TODAY. MANY CHANGES HAVE TAKEN PLACE THROUGHOUT THE YEARS TO MAKE INTEGRIS HEALTH WHAT IT IS TODAY.

WE LEARNED A LONG TIME AGO THAT WE CAN'T FULLY CARE FOR OUR COMMUNITIES BY STAYING INSIDE THE WALLS OF OUR FACILITIES. OUR PHYSICIANS, EMPLOYEES AND VOLUNTEERS TAKE THEIR EDUCATION AND SKILLS INTO THE COMMUNITY TO MAKE A DIFFERENCE IN THE LIVES OF FELLOW OKLAHOMANS. THEIR DEDICATION, COMBINED WITH OUR RESOURCES, HELPS ACCOMPLISH A VARIETY OF THINGS - FROM PROVIDING FREE CLINICAL SERVICES, SCREENINGS AND EDUCATION PROGRAMS TO PROVIDING ACTIVITIES FOR SENIOR CITIZENS.

ALL, TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

INTEGRIS HEALTH IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS (ABOUT 9,000 EMPLOYEES STATEWIDE), WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

CLINICS, MENTAL HEALTH FACILITIES, FITNESS CENTERS, INDEPENDENT LIVING CENTERS AND HOME HEALTH AGENCIES THROUGHOUT MUCH OF THE STATE. CORPORATE HEADQUARTERS ARE LOCATED ON THE CAMPUS OF INTEGRIS BAPTIST MEDICAL CENTER IN OKLAHOMA CITY. IT IS A NOT-FOR-PROFIT CORPORATION GOVERNED BY A 15-MEMBER BOARD OF DIRECTORS MADE UP OF BUSINESS, MEDICAL AND COMMUNITY LEADERS FROM ACROSS THE STATE. INTEGRIS IS MANAGED BY PRESIDENT AND CHIEF EXECUTIVE OFFICER BRUCE LAWRENCE, WITH THE ASSISTANCE OF SENIOR STAFF IN THE AREAS OF PHYSICIAN SERVICES, FACILITY OPERATIONS, STRATEGIC SERVICES AND FINANCE.

HISTORY

FORMED IN 1995, INTEGRIS WAS THE RESULT OF A MERGER THAT SAME YEAR BETWEEN OKLAHOMA HEALTH SYSTEM AND SOUTHWEST MEDICAL CENTER IN OKLAHOMA CITY. OKLAHOMA HEALTH SYSTEM ITSELF WAS A NEW ORGANIZATION FORMED ONE YEAR EARLIER FROM A MERGER BETWEEN OKLAHOMA HEALTHCARE CORPORATION (BAPTIST MEDICAL CENTER'S PARENT COMPANY) AND BAPTIST HEALTHCARE OF OKLAHOMA. THE ENTITIES THAT COMPRISE INTEGRIS HEALTH PROVIDE CARE IN MANY SETTINGS, FROM SOPHISTICATED URBAN MEDICAL CENTERS TO YOUR OWN HOME.

SCOPE

INTEGRIS HEALTH OPERATES FOUR HOSPITALS IN THE OKLAHOMA CITY METROPOLITAN AREA, LED IN THE METRO AREA BY INTEGRIS BAPTIST MEDICAL CENTER AND INTEGRIS SOUTHWEST MEDICAL CENTER. INTEGRIS HEALTH ALSO MAINTAINS THREE REGIONAL HOSPITALS ACROSS THE STATE AND IS IN A JOINT VENTURE WITH SEVEN OTHERS. THE ORGANIZATION HAS AFFILIATED MENTAL HEALTH PROVIDERS IN 50

Name of the organization	Employer identification number
INTEGRIS AMBULATORY CARE CORPORATION	73-1192765

OKLAHOMA TOWNS AND CITIES AND OFFERS HOSPICE SERVICES THROUGH HOSPICE OF OKLAHOMA COUNTY. APPROXIMATELY SIX OUT OF EVERY 10 OKLAHOMANS LIVE WITHIN 30 MILES OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS HEALTH ORGANIZATION. COLLECTIVELY, THE ENTITIES WITHIN INTEGRIS HEALTH MAINTAIN MORE THAN 1,900 LICENSED BEDS AND HAVE MEDICAL STAFFS THAT NUMBER MORE THAN 2,500 PHYSICIANS.

SERVICES

THE ENTITIES THAT COMPRISE INTEGRIS HEALTH OFFER A WIDE RANGE OF HIGHLY DEVELOPED INPATIENT, OUTPATIENT AND ANCILLARY SERVICES. EXCELLENCE IN MEDICAL CARE ALONG WITH RESEARCH, STAFF EDUCATION, SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES, AND EDUCATIONAL PROGRAMS FOR THE COMMUNITY, ALLOWS MEMBERS OF INTEGRIS HEALTH TO ACHIEVE THE ORGANIZATION'S MISSION. SPECIALIZED CENTERS OF EXCELLENCE HAVE BEEN DEVELOPED THROUGH VARIOUS ENTITIES AFFILIATED WITH INTEGRIS HEALTH TO PROVIDE A HIGH STANDARD OF CARE FOR OUR COMMUNITIES. EACH OF THESE ORGANIZATIONS BRINGS A RICH HISTORY OF SERVING OKLAHOMANS. THE LOCATIONS OF INTEGRIS ENTITIES ARE SHOWN ON THE MAP.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* INTEGRIS HEALTH FREE CLINIC
* STANLEY F. HUPFELD ACADEMY AT WESTERN VILLAGE
* WOMEN'S HEALTH FORUM
* INTEGRIS MEN'S HEALTH UNIVERSITY
* "YOUNG AT HEART" PROM FOR SENIOR CITIZENS

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

* "ON YOUR OWN" HIGH SCHOOL STUDENT PROGRAM

* NATIONAL ALLIANCE ON MENTAL ILLNESS WALK

* AMERICAN HEART ASSOCIATION HEART WALK

OWNED FACILITIES

INTEGRIS BAPTIST MEDICAL CENTER - OKC

INTEGRIS CANCER INSTITUTE OF OKLAHOMA - OKC

INTEGRIS MENTAL HEALTH CENTER - SPENCER

INTEGRIS BAPTIST REGIONAL HEALTH CENTER - MIAMI

INTEGRIS BASS BAPTIST HEALTH CENTER - ENID

INTEGRIS BASS MEADOWLAKE - ENID

INTEGRIS BASS PAVILION - ENID

INTEGRIS CANADIAN VALLEY HOSPITAL - YUKON

INTEGRIS GROVE HOSPITAL - GROVE

INTEGRIS SOUTHWEST MEDICAL CENTER - OKC

INTEGRIS HEALTH EDMOND - EDMOND

JOINT VENTURE FACILITIES

INTEGRIS BLACKWELL REGIONAL HOSPITAL - BLACKWELL

INTEGRIS CLINTON REGIONAL HOSPITAL - CLINTON

INTEGRIS MARSHALL COUNTY MEDICAL CENTER - MADILL

INTEGRIS MAYES COUNTY MEDICAL CENTER - PRYOR

INTEGRIS SEMINOLE MEDICAL CENTER - SEMINOLE

OKLAHOMA CENTER FOR ORTHOPEDIC AND MULTISPECIALTY SURGERY - OKC

LAKESIDE WOMEN'S HOSPITAL - OKC

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

INTEGRIS BAPTIST MEDICAL CENTER - OKLAHOMA CITY

INTEGRIS BAPTIST MEDICAL CENTER OPENED ITS DOORS ON EASTER SUNDAY 1959 AS A 200 BED HOSPITAL. TODAY, THE ONLY OKLAHOMA-OWNED DESIGNATED MAGNET HOSPITAL FOR EXCELLENCE IN NURSING SERVICES IS A CENTER OF LEADING EDGE MEDICINE, AND THE HOME OF A FULL SERVICE HEART HOSPITAL, A COMPREHENSIVE TRANSPLANT INSTITUTE, AND A REGIONAL BURN CENTER. INTEGRIS BAPTIST ALSO OFFERS A FULL RANGE OF DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE SERVICES AND IS LICENSED FOR MORE THAN 500 BEDS.

CENTERS OF EXCELLENCE INCLUDE THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA AT BAPTIST MEDICAL CENTER, INTEGRIS HEART HOSPITAL, INTEGRIS HENRY G. BENNETT JR. FERTILITY INSTITUTE, INTEGRIS JAMES R. DANIEL CEREBROVASCULAR AND STROKE CENTER AT BAPTIST MEDICAL CENTER, INTEGRIS M.J. AND S. ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER OF OKLAHOMA, INTEGRIS NAZIH ZUHDI TRANSPLANT INSTITUTE, INTEGRIS PAUL SILVERSTEIN BURN CENTER, AND THE HOUGH EAR INSTITUTE.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* MEALS ON WHEELS
* HISPANIC HEALTH FAIR
* INTEGRIS PHARMACEUTICAL ASSISTANCE PROGRAM
* ALZHEIMER'S CAREGIVER SUPPORT GROUP
* AFRICAN AMERICAN MEN'S HEALTH FORUM
* SUSAN G. KOMEN RACE FOR THE CURE

Name of the organization	Employer identification number
INTEGRIS AMBULATORY CARE CORPORATION	73-1192765

INTEGRIS BAPTIST REGIONAL HEALTH CENTER - MIAMI

ONE OF THE ORIGINAL CHARTER MEMBERS OF THE OKLAHOMA STATE HOSPITAL ASSOCIATION, INTEGRIS BAPTIST REGIONAL HEALTH CENTER OPENED ON JULY 1, 1919, TO MEET THE NEEDS OF LOCAL LEAD AND ZINC MINERS. THE ORIGINAL STRUCTURE WAS A THREE STORY BUILDING WITH A BASEMENT AND SUN PORCHES ON EACH FLOOR, AND THE BASIC ORIGINAL STRUCTURE IS STILL BEING USED TODAY.

INTEGRIS BAPTIST REGIONAL SERVES RESIDENTS OF NORTHEAST OKLAHOMA AND THE ADJACENT BORDER AREAS OF KANSAS AND MISSOURI. LICENSED FOR 117 BEDS, THE HOSPITAL HAS MORE THAN 50 PHYSICIANS ON ITS MEDICAL STAFF. SERVICES INCLUDE CRITICAL CARE AND SURGICAL SERVICES, COMPREHENSIVE REHABILITATION, GERIATRIC BEHAVIORAL HEALTH, SLEEP STUDIES, CARDIAC CATHETERIZATION LAB, HOSPICE, HOME HEALTH CARE, AND HOME MEDICAL EQUIPMENT.

INTEGRIS BAPTIST REGIONAL IS ACCREDITED BY THE JOINT COMMISSION AND HAS BEEN RECOGNIZED BY VHA OKLAHOMA FOR PROVIDING QUALITY HEALTH CARE.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* NURSING STUDENT CLINICAL ROTATIONS
* ALZHEIMER'S SUPPORT GROUP
* DIABETES EDUCATION CLASS
* MEALS ON WHEELS
* COMMUNITY HEALTH SCREENINGS

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

* AUTISM SUPPORT GROUP

INTEGRIS BASS BAPTIST HEALTH CENTER - ENID

INTEGRIS BASS BAPTIST HEALTH CENTER, LOCATED IN ENID IN NORTH CENTRAL OKLAHOMA, ENJOYS THE DISTINCTION OF HAVING SERVED THE ENID AREA LONGER THAN ANY OTHER GENERAL HOSPITAL. FOUNDED IN 1910, IT WAS FIRST OPERATED FROM INSIDE A SIX- BEDROOM HOME. IT IS THE ONLY NON-PROFIT HOSPITAL AND THE ONLY OKLAHOMA-OWNED HOSPITAL IN THE COMMUNITY. THE GARFIELD COUNTY CAMPUS NOW ENCOMPASSES A TOTAL OF 207 LICENSED BEDS THROUGHOUT THREE FACILITIES: THE ACUTE CARE HOSPITAL, MEADOWLAKE AND INTEGRIS NORTHWEST SPECIALTY HOSPITAL.

INTEGRIS BASS BAPTIST HAS MADE A COMMITMENT TO EXCELLENCE. THE OPEN HEART SURGERY PROGRAM COMBINED WITH THE NEW STATE-OF-THE-ART HEART AND VASCULAR INSTITUTE PROVIDES THE BEST CARDIAC CARE IN NORTHWEST OKLAHOMA. ALONG WITH THE HEART INSTITUTE, INTEGRIS BASS BAPTIST OFFERS ACUTE CARE AND DIAGNOSTIC SERVICES, SKILLED NURSING, A CANCER CENTER, GERIATRIC BEHAVIORAL HEALTH SERVICES, A STATE-OF-THE-ART WOMEN'S CENTER, HOME HEALTH SERVICES AND OCCUPATIONAL HEALTH SERVICES.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* WALK THIS WAY INITIATIVE
* BREAST CANCER SUPPORT GROUP
* SENIOR LIFE NETWORK
* PARKINSON'S DISEASE SUPPORT GROUP

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

* SUPPORT KETTERMAN NURSING SKILLS LAB AT NORTHWESTERN OKLAHOMA STATE UNIVERSITY

INTEGRIS CANADIAN VALLEY HOSPITAL - YUKON

OPENED IN NOVEMBER 2001, INTEGRIS CANADIAN VALLEY HOSPITAL IS A 75-BED PRIMARY CARE FACILITY WITH A FULL RANGE OF SERVICES INCLUDING 57 PRIVATE MEDICAL SURGICAL ROOMS, A 10-BED WOMEN'S UNIT AND AN EIGHT-BED INTENSIVE CARE UNIT.

THE HOSPITAL OFFERS A HIGH LEVEL OF TECHNOLOGY IN A SMALL COMMUNITY SETTING. IT HAS A MEDICAL STAFF OF MORE THAN 250 PHYSICIANS IN VARIOUS SPECIALTIES. INTEGRIS CANADIAN VALLEY WAS NAMED ONE OF SOLUCIENT'S TOP 100 HOSPITALS IN 2005 AND MAINTAINS ITS ACCREDITATION STATUS AWARDED BY THE JOINT COMMISSION.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* UNITED WAY OF CANADIAN COUNTY
* STUDENT GOVERNING BOARD
* YUKON HIGH SCHOOL REALITY CHECK
* DIABETES SUPPORT GROUP
* RESPIRATORY STUDENT CLINICAL ROTATIONS
* REGIONAL FOOD BANK OF OKLAHOMA
* STUDENT GOVERNING BOARD
* YUKON HIGH SCHOOL REALITY CHECK
* DIABETES SUPPORT GROUP

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

* RESPIRATORY STUDENT CLINICAL ROTATIONS

* REGIONAL FOOD BANK OF OKLAHOMA

GENERAL STATEMENT 4

PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED

INTEGRIS CANCER INSTITUTE OF OKLAHOMA - OKLAHOMA CITY

THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA OFFERS ONE OF THE FOREMOST COLLECTIONS OF PHYSICIANS AND COMPREHENSIVE PATIENT CARE IN THE SOUTHWEST. OFFERING THE MOST ADVANCED EQUIPMENT, THERAPY AND SUPPORT TO PATIENTS AND THEIR LOVED ONES, OUR PHYSICIANS WORK CLOSELY WITH PATIENTS, THEIR FAMILIES AND THE MEDICAL TEAM TO ENHANCE QUALITY OF LIFE THROUGHOUT THEIR JOURNEY WITH CANCER.

THE INTEGRIS CANCER INSTITUTE IS MORE THAN A CANCER TREATMENT FACILITY. IT'S A CANCER TREATMENT PHILOSOPHY: TREATING THE WHOLE PERSON, NOT JUST THE DISEASE. WITH SIX CAMPUSES STATEWIDE, THE PROTON CAMPUS, IN CONJUNCTION WITH PROCURE PROTON THERAPY CENTER, WAS THE FIRST COMMUNITY-BASED PROTON THERAPY CANCER CAMPUS IN THE UNITED STATES. IT REMAINS ONE OF LESS THAN A DOZEN PROTON CENTERS IN NORTH AMERICA.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* COMMUNITY CANCER SCREENINGS

* CELEBRATION OF LIFE NATIONAL CANCER SURVIVORS DAY

* FIRESIDE CHATS COMMUNITY EDUCATION SERIES

* CELEBRATION OF LIFE ART SHOW

* SUSAN G. KOMEN RACE FOR THE CURE

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

INTEGRIS GROVE HOSPITAL - GROVE

SINCE 1963, INTEGRIS GROVE HOSPITAL HAS DELIVERED THE BEST IN MEDICAL CARE SERVICES TO RESIDENTS OF NORTHEAST OKLAHOMA. IN 2010, A NEW $56 MILLION STATE-OF-THE-ART FACILITY BROUGHT ADVANCES IN THE DELIVERY OF PATIENT CARE. LOCATED ON GRAND LAKE O' THE CHEROKEES, THE HOSPITAL SERVES AS A BEACON FOR QUALITY HEALTH CARE FOR NORTHEAST OKLAHOMA, NORTHWEST ARKANSAS AND SOUTHWEST MISSOURI.

THE NEW INTEGRIS GROVE HOSPITAL FEATURES 58 PRIVATE PATIENT ROOMS AND INCLUDES A MEDICAL SURGICAL UNIT, EMERGENCY DEPARTMENT, CRITICAL CARE UNIT, WOMEN'S HEALTH CENTER AND SURGERY DEPARTMENT. A FULL SPECTRUM OF ANCILLARY SERVICES IS OFFERED INCLUDING RADIOLOGY, RESPIRATORY THERAPY, HOME HEALTH, HOME MEDICAL EQUIPMENT, PHYSICAL THERAPY AND A CARDIAC CATHETERIZATION LAB. INTEGRIS GROVE IS ACCREDITED BY THE JOINT COMMISSION AND HAS RECEIVED NUMEROUS AWARDS AND HONORS FOR PROVIDING QUALITY HEALTH CARE.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* REGIONAL FOOD BANK
* SPORTS PHYSICALS CLINIC
* CAMP BANDAGE AND CAMP BANDAGE JR.
* FINANCIAL SUPPORT PROVIDED TO LOCAL SCHOOLS
* FREE HEALTH AND DENTAL SERVICES PROVIDED TO CHILDREN IN NEED
* SENIOR HEALTH FAIR

Name of the organization	Employer identification number
INTEGRIS AMBULATORY CARE CORPORATION	73-1192765

INTEGRIS HEALTH EDMOND - EDMOND

THE LATEST ADDITION TO INTEGRIS HEALTH IS THE STATE OF THE ART INTEGRIS HEALTH EDMOND. LOCATED ON 40 WOODED ACRES ON THE I-35 CORRIDOR IN EDMOND, THE HOSPITAL FEATURES THE LATEST IN "GREEN CONCEPTS" AND ARCHITECTURAL ELEMENTS DESIGNED TO "BRING THE OUTSIDE IN" TO CREATE A TRUE HEALING ENVIRONMENT.

.

INTEGRIS HEALTH EDMOND IS A FULL SERVICE HOSPITAL FEATURING BOTH INPATIENT AND OUTPATIENT CARE INCLUDING EDMOND'S LARGEST EMERGENCY ROOM, WOMEN'S SERVICES, DIAGNOSTIC IMAGING, SURGERY, ORTHOPEDICS, PHYSICAL THERAPY AND A MEDICAL OFFICE BUILDING WITH PHYSICIANS REPRESENTING PRIMARY CARE ALONG WITH THE MOST REQUESTED SPECIALTIES.

INTEGRIS HEALTH EDMOND BROUGHT LABOR AND DELIVERY SERVICES BACK TO EDMOND ENABLING FAMILIES TO STAY WITHIN THE COMMUNITY TO HAVE THEIR BABIES. THREE INTEGRIS FAMILY CARE CLINICS ARE LOCATED IN EDMOND TO SERVE THE COMMUNITY IN PARTNERSHIP WITH THE HOSPITAL. THE CLINICS SPECIALIZE IN FAMILY MEDICINE, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY AND PEDIATRICS.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* WOMEN'S HEALTH FORUM
* SCHOOL HEALTH FAIR
* PHYSICIAN COMMUNITY LECTURES

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

* SUPPORT LOCAL COMMUNITY AGENCIES

* SUPPORT EDMOND PUBLIC AND PRIVATE SCHOOLS

* JIM THORPE ASSOCIATION FOOTBALL GAME SHOWCASE OF NATIVE AMERICAN HIGH SCHOOL SENIORS

INTEGRIS JIM THORPE REHABILITATION - OKLAHOMA CITY

OKLAHOMA'S FOREMOST COLLECTION OF INPATIENT, OUTPATIENT, HOME AND COMMUNITY-BASED TREATMENT FOR ADOLESCENTS AND ADULTS NEEDING TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, STROKE, AMPUTEE OR ORTHOPEDIC CARE. A NETWORK OF OUTPATIENT SERVICES AND FACILITIES IS IN PLACE TO SERVE PATIENTS ACROSS OKLAHOMA. THROUGH TEAM-BASED PERSONAL CARE, PATIENTS BENEFIT FROM THE EXPERTISE OF PHYSICIANS, THERAPISTS, NURSES, PSYCHOLOGISTS, CASE MANAGERS, SOCIAL WORKERS AND OTHERS SPECIALLY TRAINED IN REHABILITATION.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* COURAGE RUN

* COURAGE AWARDS GALA

* SPINAL CORD SUPPORT GROUP

* BRAIN INJURY SUPPORT GROUP

* LIMB LOSS SUPPORT GROUP

* FALL PREVENTION PROGRAM

Name of the organization	Employer identification number
INTEGRIS AMBULATORY CARE CORPORATION	73-1192765

INTEGRIS MENTAL HEALTH SERVICES - SPENCER

INTEGRIS MENTAL HEALTH OFFERS A COMPLETE FAMILY OF SERVICES PROVIDED BY HIGHLY QUALIFIED PROFESSIONALS IN INPATIENT AND OUTPATIENT SETTINGS. SERVICES INCLUDE ADULT AND GERIATRIC INPATIENT SERVICES THROUGH DEACONESS AT BETHANY AND CHILD AND ADOLESCENT PSYCHIATRIC INPATIENT AND RESIDENTIAL PROGRAMS BASED AT INTEGRIS MENTAL HEALTH.

ADDITIONAL PROGRAMS INCLUDE DAY AND EVENING PARTIAL HOSPITALIZATION/INTENSIVE OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS FOR ADULTS AND ADOLESCENTS AT INTEGRIS DECISIONS; MOBILE ASSESSMENT TEAM SERVICES THROUGH MANY OF OUR INTEGRIS HOSPITAL EMERGENCY DEPARTMENTS; EMPLOYEE ASSISTANCE SERVICES FROM THE CORPORATE ASSISTANCE PROGRAM; AND MANY SPECIALTY EDUCATION OFFERINGS AT INTEGRIS JAMES L. HALL JR. CENTER FOR MIND, BODY AND SPIRIT.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* NATIONAL ALLIANCE FOR THE MENTALLY ILL WALK
* HEALTH ALLIANCE FOR THE UNINSURED
* LUNCH AND LEARN COMMUNITY PRESENTATIONS
* ART OF HAPPY LIVINGTM SERIES BY DR. R. MURALI KRISHNA
* MENTAL ILLNESS AWARENESS WEEK EVENTS

INTEGRIS SOUTHWEST MEDICAL CENTER - OKLAHOMA CITY

INTEGRIS SOUTHWEST MEDICAL CENTER HAS BEEN A PART OF THE SOUTHWEST OKLAHOMA CITY COMMUNITY SINCE 1965, FIRST AS SOUTH COMMUNITY HOSPITAL.

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

THE NAME WAS CHANGED TO SOUTHWEST MEDICAL CENTER OF OKLAHOMA IN MARCH 1992, AND THEN BECAME INTEGRIS SOUTHWEST MEDICAL CENTER IN FEBRUARY 1995. IT HAS GROWN FROM A 73-BED COMMUNITY HOSPITAL TO A COMPREHENSIVE MEDICAL CENTER OFFERING A FULL RANGE OF SERVICES WITH MORE THAN 400 BEDS.

INTEGRIS SOUTHWEST CENTERS OF EXCELLENCE INCLUDE THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA AT SOUTHWEST MEDICAL CENTER, INTEGRIS JAMES R. DANIEL STROKE CENTER OF OKLAHOMA AT SOUTHWEST MEDICAL CENTER, INTEGRIS JIM THORPE REHABILITATION, INTEGRIS NEUROMUSCULAR CENTER, AND THE INTEGRIS M.J. AND S. ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER OF OKLAHOMA.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* HEAD AND SPINAL CORD INJURY AWARENESS PROGRAM
* STROKE AWARENESS CLASSES
* CANCER TUMOR REGISTRY
* PHYSICIAN COMMUNITY HEALTH LECTURES
* BRAIN INJURY SUPPORT GROUP

IN 2013, INTEGRIS HEALTH PROVIDED $37,428,359 IN COMMUNITY BENEFITS. THIS INCLUDES OUR RETURNSHIP AND COMMUNITY BUILDING EFFORTS AND UNCOMPENSATED SERVICES.

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

RETURNSHIP

RETURNSHIP EPITOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNITY. IT TAKES THE FORM OF HUNDREDS OF PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA - FREE HEALTH SCREENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE AS REFLECTED IN THE PREVIOUS PAGES.

OUR RETURNSHIP EFFORTS EQUALED $6,618,385

COMMUNITY BUILDING

COMMUNITY BUILDING IS ANOTHER VITAL WAY WE GIVE BACK. THESE EFFORTS ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS. SOME OF OUR ACTIVITIES IN COMMUNITY BUILDING ARE PHYSICAL IMPROVEMENTS IN HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL ENHANCEMENTS AND ADVOCACY FOR ADVANCEMENTS IN COMMUNITY HEALTH.

OUR COMMUNITY BUILDING EFFORTS EQUALED $182,215

UNCOMPENSATED SERVICES

UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED-COST CARE. AS A SYSTEM OF NOT-FOR-PROFIT HOSPITALS, INTEGRIS HEALTH PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THE ABILITY TO PAY FOR THEIR INSURANCE COVERAGE. THUS, WE PROVIDE A MUCH NEEDED SAFETY NET FOR MEMBERS OF OUR COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE.

Name of the organization	Employer identification number
INTEGRIS AMBULATORY CARE CORPORATION	73-1192765

CHARITY CARE COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS.

INTEGRIS HEALTH PROVIDED CHARITY CARE OF $23,677,505

INTEGRIS HEALTH ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS FOR WHICH THE ORGANIZATION RECEIVES INADEQUATE PAYMENTS. UNPAID COSTS OF MEDICAID PROGRAMS REFLECT THE DIFFERENCE BETWEEN COSTS TO PROVIDE PATIENT CARE SERVICES AND THE RATE AT WHICH THE HOSPITAL IS REIMBURSED. ESTIMATED COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS.

UNPAID COSTS OF MEDICAID PROGRAMS EQUALED $6,950,254

IN ADDITION, INTEGRIS HEALTH INCURRED BAD DEBT WITH AN ESTIMATED COST OF $27,422,916 BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIO.

GENERAL STATEMENT 5

PART V: QUESTION 1A AND 2A

PART V: QUESTION 1A - INTEGRIS HEALTH, INC., AS THE PARENT ENTITY OF THE INTEGRIS HEALTH SYSTEM, PAYS ALL VENDORS FOR SERVICES PROVIDED TO ALL ENTITIES WITHIN THE SYSTEM. ACCORDINGLY, COMPENSATION PAID TO INDEPENDENT CONTRACTORS IS REPORTED ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U.S. INFORMATION RETURNS OF INTEGRIS HEALTH, INC., EIN 73-1192764. EXPENSES ARE ALLOCATED TO AND REIMBURSED BY INDIVIDUAL ENTITIES WITHIN THE SYSTEM, AND REPORTED ON THEIR RESPECTIVE FORMS 990, PART VII, SECTION B AND PART IX, AS APPROPRIATE.

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

PART V: QUESTION 2A - THE SALARIES REFLECTED ON FORM 990, PART IX, LINE 7, WERE ALL REPORTED ON THE FORM 941 EMPLOYER'S QUARTERLY FEDERAL TAX RETURN, OF INTEGRIS HEALTH, INC.,EIN 73-1192764. THESE SALARIES WERE REIMBURSED TO INTEGRIS HEALTH, INC. AND WERE INCLUDED IN THE NUMBER OF EMPLOYEES ON INTEGRIS HEALTH, INC.'S FORM W-3. THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF FULL TIME EMPLOYEES, AS DETERMINED BY FTE HOURS WORKED, FOR THE FILING ORGANIZATION DURING THE 2012 TAX YEAR.

GENERAL STATEMENT 6

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTION 2 - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (SYSTEM). THE FOLLOWING OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF THEIR POSITIONS AS OFFICERS, DIRECTORS, OR EMPLOYEES OF RELATED ENTITIES WITHIN THE SYSTEM:

C. BRUCE LAWRENCE

WENTZ MILLER

BETH A. PAUCHNIK

GENERAL STATEMENT 7

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTIONS 6, 7A AND 7B - INTEGRIS HEALTH, INC. IS THE SOLE MEMBER OF INTEGRIS AMBULATORY CARE CORPORATION. AS SUCH IT HAS THE POWER

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

(1) TO ELECT THE DIRECTORS OF THE CORPORATION AND TO REMOVE THE ENTIRE BOARD OF DIRECTORS OR ANY INDIVIDUAL DIRECTOR AT ANY TIME WITH OR WITHOUT CAUSE, (2) TO APPROVE OR DISAPPROVE ANY ACTION TAKEN BY THE BOARD OF DIRECTORS AMENDING, ALTERING, CHANGING OR REPEALING THE BYLAWS, AND (3) TO VOTE ON ALL MATTERS WHERE THE AUTHORIZATION OR APPROVAL OF THE SOLE MEMBER IS REQUIRED BY THE CERTIFICATE OF INCORPORATION, THE BYLAWS OR STATE LAW.

GENERAL STATEMENT 8

PART VI: SECTION B. POLICIES

PART VI: QUESTION 11B - THE ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (SYSTEM). THE SYSTEM HAS A SINGLE AUDIT COMPLIANCE COMMITTEE WHICH OVERSEES THE CONSOLIDATED FINANCIAL STATEMENT AUDIT AS WELL AS THE FILING OF FEDERAL AND STATE TAX FORMS. THE SYSTEM ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO PREPARE THE FORM. A DRAFT FORM 990 IS PROVIDED TO THE SYSTEM VICE PRESIDENT OF FINANCIAL REPORTING FOR REVIEW. A FINAL FORM 990 IS GIVEN TO THE SYSTEM CHIEF FINANCIAL OFFICER FOR REVIEW, APPROVAL, AND SIGNATURE. THE FINAL FORM 990 IS MADE AVAILABLE TO THE ORGANIZATION'S BOARD OF DIRECTORS, AS WELL AS TO THE SYSTEM'S AUDIT/COMPLIANCE COMMITTEE, FOR REVIEW PRIOR TO FILING THE RETURN.

Name of the organization	Employer identification number
INTEGRIS AMBULATORY CARE CORPORATION	73-1192765

GENERAL STATEMENT 9

PART VI: SECTION B. POLICIES

PART VI: QUESTION 12C - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS OR SYSTEM). CONFLICT OF INTEREST IS ADDRESSED IN THE INTEGRIS CODE OF CONDUCT. ALL SYSTEM EMPLOYEES RECEIVE TRAINING DURING NEW EMPLOYEE ORIENTATION AND ARE INSTRUCTED TO REPORT ANY POSSIBLE CONFLICTS, TO REFER ANY CONFLICT OF INTEREST QUESTIONS TO THE SYSTEM'S COMPLIANCE OFFICER OR THROUGH THE ANONYMOUS INTEGRITY LINE. ALL NEW MANAGERS RECEIVE ADDITIONAL TRAINING ON CONFLICT OF INTEREST POLICIES DURING LEADERSHIP TRAINING. LEGAL SERVICES REVIEWS ALL CONTRACTS FOR CONFLICTS OF INTEREST. INTERNAL AUDIT CONDUCTS AUDITS FOR POSSIBLE CONFLICTS OF INTEREST BASED ON THEIR ANNUAL RISK ASSESSMENT. CORPORATE COMPLIANCE INCLUDES ASSESSMENTS FOR CONFLICTS OF INTEREST IN ITS ANNUAL WORK PLAN AND CONDUCTS SPECIALIZED TRAINING FOR HIGH RISK AREAS. THE GOVERNANCE COMMITTEE, A COMMITTEE OF THE INTEGRIS HEALTH BOARD COMPRISED OF INDEPENDENT BOARD MEMBERS, REVIEWS AND APPROVES ANY AND ALL PROPOSED BUSINESS TRANSACTIONS BETWEEN ANY ENTITY OF INTEGRIS AND A DISQUALIFIED PERSON.

GENERAL STATEMENT 10

PART VI: SECTION B. POLICIES

PART VI: QUESTION 15B - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS OR SYSTEM). COMPENSATION FOR VICE PRESIDENTS IS ANALYZED BY AN INDEPENDENT HEALTH CARE CONSULTING FIRM. THE ANALYSIS INCLUDES A FAIR

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

MARKET VALUE ASSESSMENT AND ESTABLISHMENT OF A RANGE FOR EACH POSITION BASED ON RESEARCH OF COMPARABLE HEALTH CARE SYSTEMS OF SIMILAR SIZE. THE REPORT AND RECOMMENDED COMPENSATION LEVELS FOR EACH EXECUTIVE MANAGEMENT POSITION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE INTEGRIS HEALTH BOARD OF DIRECTORS AND ULTIMATELY THE FULL BOARD OF DIRECTORS. THE MINUTES OF BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REFLECTS A REVIEW OF THE COMPARABILITY DATA, THE EXECUTIVE PERFORMANCE REVIEWS AND THE DECISION-MAKING PROCESS.

GENERAL STATEMENT 11

PART VI: SECTION C. DISCLOSURE

PART VI: QUESTION 19 - THE ORGANIZATION DOES NOT MAKE ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC. HOWEVER, THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED FINANCIALS FOR INTEGRIS HEALTH, INC., A RELATED CORPORATION. THESE CONSOLIDATED FINANCIALS ARE DISCLOSED FOR BOND COMPLIANCE PURPOSES USING DIGITAL ASSURANCE CERTIFICATION.

GENERAL STATEMENT 12

PART VII: SECTION B. INDEPENDENT CONTRACTORS

INTEGRIS CARDIO PHYSICIANS	PHYSICIANS	$603,401
3545 N.W. 58TH, SUITE 450		
OKLAHOMA CITY, OK 73112		

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

GE HEALTHCARE IITS U.S. CORP P.O. BOX 277475 ATLANTA, GA 30384	SOFTWARE LICENSING	$294,803
DIAGNOSTIC LAB OF OKLAHOMA, LLC 1001 CORNELL PARKWAY OKLAHOMA CITY, OK 73108	REFERENCE LAB	$237,729
MICHAEL SEIKEL, M.D. 3433 N.W. 56TH, SUITE 210 OKLAHOMA CITY, OK 73112	PHYSICIANS	$178,934
EMDEON BUSINESS SERVICES 3055 LEANON PIKE, SUITE 1000 NASHVILLE, TN 37214	BUSINESS SERVICES	$155,545

GENERAL STATEMENT 13

PART XI: RECONCILIATION OF NET ASSETS, LINE 9

INCOME FROM SUBSIDIARY - FOUNDATION 100%	$ 251,879
INCOME FROM SUBSIDIARY - WESTERN VILLAGE ACADEMY 100%	<274,815>
INVESTMENT IN WESTERN VILLAGE ACADEMY	500,000
TOTAL	$477,064

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number
73-1192765

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) INTEGRIS HEALTH, INC. 73-1192764 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 11-I	N/A		X
(2) BAPTIST HEALTHCARE OF OKLAHOMA, INC. 23-7456301 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		X
(3) HOSPICE OF OKLAHOMA COUNTY, INC. 73-1369586 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 9	IH		X
(4) INTEGRIS BAPTIST MEDICAL CENTER, INC. 73-1034824 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		X
(5) INTEGRIS RURAL HEALTH, INC. 73-1444504 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		X
(6) INTEGRIS SOUTHWEST MEDICAL CENTER, INC. 73-1089149 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		X
(7) INTEGRIS REALTY CORPORATION 73-1192750 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	PROPERTY MGMT	OK	501(C)(3)	LINE 9	IH	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number
73-1192765

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) GREAT PLAINS MEDICAL FOUNDATION 73-1457016 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	MED.RES. PROG	OK	501(C)(3)	LINE 3	IBMC		X
(2) INTEGRIS HEALTH FOUNDATION, INC. 73-1047338 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	FUNDRAISING	OK	501(C)(3)	LINE 7	IH		X
(3) MEDICAL PARKING, INC. 73-1210537 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	PARKING FAC.	OK	501(C)(3)	LINE 11-II	IH	X	
(4) WESTERN VILLAGE ACADEMY, INC. 73-1588764 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	SCHOOL	OK	501(C)(3)	LINE 2	IACC	X	
(5) INTEGRIS HEALTH EDMOND, INC. 45-1027361 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		X
(6) INTEGRIS MENTAL HEALTH, INC. 73-0738716 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		X
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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) BMPA, LTD., 73-1228665 OKLAHOMA CITY, OK 73112	MED. OFFICE BLDG.	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(2) GRAND LAKE, 73-1622843 GROVE, OK 74345	MEDICAL	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(3) QC-III, 20-8723857 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(4) DIAGNOSTIC LAB, 73-1560760 MADISON, NJ 07940	CLINICAL LAB	NJ	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(5) MPI CENTER, 73-1283942 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	RELATED	448,616.	566,117.		X	0	X		50.0000
(6) HILLCREST/INTEGRIS HEALTH, LLC OKLAHOMA CITY, OK 73112	DORMANT	OK	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(7) LAKESIDE, 73-1493662 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IACC	RELATED	556,787.	18,020,554.		X	750.		X	78.0790

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
					N/A	N/A	N/A	Yes	No
(1) INTEGRIS PROHEALTH, INC. 73-1046179 5300 N. INDEPENDENCE AVE., STE. 130 OKLA. CITY, OK 73112	RETAIL PHARMACY	OK	N/A	C					X
(2) THE STANLEY F. HUPFELD CHAR REMAIN TRUST 26-6238051 5300 N. INDEPENDENCE AVE , STE. 130 OKLA. CITY, OK 73112	FINANCIAL	OK	N/A	T					X
(3) QUALITY ALLIANCE ASSURANCE CO. 98-1060671 P.O. BOX 10027 KYI-1001 GRAND CAYMAN, CJ	INSURANCE	CJ	N/A	C					X
(4) BAPTIST HEALTH SYSTEM, INC. 5300 N. INDEPENDENCE AVE., STE. 130 OKLA. CITY, OK 73112	DORMANT	OK	N/A	C					X
(5) ONE CARE, INC. 5300 N. INDEPENDENCE AVE., STE. 130 OKLA. CITY, OK 73112	DORMANT	OK	N/A	C					X
(6) VADOVATIONS, INC. 27-0821922 5300 N. INDEPENDENCE AVE., STE. 130 OKLA. CITY, OK 73112	HEALTH CARE	OK	N/A	C					X
(7) INTEGRIS HEALTH PARTNERS, LLC 45-3482852 5300 N. INDEPENDENCE AVE., STE. 130 OKLA. CITY, OK 73112	HEALTH CARE	OK	N/A	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
					N/A	N/A	N/A	Yes	No
(1) INTEGRIS CARDIOVASCULAR PHYSICIANS, LLC 45-2867352 5300 N. INDEPENDENCE AVE., STE. 130 OKLA. CITY, OK 73112	HEALTH CARE	OK	N/A	C					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	INTEGRIS REALTY CORPORATION	K	2,800,220.	COST
(2)				
(3)				
(4)				
(5)				
(6)				

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 section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(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)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

KPMG

INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES

Consolidated Financial Statements
and Supplemental Schedules

June 30, 2013 and 2012

(With Independent Auditors' Report Thereon)

KPMG LLP
210 Park Avenue, Suite 2850
Oklahoma City, OK 73102-5683

Independent Auditors' Report

The Board of Directors
INTEGRIS *Health*, Inc.:

We have audited the accompanying consolidated financial statements of INTEGRIS *Health*, Inc. and controlled entities, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of INTEGRIS *Health*, Inc. and controlled entities as of June 30, 2013 and 2012, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

KPMG

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in Schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Oklahoma City, Oklahoma
September 23, 2013

INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES

Consolidated Balance Sheets

June 30, 2013 and 2012

(In thousands)

Assets		2013	2012
Current assets:			
Cash and cash equivalents	$	171,183	130,660
Short-term investments		132,375	131,945
Accounts receivable, net:			
Patients		133,502	130,019
Affiliates		—	3
Current portion of notes receivable		364	688
Inventories		23,015	22,036
Prepaid expenses and other current assets		9,851	9,813
Total current assets		470,290	425,164
Assets whose use is limited		892,738	874,475
Property and equipment:			
Land and improvements		59,233	56,717
Buildings and leasehold improvements		684,549	669,503
Equipment		686,985	648,537
		1,430,767	1,374,757
Less accumulated depreciation and amortization		860,015	795,581
		570,752	579,176
Construction in progress		5,996	5,303
		576,748	584,479
Other assets, net		119,176	102,390
Total assets	$	2,058,952	1,986,508

See accompanying notes to consolidated financial statements.

Liabilities and Net Assets		2013	2012
Current liabilities:			
Accounts payable, accrued expenses and other	$	177,621	188,561
Employee compensation and related liabilities		54,083	55,522
Current portion of long-term debt		18,243	31,769
Current portion of capital lease obligations		118	—
Due to affiliates		11,633	10,726
Total current liabilities		261,698	286,578
Long-term debt, less current portion		436,464	434,131
Capital lease obligations, less current portion		167	188
Other long-term liabilities		281,479	430,622
Total liabilities		979,808	1,151,519
Net assets:			
Unrestricted		1,044,883	808,605
Temporarily restricted		23,454	22,452
Permanently restricted		5,022	4,062
Total net assets of INTEGRIS *Health*		1,073,359	835,119
Noncontrolling ownership interest in equity of consolidated affiliates – unrestricted		5,785	(130)
Total net assets		1,079,144	834,989
Commitments and contingencies			
Total liabilities and net assets	$	2,058,952	1,986,508

INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES

Consolidated Statements of Operations

Years ended June 30, 2013 and 2012

(In thousands)

	2013	2012
Operating revenues:		
Patient service revenue (net of contractual allowances and discounts)	$ 1,366,718	1,372,353
Provision for bad debts	(125,647)	(102,188)
Net patient service revenue	1,241,071	1,270,165
Premium revenue	1,243	1,175
Other operating revenue	84,569	62,716
Total operating revenues	1,326,883	1,334,056
Operating expenses:		
Salaries and related expenses	678,988	675,995
Supplies and other expenses	477,968	488,496
Professional services	48,843	44,203
Depreciation and amortization	68,399	69,191
Provision for bad debts (nonpatient)	94	76
Interest	11,316	11,776
Total operating expenses	1,285,608	1,289,737
Income from operations	41,275	44,319
Nonoperating revenue (expense):		
Investment income (loss), net	53,326	(44,648)
Equity in income of affiliates, net	10,590	16,534
Loss on extinguishment of debt	(1,794)	(423)
Gain on sale of divested facilities	—	39,520
Other, net	(4,801)	(1,448)
Total nonoperating revenue, net	57,321	9,535
Net income	98,596	53,854
Net income attributable to noncontrolling interest	(1,241)	(1,550)
Net income attributable to INTEGRIS *Health*	$ 97,355	52,304

See accompanying notes to consolidated financial statements.

INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2013 and 2012

(In thousands)

	2013	2012
Changes in unrestricted net assets:		
Net income attributable to INTEGRIS *Health*	$ 97,355	52,304
Pension liability adjustment	138,713	(133,739)
Net assets released from restrictions used for purchase of property and equipment	1,334	798
Contributions of long-lived assets	1,848	1,152
Other changes, net	(2,972)	(1,834)
Increase (decrease) in unrestricted net assets	236,278	(81,319)
Changes in temporarily restricted net assets:		
Contributions received for purchase of property and equipment	—	(4)
Contributions received for operations	3,027	2,916
Investment income	269	(40)
Change in value of split-interest agreement	(15)	(19)
Net assets released from restrictions	(1,760)	(1,992)
Other changes, net	(519)	230
Increase in temporarily restricted net assets	1,002	1,091
Changes in permanently restricted net assets:		
Contributions received for operations	586	(550)
Investment income	376	68
Other changes, net	(2)	(182)
Increase (decrease) in permanently restricted net assets	960	(664)
Increase (decrease) in net assets of INTEGRIS *Health*	238,240	(80,892)
Net assets of INTEGRIS *Health*, beginning of year	835,119	916,011
Net assets of INTEGRIS *Health*, end of year	$ 1,073,359	835,119

See accompanying notes to consolidated financial statements.

INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES

Consolidated Statements of Cash Flows

Years ended June 30, 2013 and 2012

(In thousands)

		2013	2012
Cash flows from operating activities:			
Increase (decrease) in net assets	$	238,240	(80,892)
Adjustments to reconcile changes in net assets to net cash provided by operating activities:			
Pension liability adjustment		(138,713)	133,739
Net gain on sale of divested facilities		—	(39,520)
Net unrealized (gain) loss on investments		(16,069)	1,866
Net realized (gain) loss on investments		(6,743)	3,326
Contributions of long lived assets		(1,848)	(1,152)
Loss on extinguishment of long-term debt		1,794	423
Provision for uncollectible accounts		125,741	102,264
Depreciation and amortization		68,399	69,191
Amortization of bond premiums/discounts		(49)	(8)
Net loss on disposal of property and equipment		175	881
Earnings from investments in unconsolidated affiliates		(10,590)	(16,534)
Distributions from unconsolidated affiliates		17,087	15,282
Change in fair value of interest rate swap agreements		(28,938)	42,696
Revenues and gains in excess of expenses incurred attributable to noncontrolling interests		1,241	1,550
Purchase of noncontrolling interest recorded in net assets		—	1,997
Net change in receivables, inventories, prepaid expenses and other current assets, accounts payable, accrued expenses and other, employee compensation and related liabilities, and other long-term liabilities and assets (net of pension liability adjustment and impact of acquisitions and divestitures)		(130,426)	(97,315)
Change in short-term investments		(1,365)	75,000
Net cash provided by (used in) operating activities		117,936	212,794
Cash flows from investing activities:			
Purchases of property and equipment		(53,809)	(81,379)
Proceeds from disposal of property, plant, and equipment		147	—
Purchases of investments in affiliates and contributions to joint ventures		—	(17,187)
Purchase of noncontrolling interest recorded in net assets		—	(1,997)
Acquisition of physician practices and facilities		(16,386)	(9,782)
Sales (purchases) of assets limited to use, net		5,484	(181,837)
Proceeds from sale of divested facilities		—	76,095
Net cash provided by (used in) investing activities		(64,564)	(216,087)
Cash flows from financing activities:			
Proceeds from issuance of debt		97,945	97,760
Redemption of long-term debt		(97,945)	(97,525)
Debt issuance costs		(238)	(271)
Principal payments on capital lease obligations		(167)	(510)
Principal payments on long-term debt		(11,441)	(10,725)
Distributions to noncontrolling interest holders		(1,003)	(3,915)
Net cash used in financing activities		(12,849)	(15,186)
Net increase (decrease) in cash and cash equivalents		40,523	(18,479)
Cash and equivalents at beginning of year		130,660	149,139
Cash and equivalents at end of year	$	171,183	130,660
Supplemental disclosure of cash flow information			
Cash paid during the year for interest	$	24,228	26,387

See accompanying notes to consolidated financial statements.

(1) Organization and Summary of Significant Accounting Policies

(a) Organization and Nature of Business

INTEGRIS *Health*, Inc. and its controlled entities (INTEGRIS *Health*) operate an integrated delivery system which provides a wide variety of healthcare services in the state of Oklahoma. INTEGRIS *Health*, except for INTEGRIS ProHealth, Inc. and subsidiaries (PHI), INTEGRIS Cardiovascular Physicians, and INTEGRIS Health Partners, are not-for-profit private corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

Significant controlled entities include INTEGRIS Baptist Medical Center, Inc. (IBMC), INTEGRIS South Oklahoma City Hospital Corporation d/b/a INTEGRIS Southwest Medical Center, Inc. (ISOCHC), Baptist Healthcare of Oklahoma, Inc. (BHO), and INTEGRIS Rural Health, Inc. (IRH). IBMC operates a licensed 629-bed healthcare facility in northwest Oklahoma City, ISOCHC operates a licensed 389-bed facility in south Oklahoma City, BHO leased and managed hospitals throughout the state of Oklahoma, and IRH owns INTEGRIS Baptist Regional Health Center, Miami, Oklahoma; INTEGRIS Bass Baptist Health Center, Enid, Oklahoma; INTEGRIS Grove Hospital, Grove, Oklahoma; and INTEGRIS Canadian Valley Hospital, Yukon, Oklahoma.

BHO had lease agreements to manage and operate various hospital facilities. These leases provided BHO with all rights, title, and interest in the leased facilities and essentially equated to ownership and were, therefore, included in INTEGRIS *Health*'s consolidated financial statements. These leases were in place the first nine months of fiscal year 2012, and effective April 1, 2012, INTEGRIS divested of them. See note 16.

On January 1, 2013, INTEGRIS Ambulatory Care Corporation, a wholly owned subsidiary of INTEGRIS *Health*, acquired 75% ownership of Lakeside Women's Center, a 23 bed women's specialty hospital located in Oklahoma City, for approximately $16.4 million.

IRH also owns various medical office buildings and retirement villages.

(b) Basis of Presentation

The consolidated financial statements have been prepared in conformity with U.S. generally accepted accounting principles (GAAP).

(c) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(Continued)

(d) Principles of Consolidation

The consolidated financial statements include the accounts of the following controlled entities:

- IBMC and subsidiaries
- ISOCHC
- IRH
- BHO
- INTEGRIS *Health* Edmond (IHE)
- INTEGRIS Baptist Medical Center Foundation, Inc.
- INTEGRIS Ambulatory Care Corporation and subsidiaries (IACC)
- INTEGRIS Realty Corporation and subsidiary (Realty)
- PHI
- INTEGRIS *Health* Partners (IHP)
- INTEGRIS Cardiovascular Physicians (ICP)
- Quality Alliance Assurance Company (Cayman), Ltd. (Quality Alliance)
- Hospice of Oklahoma County, Inc. (Hospice)

Significant intercompany accounts and transactions have been eliminated.

(e) Cash and Cash Equivalents

Cash and cash equivalents include demand deposits, short-term overnight investments, and other investments with original maturities at the date of purchase of three months or less. The majority of cash and cash equivalents are on deposit with one financial institution.

(f) Short-Term Investments

Short-term investments are stated at fair value and consist primarily of investments in cash and cash equivalents, U.S. government and agency obligations, and corporate obligations.

(g) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to INTEGRIS *Health* and its tax-exempt controlled affiliates are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the

(Continued)

accompanying consolidated statements of operations and changes in net assets as net assets released from restrictions and other operating revenue.

(h) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by INTEGRIS *Health* and its tax-exempt controlled affiliates have been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by INTEGRIS *Health* and its tax-exempt controlled affiliates in perpetuity.

(i) Net Income

The consolidated statements of operations and changes in net assets include net income. Changes in unrestricted net assets which are excluded from net income, consistent with industry practice, include, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), and other items required by U.S. GAAP to be reported separately.

(j) Net Patient Service Revenue and Accounts Receivable

Net patient service revenue is recorded at established rates, net of contractual adjustments, charity care adjustments, administrative adjustments, and net patient bad debt. Retroactively calculated contractual adjustments arising under reimbursement agreements with third-party payors are accrued on an estimated basis in the period the related services are rendered. Adjustments to estimates in future periods are recorded as final settlements are determined or as additional information becomes available.

Net patient service revenue in the accompanying consolidated statements of operations and changes in net assets has been reduced by amounts resulting from contractual allowances related to the participation in Medicare, Medicaid, discount arrangements, and other prospective reimbursement programs as follows:

		2013	2012
Patient service revenue (net of contractual allowances and discounts, before provision for bad debt, in thousands):			
Medicare	$	340,665	365,206
Medicaid		143,178	138,928
Managed care		601,702	629,441
Commercial and other		157,416	120,398
Private pay		123,757	118,380
	$	1,366,718	1,372,353

(Continued)

Accounts receivable are recorded net of an allowance for uncollectible accounts and contractual adjustments of approximately $455,870,000 and $432,925,000 at June 30, 2013 and 2012, respectively. Although INTEGRIS *Health* estimates uncollectible accounts on a reasonable basis, the net patient accounts receivable balance is subject to an accounting loss if patients and third-party payors are unable to meet their contractual obligations.

The allowance and resulting provision for bad debts is based upon a combination of the aging of receivables and management's assessment of historical and expected net collections considering business and economic conditions, trends in healthcare coverage, and other collection indicators. Management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience and payment trends by payor category. Patient accounts are also monitored, and, if necessary, past due accounts are placed with collection agencies in accordance with guidelines established by INTEGRIS *Health*. All patient balances regardless of payor source are collected in accordance with a predefined time limited process designed to give the patient an opportunity to pay the balance before writing off the balance to bad debt expense and turning the account over to a collection agency.

For receivables associated with services provided to patients who have third-party coverage, INTEGRIS *Health* analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debt, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balance due for which third-party coverage exists for part of the bill), INTEGRIS *Health* records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the billed rates (which are discounted from gross charges for all uninsured self-pay patients by 55% in 2013 and 2012 as discussed below) and the amounts actually collected after all reasonable collection efforts have been exhausted is written off against the allowance for doubtful accounts.

The IRS issued new 501(r) guidance for nonprofit hospitals recently. Section 501(r) was enacted by the Patient Protection and Affordable Care Act. Hospital organizations covered by Section 501(r) may not charge an individual eligible for a financial assistance policy more than the amount generally billed to individuals with insurance covering their health care. As a result of this guidance, INTEGRIS *Health* implemented a policy effective July 1, 2011 that discounts all private pay patient charges by 55%. This adjustment is considered a contractual adjustment rather than a bad debt adjustment; therefore the 55% adjustment is recorded as a direct reduction to net patient service revenue instead of bad debt. This change resulted in less charges being written off to the provision for uncollectible accounts.

INTEGRIS *Health*'s allowance for doubtful accounts for self-pay patients decreased from 99.2% of self-pay accounts receivable at June 30, 2012 to 98.6% of self-pay accounts receivable at June 30, 2013. The slight decrease is caused primarily by the divesture and write-off of the five facilities sold to HMA and their A/R status at June 30, 2012. Without these five in the calculation at June 30, 2012,

the rate would have been 98.7%. Negative trends experienced in the collection of amounts from self-pay patients in fiscal year 2013 have kept this allowance rate high. INTEGRIS *Health* does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors other than for contractual allowances.

(k) Charity Care

Certain of the healthcare related controlled entities provide care without charge to patients who meet certain criteria under INTEGRIS *Health*'s charity care policy. Because these entities do not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net revenue or included in net accounts receivable in the accompanying consolidated financial statements.

(l) Electronic Health Record Incentive Payment Program

The American Recovery and Reinvestment Act of 2009 established incentive payments under the Medicare and Medicaid programs for hospitals that meaningfully use certified electronic health record (EHR) technology. In order to qualify for the Act's Stage One reporting period, a hospital must meet certain designated EHR meaningful use criteria from both mandatory and optionally selected requirements for ninety consecutive days within the Act's reporting year. During 2013, INTEGRIS *Health*'s eligible hospitals received approximately $13,227,000 of reimbursement payments under the Act's Stage One reporting period. The payments were recorded as other operating revenue in the accompanying consolidated statements of operations and changes in net assets for the year ended June 30, 2013.

INTEGRIS *Health* has elected to apply the grant accounting guidance in International Accounting Standards (IAS) 20 to these incentive payments. IAS 20 does not allow incentive payments to be recognized as income until there is reasonable assurance that the entity will successfully demonstrate compliance with the minimum number of meaningful use objectives. INTEGRIS *Health*'s management believes the relevant criteria were met for Stage One reporting and determined compliance was reasonably assured.

(m) Assets Whose Use Is Limited and Investment Income

Assets whose use is limited includes assets designated by the board of directors for future capital improvements, self-insurance programs, debt service requirements, and other general purposes, over which the board retains control and may, at its discretion, subsequently use for other purposes; assets restricted by trustee under bond indenture agreement; and assets restricted by donors as to use. Marketable equity securities with readily determinable fair values and all debt securities are recorded at fair value. Fair values are based on quoted market prices, if available, or estimated using quoted market prices for similar securities. Realized and unrealized gains and losses on investments are determined by comparison of the actual cost of the proceeds at the time of disposition, or market values as of the end of the financial statement period. The cost of securities sold is based on the specific identification method.

Investment income, including income on assets whose use is limited and income on short-term investments, is reported as nonoperating revenue, net of certain interest expense of approximately $12,759,000 and $12,725,000 in 2013 and 2012, respectively. Investment income includes the gain from the change in fair value of interest rate swaps described in note 1(p) of $28,938,000 in 2013 and the loss of $42,696,000 in 2012. All investments are classified as trading securities, and the change in unrealized gains and losses on investments is included in the determination of net income.

INTEGRIS *Health* invests in various securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonable to assume that changes in the values of investment securities will occur in the near term and that such changes could be material to the accompanying consolidated financial statements.

(n) Inventories

Inventories consist of pharmaceuticals, dietary, and medical supplies and are valued at the lower of cost (first-in, first-out) or market.

(o) Property and Equipment

Property and equipment are recorded at cost or, if donated, at fair value on the date of receipt. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Assets under capital leases are amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the assets. Such amortization is included in depreciation and amortization in the consolidated financial statements. Expenditures that increase values, change capacities, or extend useful lives of assets are capitalized. Interest costs are capitalized for construction projects that require a period of time to ready them for their intended use. Routine maintenance, repairs, and renewals are charged to operations.

Long-lived assets, such as property, plant, and equipment, and purchased intangible assets subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If circumstances require a long-lived asset be tested for possible impairment, INTEGRIS *Health* first compares undiscounted cash flows expected to be generated by an asset to the carrying value of the asset. If the carrying value of the long-lived asset is not recoverable on an undiscounted cash flow basis, impairment is recognized to the extent that the carrying value exceeds its fair value. Fair value is determined through various valuation techniques including discounted cash flow models, quoted market values and third-party independent appraisals, as considered necessary.

(p) Other Assets

Interests in earnings and losses, dividends, and contributions to affiliates not controlled by INTEGRIS *Health* are accounted for using the equity method. These investments are included in other assets.

Debt offering costs, which are included in other assets, are amortized using the straight-line method over the life of the related debt, which does not vary materially from the interest method.

(Continued)

Amortization expense on debt offering costs of approximately $362,000 and $377,000 was recognized during 2013 and 2012, respectively.

(q) Derivative Instruments and Hedging Activities

INTEGRIS *Health* uses interest rate swap agreements to manage interest rate risk and accounts for derivative instruments utilized in connection with these activities at fair value. The accounting for changes in the fair value of a derivative instrument depends on whether it has been designated and qualifies as part of a hedging relationship and, if so, the reason for holding it. For hedges of exposure to changes in fair value, the gain or loss on the derivative instrument is recognized in earnings in the period of change together with the offsetting loss or gain on the hedged item attributable to the risk being hedged. For hedges of exposure to changes in cash flow, the effective portion of the gain or loss on the derivative instrument is reported initially as a component of other changes in net assets and is subsequently reclassified into earnings when the forecasted transaction affects earnings. Any ineffectiveness of designated hedges is reported in earnings. If the derivative instrument does not qualify or is not designated as part of a hedging relationship, INTEGRIS *Health* accounts for changes in fair value of the derivative in earnings as they occur.

To qualify as a hedge, the hedge relationship is designated and formally documented at inception detailing the particular risk management objective and strategy for the hedge which includes the item and risk that is being hedged, the derivative that is being used, as well as how effectiveness is being assessed. A derivative must be highly effective in accomplishing the objective of offsetting either changes in fair value or cash flows for the risk being hedged. The effectiveness of these hedging relationships is evaluated on a retrospective and prospective basis using quantitative measures of correlation. If a hedge relationship is found to be ineffective, it no longer qualifies as a hedge and any excess gains or losses attributable to such ineffectiveness, as well as subsequent changes in fair value, are recognized in earnings.

None of INTEGRIS *Health*'s interest rate swaps are designated as hedges, and all changes in fair value are recorded as an increase or decrease in investment income. The unrealized gain recognized for the year ended June 30, 2013 was approximately $28,938,000 and an unrealized loss was recognized for the year ended June 30, 2012 of $42,696,000. The difference between the fixed rate paid and the floating rate received is recognized as an increase or decrease in investment income.

By using derivative financial instruments to hedge exposures to changes in interest rates, INTEGRIS *Health* exposes itself to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the terms of the derivative contract. When the fair value of a derivative contract is positive, the counterparty owes INTEGRIS *Health*. When the fair value of the derivative contract is negative, INTEGRIS *Health* owes the counterparty, and, therefore, INTEGRIS *Health* is not exposed to the counterparty's credit risk in these circumstances. INTEGRIS *Health* minimizes counterparty credit risk in derivative instruments by entering into transactions with high-quality counterparties.

Market risk is the adverse effect on the value of a derivative instrument that results from a change in interest rates. The market risk associated with interest rate contracts is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken.

INTEGRIS *Health* does not enter into derivative instruments for any purpose other than to manage interest rate risk. INTEGRIS *Health* does not speculate using derivative instruments.

(r) Asset Retirement Obligations

INTEGRIS *Health* recognizes the fair value of a liability for legal obligations associated with asset retirements in the period in which the obligation is incurred, if a reasonable estimate of the fair value of the obligation can be made. Uncertainty about the timing and (or) method of settlement of a conditional asset retirement obligation is factored into the measurement of the liability when sufficient information exists. When the liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. The liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the accompanying consolidated statements of operations and changes in net assets.

The liability for the asset retirement obligation is approximately $4,138,000 and $3,903,000 and the future value of the asset retirement obligation is approximately $6,340,000 and $6,202,000 as of June 30, 2013 and 2012, respectively. Substantially all of the obligation relates to estimated costs to remove asbestos and underground storage tanks from various facilities. Changes from June 30, 2012 are primarily due to remediation activities, changes in inflation rates, and revisions to estimates of the amount of asbestos at specific facilities.

(s) Pension and Other Postretirement Plans

INTEGRIS *Health* has a defined benefit pension plan (the Pension Plan) covering certain eligible employees and employees of controlled entities and affiliates upon their retirement. Eligible employees include those over 21 years of age who have attained at least 1,000 hours of service. The benefits are based on the employee's years of service and compensation. INTEGRIS *Health* also offers eligible employees of INTEGRIS *Health* and controlled entities and affiliates certain postretirement healthcare and life insurance benefits.

INTEGRIS *Health* records annual amounts relating to its pension and postretirement plans based on calculations that incorporate various actuarial and other assumptions including, discount rates, mortality, assumed rates of return, compensation increases, turnover rates and healthcare cost trend rates. INTEGRIS *Health* reviews its assumptions on an annual basis and makes modifications to the assumptions based on current rates and trends when it is appropriate to do so. The effect of modifications to those assumptions is recorded in unrestricted net assets and amortized to net periodic cost over future periods using the corridor method. INTEGRIS *Health* believes that the assumptions utilized in recording its obligations under its plans are reasonable based on its experience and market conditions.

The funded status reported on the consolidated balance sheet as of June 30, 2013 and 2012 was measured as the difference between the fair value of the plan assets and the benefit obligation on a

(Continued)

plan-by-plan basis. The net periodic costs are recognized as employees render the services necessary to earn the postretirement benefits.

Beginning July 1, 2009, the Pension Plan was closed to new participants. Employees hired or rehired on or after July 1, 2009, will receive an additional contribution to their Retirement Savings Plan account. Similar to the cash balance contribution under the Retirement Plan, the new INTEGRIS *Health* Basic Contribution is equal to 3% of pay for the first ten years of service and 4% of pay thereafter, based on years of vesting service. In order to qualify for this annual contribution the employee must work at least 1,000 hours in the fiscal year and is an active employee on the last day of the fiscal year. Participants are responsible for directing the investment of the funds, using the investment fund options offered in the Retirement Savings Plan.

Based on the funded status of the Pension Plan, for the plan years beginning July 1, 2011 and 2012, the Pension Plan became subject to restrictions imposed by Section 206 (g)(3)(c) of ERISA and Section 436 (d)(3) of the Code, which places restrictions on the Pension Plan related to prohibited payments and liabilities.

As of January 1, 2013, the Pension Plan was frozen. All employees now receive the INTEGRIS *Health* basic contribution in the Retirement Savings Plan. For the Pension Plan, vesting service and credited service for the purposes of calculating the rule of 85 eligibility continue.

(t) Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation.

(2) Fair Value of Financial Instruments

Cash and cash equivalents, accounts receivable, accounts payable and accrued expenses, and employee compensation and related liabilities: The carrying values reported in the consolidated balance sheets approximate their fair values because of the short maturity of these financial instruments.

Short-term investments and assets whose use is limited and notes receivable: These financial instruments are stated at fair value. Fair values for marketable equity and debt securities are based on quoted market prices for those or similar securities. The fair value of notes receivable approximates carrying value based on investment rates currently available with similar terms and average maturities.

Long-term debt: Fair values for these financial instruments are based on borrowing rates currently available with similar terms and average maturities which represent level 2 fair value measures. The carrying value of long-term debt at June 30, 2013 and 2012 is approximately $454,707,000 and $465,900,000, respectively, and the fair value is approximately $470,650,000 and $488,268,000, respectively.

Interest rate swaps: The interest rate swap agreements are carried at fair value, which is determined based on the difference between the fixed and estimated variable cash flows of the agreements adjusted for the risk of default. The fair value of all interest rate swaps as of June 30, 2013 and 2012 is approximately $57,051,000 and $85,989,000, respectively, and is presented in other long-term liabilities in the consolidated financial statements.

(Continued)

(3) Net Patient Service Revenue and Premium Revenue

The healthcare related controlled entities have agreements with third-party payors that provide for reimbursement at amounts different from their established rates. A summary of the basis of reimbursement with major third-party payors follows:

- Medicare: Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Medicare outpatient services are paid under an outpatient prospective payment system, similar to inpatient acute services. Psychiatric services and medical education costs related to Medicare beneficiaries are paid based upon a cost reimbursement methodology. The healthcare related controlled entities of INTEGRIS *Health* are reimbursed for cost reimbursable items at an interim rate with final settlement determined after submission of annual cost reports by the respective affiliates and audits by the Medicare fiscal intermediary.
- Medicaid: Inpatient services rendered to Medicaid program beneficiaries are reimbursed at a prospectively determined rate per discharge. INTEGRIS *Health* recognizes premium income from Medicaid for services provided by primary care physicians employed by INTEGRIS *Health*. The payments are received in return for services provided in the month of payment. INTEGRIS *Health* has no obligation to provide services after the month of payment and has no obligation to pay for services of other providers should the patient seek care from another party.
- Commercial Insurance: The healthcare related controlled entities have entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment under these arrangements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Medicare cost report settlements are estimated in the period services are provided to the program beneficiaries. These estimates are revised as needed until final settlement of the cost report. Laws and regulations governing the Medicare program are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue for 2013 and 2012 includes $3,470,000 and $10,200,000, respectively, of adjustments for estimated cost report settlements and final settlements.

(Continued)

The Supplemental Hospital Offset Payment Program (SHOPP) program was created and implemented by the State of Oklahoma in fiscal year 2012 for the purpose of assuring access to quality care for Oklahoma Medicaid members. The program is designed to assess Oklahoma hospitals, unless exempt, a supplemental hospital offset payment program fee. The collected fees are placed in pools and then allocated to hospitals as directed by legislation. The Oklahoma Health Care Authority (OHCA) does not guarantee that allocations will equal or exceed the amount of the supplemental hospital offset payment program fee paid by the hospital. The SHOPP program assessment rate is assessed on a calendar year basis. For calendar year 2012 the SHOPP assessment rate was 2.5% of net patient service revenue. For calendar year 2013 the SHOPP assessment rate is 2.6% of net patient service revenue. The total fee incurred in 2013 and 2012 was $27,381,000 and $28,243,000, respectively, and is included in supplies and other expenses in the consolidated statements of operations. The allocation from the pool in 2013 and 2012 was $53,116,000 and $52,501,000, respectively, for all INTEGRIS *Health* facilities and is included in net patient service revenue in the consolidated statements of operations. The SHOPP program is expected to remain in effect through fiscal year 2017.

(Continued)

(4) Investments

(a) Assets Whose Use Is Limited

Assets whose use is limited include the following at June 30 (in thousands):

	2013		2012	
	Cost	Fair value	Cost	Fair value
Board designated				
Cash and cash equivalents	$ 17,827	17,827	98,837	98,837
U.S. government and agency obligations	94,147	93,656	154,125	154,414
Marketable equity securities	135,514	167,623	78,680	86,469
Corporate and other obligations	461,705	454,094	359,033	361,619
Accrued interest receivable	1,308	1,308	1,609	1,609
	710,501	734,508	692,284	702,948
Amounts held as collateral by counterparties to interest rate swaps and held in escrow for purchase transactions:				
Cash and cash equivalents	11,521	11,521	32,105	32,105
By donors.				
Cash and cash equivalents	147	147	175	175
U.S government and agency obligations	5	5	15	15
Marketable equity securities	11,433	13,721	7,960	8,868
Corporate and other obligations	7,067	7,103	9,364	9,738
Accrued interest receivable	17	17	22	22
	18,669	20,993	17,536	18,818
By the IBMC, ISMC, and IRH Foundation boards				
Cash and cash equivalents	192	192	307	307
U S government and agency obligations	1	1	3	3
Marketable equity securities	14,596	18,186	11,708	12,893
Corporate and other obligations	9,021	9,415	10,775	11,399
Accrued interest receivable	23	23	29	29
	23,833	27,817	22,822	24,631

(Continued)

	2013		2012	
	Cost	Fair value	Cost	Fair value
By board for self-insurance program				
Cash and cash equivalents	$ 9,090	9,090	15,077	15,077
U.S. government and agency obligations	57,066	55,480	51,888	52,259
Marketable equity securities	19,483	24,320	17,675	19,732
Corporate and other obligations	8,728	8,764	8,532	8,662
Accrued interest	246	245	243	243
	94,613	97,899	93,415	95,973
Total assets whose use is limited	$ 859,137	892,738	858,162	874,475

(b) Short-Term Investments

Short-term investments, which are reported at fair value at June 30, include (in thousands):

	2013	2012
Cash and cash equivalents	$ 1,860	2,022
Corporate and other obligations	130,420	129,737
Accrued interest receivable	95	186
Short-term investments	$ 132,375	131,945

(c) Investment Income

Investment income, and gains and losses on short-term investments and assets whose use is limited are comprised of the following for the years ended June 30 (in thousands):

	2013	2012
Interest and dividend income, net	$ 14,335	15,965
Interest expense	(12,759)	(12,725)
Unrealized gain (loss) on derivatives	28,938	(42,696)
Net realized gains (losses) on sales of securities	6,743	(3,326)
Net unrealized (losses) gains on trading securities	16,069	(1,866)
	$ 53,326	(44,648)

(Continued)

(5) Long-Term Debt

Long-term debt includes the following at June 30 (dollars in thousands):

	2013	2012
Health System Revenue and Refunding Bonds (Series 2013A) of the Oklahoma Development Finance Authority in the aggregate amount of $48,990 at variable rates as determined by the remarketing agent (0.81% at June 30, 2013) issued May 2013, maturing at various dates through 2035.	$ 48,990	—
Health System Revenue and Refunding Bonds (Series 2013B) of the Oklahoma Development Finance Authority in the aggregate amount of $48,955 at variable rates as determined by the remarketing agent (0.87% at June 30, 2013) issued May 2013, maturing at various dates through 2035.	48,955	—
Health System Revenue and Refunding Bonds (Series 2011A) of the Oklahoma Development Finance Authority in the aggregate amount of $48,690 at variable rates as determined by the remarketing agent (0.89% and 0.92% at June 30, 2013 and 2012, respectively) issued July 2011, maturing at various dates through August 2033.	46,835	47,765
Health System Revenue and Refunding Bonds (Series 2011B) of the Oklahoma Development Finance Authority in the aggregate amount of $49,070 at variable rates as determined by the remarketing agent (1.00% and 1.03% at June 30, 2013 and 2012, respectively) issued July 2011, maturing at various dates through August 2033.	47,165	48,120
Health System Variable Rate Demand Revenue and Refunding Bonds (Series 2008A-1) of the Oklahoma Development Finance Authority in the aggregate amount of $50,715 at variable rates as determined by the remarketing agent (0.35% at June 30, 2012) issued May 2008, maturing at various dates through August 2035. Refunded in May 2013.	—	49,440
Health System Variable Rate Demand Revenue and Refunding Bonds (Series 2008A-2) of the Oklahoma Development Finance Authority in the aggregate amount of $50,680 at variable rates as determined by the remarketing agent (0.40% at June 30, 2012) issued May 2008, maturing at various dates through August 2035. Refunded in May 2013.	—	49,405

(Continued)

		2013	2012
Health System Revenue and Refunding Bonds (Series 2008B) of the Oklahoma Development Finance Authority in the aggregate amount of $114,670 at stated rates ranging from 5.0% to 5.25%, issued July 2008, maturing at various dates between August 2009 and August 2038, including discount of $1,222 and $1,270 at June 30, 2013 and 2012, respectively.	$	89,978	96,305
Health System Revenue and Refunding Bonds (Series 2008C) of the Oklahoma Development Finance Authority in the aggregate amount of $117,000 at stated rates ranging from 4.04% to 5.38%, issued July 2008, maturing at various dates between August 2014 and August 2029, including premium of $913 and $970 at June 30, 2013 and 2012, respectively.		117,914	117,970
Health System Revenue and Refunding Bonds (Series 2007A-3) of the Oklahoma Development Finance Authority in the aggregate amount of $52,975 at variable rates as determined by the remarketing agent (0.05% and 0.21% at June 30, 2013 and 2012, respectively) issued November 2007, maturing at various dates through August 2033.		50,050	51,050
Taxable Variable Rate Demand Bonds (Series 1997) at variable rates as determined by the remarketing agent (0.25% and 0.21% at June 30, 2013 and 2012, respectively) issued May 1, 1997, interest payable monthly, principal payable annually through maturity in June 2017.		4,820	5,845
		454,707	465,900
Less current portion		18,243	31,769
Long-term portion	$	436,464	434,131

All debt except for the Series 1997 bonds is secured by the revenues and receivables of the Obligated Group and the members of the Obligated Group are jointly and severally liable for the entire debt. The Obligated Group is comprised of IBMC, ISOCHC, and IRH. In connection with the various bonds, the Obligated Group must comply with financial covenants and other various covenants that may require, restrict, limit, or prohibit certain transactions or activities. As of June 30, 2013, management believes the Obligated Group was in compliance with all debt covenants. In addition, management believes INTEGRIS *Health* was in compliance with debt covenants on other outstanding indebtedness as of June 30, 2013. The Obligated Group represents approximately 96% and 112% of net assets and approximately 88% of total operating revenues of INTEGRIS *Health* as of and for the years ended June 30, 2013 and 2012, respectively.

The Series 2007A-3, 2008A-1, 2008A-2, 2011A and 2011B bonds are variable rate demand bonds. Accordingly, the bonds are subject to periodic mandatory tender and remarketing provisions. The interest

(Continued)

rates at which the bonds are remarketed are determined in accordance with the respective remarketing agreements. With respect to the bonds supported by an SBPA, any principal balance that would require repayment within twelve months under the terms of the SBPA agreements is classified as current. In addition, credit enhancement on certain of these bonds is provided by municipal insurance policies. INTEGRIS *Health*'s management believes that the lending institutions have the ability to meet their obligations, if necessary. The SBPA for the 2007A-3 expires in 2014 while the 2008A-1 and 2008A-2 expired in 2013. Upon expiration the SBPA's may be renewed or replaced. As discussed below the 2008A-1 and 2008A-2 bonds were refunded upon the expiration of the associated SBPA's. In the event that the SBPAs are not renewed and the Obligated Group is unable to replace the facilities, the respective lending institutions must purchase the respective outstanding bonds and principal would be payable by the Obligated Group over a period of five years. The SBPAs also contain certain special default provisions that would result in immediate termination of the agreements requiring the Obligated Group to purchase any tendered bonds that are unable to be remarketed. Additionally, the bonds may be converted to fixed rate bonds by the Obligated Group, subject to certain terms. The interest rate at which the bonds may be converted to fixed rate bonds is to be determined in accordance with the remarketing agreement.

In May 2013, the Obligated Group issued the Series 2013A and Series 2013B Health System Revenue and Refunding Bonds of The Oklahoma Development Finance Authority in the amounts of $48,990,000 and $48,955,000, respectively. Proceeds of the 2013 Bonds were used to refund the Series 2008A-1 and Series 2008A-2 Bonds. The 2013 Bonds were purchased by a single financial institution in a direct, private placement transaction and will bear interest at variable rates of interest calculated monthly pursuant to a floating rate at a percentage of one month LIBOR plus a spread. The spread is based on the rating of the long-term debt of the Obligated Group. The 2013A Bonds are subject to a mandatory tender by the holder of the bonds at the end of seven years and the 2013B Bonds are subject to a mandatory tender by the holder of the bonds at the end of eight years, unless the holding period is renewed and extended by the bondholder. Upon a mandatory tender the Obligated Group will have the ability to convert to another interest rate mode (daily, weekly, term rate, flexible rate or fixed rate) and remarket the 2013 Bonds. As a result of this transaction, the SBPA for the Series 2008A-1 and Series 2008A-2 bonds were terminated and the Series 2008A-1 and Series 2008A-2 bonds were classified in the 2013 consolidated balance sheet in accordance with the mandatory tender provisions in place under the remarketing agreement. The 2013A and 2013B bonds are classified in the accompanying consolidated balance sheet and the maturity table below in accordance with the mandatory tender provisions in place with the holder of the bonds.

During 1999, INTEGRIS *Health* entered into agreements whereby INTEGRIS *Health* agrees to receive variable market-indexed payments in exchange for fixed rate interest payments. The notional principal amount underlying these interest rate swaps at June 30, 2013 and 2012 was $114,200,000 and $115,000,000, respectively. The interest rate swaps mature in August 2029. The variable payment rates approximate 67% of the one-month USD-LIBOR-BBA. The fixed payment rate is 3.519%.

During 2005, INTEGRIS *Health* entered into agreements whereby INTEGRIS *Health* agrees to receive variable market-indexed payments in exchange for fixed rate interest payments. The notional principal amount underlying these interest rate swaps at June 30, 2013 and 2012 was $95,800,000 and $96,700,000, respectively. The interest rate swaps mature in August 2035. The variable payment rates approximate 67% of the one-month USD-LIBOR-BBA, which approximates the variable rates of the series 2008A bonds. The fixed payment rate is 3.568%.

(Continued)

During fiscal year 2008, INTEGRIS *Health* entered into agreements whereby INTEGRIS *Health* agrees to receive variable market-indexed payments in exchange for fixed rate interest payments. The notional principal amount underlying these interest rate swaps at June 30, 2013 and 2012 was $143,825,000 and $146,700,000, respectively. The interest rate swaps mature in August 2033. The variable payment rates approximate 67% of three-month USD-LIBOR-BBA, which approximates the variable rates of the series 2008A bonds. The fixed payment rate is 3.619%.

In the event all of the variable rate demand bonds were tendered and the remarketing agent was unable to remarket the bonds, INTEGRIS *Health*'s required repayment of principal as compared to scheduled principal repayments are as follows:

	Scheduled principal payments	Including mandatory and SBPA tendered bonds
Year ending June 30:		
2014	$ 11,785	18,243
2015	12,310	66,745
2016	12,770	21,300
2017	13,340	62,765
2018	12,585	21,688
Thereafter	392,224	264,273
Total	$ 455,014	455,014

INTEGRIS *Health* has a line of credit with Bank of Oklahoma, N.A. in the amount of $35,000,000. The line of credit expires on February 9, 2014. There were no amounts outstanding under the line of credit as of June 30, 2013 and 2012.

During 2013, INTEGRIS *Health* entered into two lines of credit with Wells Fargo in the amounts of $7 million and $3 million, respectively. The lines of credit have variable interest rates of 0% and 2.02% and expire on March 1, 2014 and August 30, 2013 respectively. Approximately $1.5 million and $1.1 million were outstanding on lines at June 30, 2013. The balances outstanding under lines of credit were included in other current liabilities in the consolidated balance sheets. These lines of credit replaced similar agreements with Wells Fargo of $17 million and $10 million in place at June 30, 2012 with approximately $3.9 million and $1.7 million outstanding on the lines at June 30, 2012. These lines of credit had variable interest rates (0% and 2.21% at June 30, 2012).

(6) Investments in Affiliates

INTEGRIS *Health* owns interests of less than or equal to 50% in Two Corporate Plaza, L.L.C. (Plaza), a real estate limited liability company; Medical Plaza Imaging Center LLC (MPIC), a healthcare limited liability company; Advanced Imaging LLC, (Advanced Imaging) a healthcare limited liability company; Southwest Ambulatory Surgery Center, LLC (SW Ortho), a surgery center limited liability company; Fresenius INTEGRIS, L.L.C. (Fresenius), a healthcare limited liability company; InteliStaf, a medical

(Continued)

personnel agency; Diagnostic Lab of Oklahoma (DLO), a comprehensive medical laboratory; INTEGRIS HMA, LLC (INTEGRIS HMA), a healthcare limited liability company (see note 16); and ProCure, a cancer treatment center. These investments are accounted for using the equity method and are recorded in other assets, net.

INTEGRIS *Health* purchased an interest in VADovations in 2011. VADovations is a research and development company. INTEGRIS *Health* owns 75% of the stock and controls 40% of the representation on the Board of Directors. Based upon the level of control maintained, this investment is also accounted for using the equity method and is recorded in other assets, net.

Following is a summary of the ownership interests, carrying values, and equity in earnings (losses) of investments in affiliates at June 30, 2013 and 2012 (in thousands):

	Ownership interest		Carrying value		Equity in earnings (losses)	
	2013	2012	2013	2012	2013	2012
Plaza	33.33%	33.33%	$ 575	620	(45)	(28)
MPIC	50.00	50.00	689	714	399	608
Advanced Imaging	50.00	50.00	204	240	(35)	35
SW Ortho	19 14	19.45	4,076	4,008	2,559	2,516
Fresenius	49 00	49.00	1,243	1,726	171	1,259
IntelliStaf	32 00	32.00	212	244	255	339
DLO	49 00	49.00	12,151	13,139	12,242	13,723
ProCure	3.65	3 65	2,727	2,856	(128)	(228)
VADovations, Inc	75.00	75.00	660	2,543	(1,884)	(1,433)
INTEGRIS HMA	20.00	20 00	12,019	14,963	(2,944)	(257)
			$ 34,556	41,053	10,590	16,534

(7) Noncontrolling Interests

INTEGRIS *Health* controls and therefore consolidates certain investees in its partnerships and joint ventures with physicians and nonphysicians to operate hospitals and other health-related ventures. The activity for noncontrolling interest for the years ended June 30, 2013 and 2012 is summarized below:

	2013	2012
Noncontrolling ownership interest in equity of consolidated affiliates, beginning of year	$ (130)	2,235
Revenue and gains in excess of expenses and losses attributable to noncontrolling interest	1,241	1,550
Lakeside Acquisition	5,677	—
Distributions to noncontrolling interest holders	(1,003)	(3,915)
Noncontrolling ownership interest in equity of consolidated affiliates, end of year	$ 5,785	(130)

(Continued)

(8) Malpractice and Liability Costs

INTEGRIS *Health* is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against INTEGRIS *Health* and are currently in various stages of litigation. Currently, there are varying insurance programs and arrangements in place.

Prior to June 30, 1993, INTEGRIS *Health* was primarily insured on an occurrence basis for medical malpractice and other liability risks with individual and aggregate limits of coverage. From July 1, 1993 through June 30, 1995 INTEGRIS *Health* was primarily self-insured, with stop-loss coverage for significant claims, for medical malpractice, and other liability risks.

ISOCHC, BHO, and IRH were insured on a claims-made basis for medical malpractice and other liability risks with individual and aggregate limits of coverage through June 30, 1995.

Effective July 1, 1995, INTEGRIS *Health* formed Quality Alliance, a captive insurance company formed for the purpose of providing coverage to INTEGRIS *Health* and all of its controlled entities for medical malpractice and other liability risks. Quality Alliance charges premiums to the respective entities for coverage and accrues losses based on estimates that incorporate past experience as well as other considerations which are based on actuarial estimates from an independent third-party actuary. Adjustments to the liability based on subsequent developments or other changes in the estimate are reflected in the consolidated statements of operations and changes in net assets in the period in which such adjustments become known. Quality Alliance maintains reinsurance coverage to reduce exposure from significant individual and aggregate losses. INTEGRIS *Health* has an undiscounted accrued liability for estimated claims incurred of approximately $84,745,000 and $90,520,000 as of June 30, 2013 and 2012, respectively.

Claims arising from services provided to patients through June 30, 2013 and 2012 have been filed requesting damages in excess of insurance and the amount accrued for estimated malpractice costs. It is the opinion of management, however, after consulting with its legal counsel, insurance carrier, and actuary, that estimated costs to be incurred will be covered by professional liability insurance and the amount accrued for estimated malpractice costs. Due to the inherent uncertainties and subjectivity involved in accounting for contingencies, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

(9) Pension and Postretirement Benefit Plans

INTEGRIS *Health* has a defined benefit pension plan (the Pension Plan) covering certain eligible employees and employees of controlled entities and affiliates. Eligible employees include those over 21 years of age who have attained at least 1,000 hours of service. The benefits are based on the employee's years of service and compensation. Employees newly hired or rehired after July 1, 2009 were no longer able to access this plan. As of January 1, 2013, the Pension Plan was frozen.

INTEGRIS *Health*'s funding policy for the Pension Plan is to contribute at least the minimum amount necessary to satisfy the funding standards of the Employee Retirement Income Security Act of 1974, as amended. Contributions of approximately $25,704,000 and $40,000,000 were made in 2013 and 2012, respectively.

(Continued)

INTEGRIS *Health* also offers eligible employees of INTEGRIS *Health* and controlled entities and affiliates certain postretirement healthcare and life insurance benefits. INTEGRIS *Health*'s funding policy is to pay the benefits as they are incurred.

The following sets forth the pension and postretirement benefit plan's benefit obligations, fair value of plan assets, and funded status as of June 30, 2013 and 2012 (dollar amounts in thousands):

	Pension plan		Postretirement benefit plan	
	2013	2012	2013	2012
Projected benefit obligation at June 30	$ 526,790	612,886	3,333	2,803
Fair value of plan assets at June 30	332,561	286,585	—	—
Funded status	$ (194,229)	(326,301)	(3,333)	(2,803)
Accrued benefit cost recognized in the balance sheet	$ (194,229)	(326,301)	(3,333)	(2,803)

Net assets include approximately $138,548,000 and $278,208,000 related to the pension plan as of June 30, 2013 and 2012, respectively. The June 30, 2013 and 2012 amount is comprised of net actuarial loss of approximately $138,548,000 and $277,498,000 respectively, and prior service credits of approximately $0 and $710,000, respectively. The net loss and prior service cost for the pension plan as of June 30, 2013 that will be amortized from net assets into net periodic benefit cost over the next fiscal year are approximately $2,500,000. There was no net loss or prior service cost amortized during the year ending June 30, 2013.

(Continued)

Actuarial assumptions utilized for the plans are as follows:

	Pension plan		Postretirement benefit plan	
	2013	2012	2013	2012
Weighted average assumptions as of June 30 used to determine net periodic benefit cost:				
Discount rate	4.52%/3.72%(1)	6.12%	4.52%	6.12%
Expected long-term rate of return on plan assets	7.00	7.00	—	—
Rate of compensation increase	3.84	5.75	—	—
Healthcare cost trend rate	—	—	8.50	9.00
Weighted average assumptions as of June 30 used to determine the benefit obligation:				
Discount rate	5.00%	4.52%	5.00%	4.52%
Rate of compensation increase	3.84	3.84	—	—
Healthcare cost trend rate	—	—	8.50	9.00

(1) The discount rate was 4.52% from July 1, 2012 to October 31, 2012 and was 3.72% from November 1, 2012 to June 30, 2013.

The accumulated benefit obligation for the Pension Plan was approximately $526,790,000 and $555,020,000 at June 30, 2013 and 2012, respectively.

For measurement purposes, medical claims for 2013 are assumed to be 8.5% greater than medical claims for 2012. The trend is graded down so that medical claims for 2015 are assumed to be 4.50% greater than medical claims for 2014.

Summary information for the plans is as follows:

	Pension plan		Postretirement benefit plan	
	2013	2012	2013	2012
Net periodic benefit cost	$ 33,292,717	38,050,032	342	225,790
INTEGRIS *Health* contributions	25,703,812	40,000,000	126,000	138,000
Benefits paid	15,704,072	12,548,769	134,000	147,000

(Continued)

The following table presents information about INTEGRIS *Health*'s pension plan assets that are measured at fair value on a recurring basis as of June 30, 2013 and 2012 (*in thousands*). The table indicates the fair value hierarchy of the valuation techniques utilized to determine such fair values. In general, fair values determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets or liabilities. Fair values determined by Level 2 inputs utilize data points that are observable, such as quoted prices, interest rates and yield curves. Fair values determined by Level 3 inputs are unobservable data points for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability.

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	2013
Equity:				
Common stocks				
Consumer discretionary	$ 11,911	—	—	11,911
Consumer staples	10,008	—	—	10,008
Energy	2,245	—	—	2,245
Financials	1,900	—	—	1,900
Health care	1,717	—	—	1,717
Industrials	14,523	—	—	14,523
Information technology	39,743	—	—	39,743
Materials	4,313	—	—	4,313
Telecommunications services	8,509	—	—	8,509
Utilities	5,521	—	—	5,521
Total common stocks	100,390	—	—	100,390
Publicly traded mutual funds – equity	121,597	—	—	121,597
Total equity	221,987	—	—	221,987
Fixed income				
Publicly traded mutual funds – fixed income	100,239	—	—	100,239
Total fixed income	100,239	—	—	100,239
Real estate	—	—	5,301	5,301
Cash equivalent	4,748	—	—	4,748
Total assets	$ 326,974	—	5,301	332,275

Plan assets also include $286,000 of accrued interest at June 30, 2013.

(Continued)

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	2012
Equity:				
Common stocks				
Consumer discretionary	$ 12,960	—	—	12,960
Consumer staples	8,611	—	—	8,611
Energy	842	—	—	842
Financials	2,547	—	—	2,547
Health care	2,075	—	—	2,075
Industrials	12,967	—	—	12,967
Information technology	31,469	—	—	31,469
Materials	3,115	—	—	3,115
Telecommunications services	6,114	—	—	6,114
Utilities	5,145	—	—	5,145
Total common stocks	85,845	—	—	85,845
Publicly traded mutual funds – equity	95,178	—	—	95,178
Total equity	181,023	—	—	181,023
Fixed income				
Publicly traded mutual funds – fixed income	97,540	—	—	97,540
Total fixed income	97,540	—	—	97,540
Real estate	—	—	4,590	4,590
Cash equivalent	3,113	—	—	3,113
Total assets	$ 281,676	—	4,590	286,266

Plan assets also include $320,000 of accrued interest at June 30, 2012.

(Continued)

The weighted average asset allocation of INTEGRIS *Health*'s pension benefits at June 30, 2013 and 2012, by asset category are as follows:

	Plan assets at June 30	
	2013	2012
Asset category:		
Equity securities	53%	51%
Debt securities	34	34
Cash	2	1
Real estate	2	2
Master Limited Partnerships	9	12
Total	100	100

The Pension Plan is administered by a board appointed committee that maintains a well developed investment policy stating the guidelines for the performance and allocation of plan assets, performance review procedures, and updating the policy itself. The committee adheres to traditional capital market pricing theory, recognizing that over the long run the risk of owning equities should be rewarded with a somewhat greater return than available from fixed income investments. However, the committee also recognized that the avoidance of large risks is desirable and is willing to trade off certain higher return opportunities in order to preserve a lower risk investment profile. At least annually, the Pension Plan asset allocation guidelines are reviewed in respect to evolving risk and return expectations. Current guidelines permit the committee to manage the target allocation of funds between equities and debt securities at its discretion; however, based on evaluations conducted periodically, the committee has maintained a target allocation of assets in the range of 50% – 70% equities and 30% – 50% debt securities.

The long-term return forecasting methodology for both equity and fixed income securities is based on the capital asset pricing model using historical data supplied by Ibbotson Associates. Based on the historical range of target asset allocations and the historical rates of return for each asset class, the expected long-term rate of return of Pension Plan assets has ranged from 6.3% – 8 6%. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories.

INTEGRIS *Health* plans to make a total contribution of approximately $36,661,000 for the 2014 fiscal year.

(Continued)

The expected benefits to be paid are as follows:

	Pension plan	Postretirement benefit plan
2014	$ 16,651,000	243,000
2015	17,852,000	254,000
2016	19,280,000	266,000
2017	21,020,000	272,000
2018	22,661,000	276,000
2019 – 2023	135,077,000	1,351,000

The expected benefits are estimated based on the same assumptions used to measure the benefit obligations of INTEGRIS *Health* at June 30, 2013 and include benefits attributable to estimated future employee service.

(10) Other Employee Benefit Plans

INTEGRIS *Health* is self-insured for the purpose of providing medical and dental benefits to all eligible employees of INTEGRIS *Health* and affiliates through several plans. Eligible employees are allowed to select coverage through an affiliated preferred provider organization or a health maintenance organization. Claims and premiums under this plan are paid with funds provided by the operations of INTEGRIS *Health* as well as employee contributions. INTEGRIS *Health* has an accrued liability for estimated claims incurred of approximately $6,595,000 and $8,795,000 as of June 30, 2013 and 2012, respectively.

INTEGRIS *Health* is self-insured for workers' compensation for substantially all employees of INTEGRIS *Health* and affiliates through several plans. The accrued liability for estimated claims incurred is approximately $12,942,000 and $11,833,000 as of June 30, 2013 and 2012, respectively. INTEGRIS *Health* maintains an irrevocable letter of credit issued by a bank in favor of the Oklahoma Workers' Compensation Court (the Court) in the aggregate amount of $5,400,000. The letter of credit is required by the Court to allow INTEGRIS *Health* and affiliates to carry workers' compensation risk without insurance.

INTEGRIS *Health* and affiliates maintain stop-loss coverage on the self-insured programs to reduce exposure from significant losses.

INTEGRIS *Health* administers a retirement savings plan for its employees and employees of controlled entities and affiliates. Eligible employees may contribute pretax wages in accordance with the retirement savings plan. INTEGRIS *Health* and affiliates match certain contributions made by their employees. INTEGRIS *Health* also makes contributions on behalf of employees based on years of service (the INTEGRIS *Health* Basic Contributions). Contributions of approximately $20,579,000 and $10,856,000 were made by INTEGRIS *Health* in 2013 and 2012, respectively

(Continued)

(11) Charity Care and Uncompensated Care and Community Benefits

The healthcare related controlled entities provide care to patients who lack financial resources and are deemed medically or financially indigent. Because the healthcare related entities do not pursue collection of amounts determined to qualify as charity care, these amounts are removed from net patient service revenue. The charges related to this care, along with estimates for possible future charity care write-offs related to current accounts receivable, totaled approximately $106,679,000 and $91,631,000 in 2013 and 2012, respectively. The estimated direct and indirect cost of providing these services, calculated using the ratio of patient care cost to charges, was approximately $28,927,000 and $25,053,000 in 2013 and 2012, respectively. In addition, the healthcare related controlled entities provide services through government-sponsored indigent health care programs (such as Medicaid) to other indigent patients.

The healthcare related controlled entities also commit time and resources to endeavors and critical services which meet otherwise unfulfilled community needs. Many of these activities are entered into with the understanding that they will not be self-supporting or financially viable.

(12) Concentration of Credit Risk

INTEGRIS *Health* grants credit without collateral to patients, most of who are insured under third-party payor agreements. Gross outstanding Medicare and Medicaid payor receivables represented approximately 44% and 41% of total gross outstanding receivables at June 30, 2013 and 2012, respectively.

Through various legislative actions, Congress has mandated the Centers for Medicare and Medicaid Services (CMS) should phase out cost-based reimbursement in favor of prospective payment mechanisms. In the recent past this has been accomplished for most services that are provided by INTEGRIS *Health* facilities. Many of these changes had the effect of restraining net patient revenue growth. Reimbursement levels are often established for political rather than economic benefit. Based on previous trends, it is assumed that this situation should continue into the near future without major changes. This will continue to limit net patient revenue growth from these payor sources.

(13) Federal Income Taxes

INTEGRIS *Health* has certain subsidiaries and operations such as partnership interests, retail pharmacies and outside laboratory services that are taxable for federal income tax purposes. The taxable activities of all includible entities have approximately $5,673,400 and $5,200,000 in net deferred tax assets, against which a 100% valuation allowance has been recorded, for the years ended June 30, 2013 and 2012, respectively.

(Continued)

(14) Functional Expenses

INTEGRIS *Health* and its controlled entities provide a variety of healthcare services. Expenses related to providing these services are as follows (in thousands) for the year ended June 30, 2013.

	2013	2012
Healthcare services	$ 1,098,000	1,109,000
General and administrative	188,000	181,000
	$ 1,286,000	1,290,000

(15) Fair Value Disclosures

The financial assets recorded at fair value on a recurring basis primarily relate to investments and assets limited as to use and derivatives. A fair value hierarchy is utilized that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

(Continued)

The following tables present information about INTEGRIS *Health*'s assets and liabilities that are measured at fair value on a recurring basis as of June 30, 2013 and 2012 (*in thousands*), and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value. In general, fair values determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets or liabilities. Fair values determined by Level 2 inputs utilize data points that are observable, such as quoted prices, interest rates and yield curves. Fair values determined by Level 3 inputs are unobservable data points for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability.

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	2013
Equity:				
Common stocks				
Consumer discretionary	$ 8,879	—	—	8,879
Consumer staples	6,040	—	—	6,040
Energy	1,855	—	—	1,855
Financials	1,803	—	—	1,803
Health care	13,934	—	—	13,934
Industrials	9,378	—	—	9,378
Information technology	63,491	—	—	63,491
Materials	3,035	—	—	3,035
Telecommunications services	6,656	—	—	6,656
Utilities	6,365	—	—	6,365
Total common stocks	121,436	—	—	121,436
Marketable limited partnerships	3,928	—	—	3,928
Publicly traded mutual funds – equity	103,834	—	—	103,834
Total equity	229,198	—	—	229,198
Fixed income:				
Treasury and federal agencies:				
Short (Less than 5 years)	46,338	—	—	46,338
Intermediate (5-10 years)	7,804	2,684	—	10,488
Long (More than 10 years)	39,728	52,582	—	92,310
Total treasury and federal agencies	93,870	55,266	—	149,136

(Continued)

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	2013
Nongovernmental obligations:				
Short (Less than 5 years)	$ —	170,790	—	170,790
Intermediate (5-10 years)	—	17,134	—	17,134
Long (Over 10 years)	—	4,107	—	4,107
Total nongovernmental obligations	—	192,031	—	192,031
Foreign obligations	—	—	—	—
Preferred stocks nonconvertible	454	—	—	454
Publicly traded mutual funds – fixed income	408,034	—	—	408,034
Total fixed income	502,358	247,297	—	749,655
Real estate	—	—	3,029	3,029
Limited Partnerships	157	—	438	595
Cash equivalent	40,947	—	—	40,947
Total assets	$ 772,660	247,297	3,467	1,023,424
Liabilities:				
Interest rate swap agreements	$ —	57,051	—	57,051

Total invested assets also included approximately $1,689,000 of accrued interest at June 30, 2013.

(Continued)

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	2012
Equity:				
Common stocks				
Consumer discretionary	$ 5,526	—	—	5,526
Consumer staples	3,522	—	—	3,522
Energy	586	—	—	586
Financials	1,409	—	—	1,409
Health care	11,253	—	—	11,253
Industrials	6,234	—	—	6,234
Information technology	36,461	—	—	36,461
Materials	1,770	—	—	1,770
Telecommunications services	2,584	—	—	2,584
Utilities	3,951	—	—	3,951
Total common stocks	73,296	—	—	73,296
Marketable limited partnerships	3,897	—	—	3,897
Publicly traded mutual funds – equity	56,120	—	—	56,120
Total equity	133,313	—	—	133,313
Fixed income:				
Treasury and federal agencies:				
Short (Less than 5 years)	112,518	675	—	113,193
Intermediate (5-10 years)	6,723	3,873	—	10,596
Long (More than 10 years)	41,282	41,603	—	82,885
Total treasury and federal agencies	160,523	46,151	—	206,674
Nongovernmental obligations:				
Short (Less than 5 years)	—	97,750	—	97,750
Intermediate (5-10 years)	—	4,484	—	4,484
Long (Over 10 years)	—	1,235	—	1,235
Total nongovernmental obligations	—	103,469	—	103,469

(Continued)

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	2012
Foreign obligations	$ —	—	—	—
Preferred stocks nonconvertible	1,272	—	—	1,272
Publicly traded mutual funds – fixed income	408,146	—	—	408,146
Total fixed income	569,941	149,620	—	719,561
Real estate	—	—	2,623	2,623
Cash equivalent	147,337	1,494	—	148,831
Total assets	$ 850,591	151,114	2,623	1,004,328
Liabilities:				
Interest rate swap agreements	$ —	85,989	—	85,989

Total invested assets also included approximately $2,090,000 of accrued interest at June 30, 2012.

(16) BHO Lease Divesture

Effective April 1, 2012 INTEGRIS *Health* and Health Management Associates, Inc. (HMA) entered into an agreement whereby substantially all of the assets, operations, lease rights and licenses of INTEGRIS Blackwell Regional Hospital, INTEGRIS Clinton Regional Hospital, INTEGRIS Marshall County Medical Center, INTEGRIS Mayes County Medical Center, and INTEGRIS Seminole Medical Center (all previously consolidated subsidiaries) were sold to a newly formed limited liability company, INTEGRIS HMA, LLC, for $75 million. INTEGRIS also agreed to allow the new company license to use the INTEGRIS name and trademarks in connection with the branding of each of the hospitals and other appropriate HMA affiliates.

HMA contributed $75 million to INTEGRIS HMA, LLC, and these funds were used for the purchase of the facilities. As part of the transaction, PHI contributed $15 million to the new company for a 20% ownership interest, and $15 million was distributed to HMA, which retains an 80% ownership interest. PHI's investment in INTEGRIS HMA, LLC is accounted for using the equity method of accounting beginning April 1, 2012 (see note 6). The Board of Directors of INTEGRIS HMA, LLC consists of ten members, five members appointed by HMA and five members appointed by PHI, with reserve powers retained by HMA to break deadlocks within certain guidelines. HMA is the manager of INTEGRIS HMA, LLC and assumed the oversight of operations of the facilities from INTEGRIS *Health* effective April 1, 2012.

(Continued)

As of a result of the above transactions, the facilities sold are no longer consolidated and INTEGRIS recognized a gain of approximately $39,520,000 which is noted separately on the consolidated statement of operations. The total assets of the divested subsidiaries were $7,347,000 and $21,780,000 at March 31, 2012 and June 30, 2011, respectively, and net assets were $16,550,000 and $19,757,000, respectively. Total operating revenues of the divested subsidiaries were $60,547,000 and $96,161,000 for the nine months ended March 31, 2012 and the year ended June 30, 2011, respectively, and net loss was $4,255,000 and $2,449,000, respectively.

(17) Commitments and Contingencies

As discussed in note 7, INTEGRIS *Health* and its controlled entities are involved in litigation associated with alleged malpractice and general liability claims, which arise out in of the ordinary course of business. It is the opinion of management, upon consultation with legal counsel, that self-insurance reserves are sufficient to cover the related exposure, and that the outcome of these matters will not have a material adverse effect on INTEGRIS *Health*'s consolidated financial position or results of operations.

In the normal course of operations, INTEGRIS *Health* receives grants and other funding from the federal government. These activities are subject to audit by agents of the funding authority, the purpose of which is to ensure compliance with conditions precedent to providing of such funds. Management believes that the liability, if any, for any reimbursement that may arise as the result of grant audits, would not be material to the consolidated financial statements.

The U.S. Department of Justice and other federal agencies are increasing resources dedicated to regulatory investigations and compliance audits of healthcare providers. INTEGRIS *Health* is subject to these regulatory efforts. In consultation with legal counsel, management does not expect that the resolution of regulatory compliance matters will have a material adverse effect on INTEGRIS *Health*'s consolidated financial position or results of operations.

Certain controlled entities have projects to construct and expand facilities and purchase medical equipment, which are in various stages of completion. As of June 30, 2013 and 2012, the estimated remaining costs to complete these projects totaled approximately $7,505,000 and $8,807,000, respectively. These costs are expected to be incurred in future fiscal years.

Future minimum lease payments for all noncancelable leases with terms greater than one year are as follows (in thousands):

2014	$	7,217
2015		6,309
2016		3,429
2017		1,816
2018		1,519
Thereafter		2,432

Operating lease expense approximated $19,285,000 and $22,319,000 in 2013 and 2012, respectively.

(Continued)

The Obligated Group has been notified by its Medical Administrative Contractor of a proposed reduction in its Medicare Disproportionate Share Program (DSH) payment for 2007, because of their objection to the inclusion of certain Medicaid days for residential psychiatric treatment services in the calculation of its DSH payment. A final determination has been deferred until CMS has ruled on a similar adjustment for an unrelated health system in Oklahoma. Management believes that the inclusion of such patient days in its cost reports is justified and will be sustained but, if not, it will vigorously pursue all available remedies.

However, if determined adversely, a portion of the DSH payments for fiscal years 2005-2013, inclusive, would be recoupable by CMS and, based on an average adjustment of $13-15 million per year over the 9-year period, would result in a settlement payment and adjustment to the Obligated Group's earnings in the year of determination of approximately $129 million. If determined adversely, INTEGRIS *Health* would be required to exclude certain Medicaid days related to the psychiatric treatment services in question going forward, which may, absent mitigating steps taken by management, have an impact on the Obligated Group's future financial results. Although the timing of a final determination by CMS is not known, management is developing contingency plans to mitigate the negative impact of a possible adverse determination.

(18) Subsequent Events

Management of INTEGRIS *Health* has evaluated subsequent events through September 23, 2013, the date on which the consolidated financial statements were issued.

Schedule 1

INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES
Consolidating Schedule – Balance Sheet Information
June 30, 2013
(In thousands)

Assets	INTEGRIS Baptist Medical Center, Inc.	INTEGRIS South Oklahoma City Hospital Corporation	INTEGRIS Rural Health, Inc	Obligated group combined subtotal	Obligated group reclassifications and eliminations	Obligated group combined total	Baptist Healthcare of Oklahoma	Medical Parking, Inc.	Baptist Medical Plaza Associates	All others	Subtotal	Reclassifications and eliminations	Consolidated total
Current assets													
Cash and cash equivalents	$ 133,996	62,877	84,632	281,505	—	281,505	414	342	—	96,707	378,968	(207,785)	171,183
Short-term investments	84 127	42,057	380	126,564	—	126,564	—	—	—	5,811	132,375	—	132,375
Accounts receivable, net,													
Patients	67,664	23,183	25,737	116,584	—	116,584	1,575	—	—	15,343	133,502	—	133,502
Affiliates	(2)	12	—	10	—	10	—	—	—	84,659	84,669	(84,669)	—
Current portion of notes receivable	—	—	364	364	—	364	—	—	—	—	364	—	364
Inventories	11,769	3,334	5 806	20,909	—	20,909	8	—	—	2,098	23 015	—	23,015
Prepaid expenses and other current assets	704	145	330	1,179	—	1,179	—	—	—	8,672	9,851	—	9,851
Total current assets	298,258	131,608	117,249	547,115	—	547,115	1,997	342	—	213,290	762,744	(292,454)	470,290
Assets whose use is limited	456,766	106,116	86,237	649,119	—	649,119	—	109	184	243,326	892,738	—	892,738
Property and equipment, net	180,718	63,478	161,184	405,380	—	405,380	2,503	2,443	1,755	164,667	576,748	—	576,748
Other assets, net	35,394	4,548	5,075	45,017	15,026	60,043	—	33	38	1,201,751	1,261,865	(1,142,689)	119,176
Total assets	$ 971,136	305,750	369,745	1,646,631	15,026	1,661,657	4,500	2,927	1,977	1,823,034	3,494,095	(1,435,143)	2,058,952
Liabilities and Net Assets													
Current liabilities													
Accounts payable, accrued expenses and other	$ 29,079	10,773	7,446	47,298	—	47,298	46	21	371	129,885	177,621	—	177,621
Employee compensation and related liabilities	15,337	6,262	8,779	30,378	—	30,378	318	—	2	23,385	54,083	—	54,083
Current portion of long-term debt	4,791	640	5 058	10,489	6,664	17,153	—	501	589	—	18,243	—	18,243
Current portion of capital lease obligations	—	—	—	—	—	—	—	—	—	118	118	—	118
Due to affiliates	30,900	—	11,821	42,721	—	42,721	39,001	—	789	221,576	304,087	(292,454)	11,633
Total current liabilities	80,107	17,675	33,104	130,886	6.664	137,550	39,365	522	1,751	374,964	554,152	(292,454)	261,698
Long-term debt, less current portion	234,317	59,250	131,033	424,600	8,362	432,962	—	1,716	2,014	58,522	495,214	(58,750)	436,464
Capital lease obligations, less current portion	—	—	—	—	—	—	—	—	—	167	167	—	167
Other long-term liabilities	60,108	348	477	60,933	—	60,933	325	—	—	220,221	281,479	—	281,479
Total liabilities	374,532	77,273	164,614	616,419	15,026	631,445	39,690	2,238	3,765	653,874	1,331,012	(351,204)	979,808
Net Assets of INTEGRIS Health	596,901	228,477	205,000	1,030,378	—	1,030,378	(35,190)	689	(1,788)	1,163,209	2,157,298	(1,083,939)	1,073,359
Noncontrolling ownership interest in equity of consolidated affiliates – unrestricted	(297)	—	131	(166)	—	(166)	—	—	—	5,951	5,785	—	5,785
Total net assets (deficit)	596,604	228,477	205,131	1,030,212	—	1,030,212	(35,190)	689	(1,788)	1,169,160	2,163,083	(1,083,939)	1,079,144
Total liabilities and net assets	$ 971,136	305,750	369,745	1,646,631	15,026	1,661,657	4,500	2,927	1,977	1,823,034	3,494,095	(1,435,143)	2,058,952

See accompanying independent auditors' report.

INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES

Consolidating Schedule – Statement of Operations and Changes in Net Assets Information

Year ended June 30, 2013

(In thousands)

	INTEGRIS Baptist Medical Center, Inc.	INTEGRIS South Oklahoma City Hospital Corporation	INTEGRIS Rural Health, Inc.	Obligated group combined total	Obligated group reclassifications and eliminations	Obligated group combined total	Baptist Healthcare of Oklahoma	Medical Parking, Inc	Baptist Medical Plaza Associates	All others	Subtotal	Reclassifications and eliminations	Consolidated total
Operating revenues													
Patient service revenue (net of contractual allowances and discounts)	$ 661,839	264,533	309,525	1,235,897	—	1,235,897	8,617	—	—	139,262	1,383,776	(17,058)	1,366,718
Provision for bad debts	(49,788)	(41,990)	(26,104)	(117,882)	—	(117,882)	(109)	—	—	(7,656)	(125,647)	—	(125,647)
Net patient service revenue	612,051	222,543	283,421	1,118,015	—	1,118,015	8,508	—	—	131,606	1,258,129	(17,058)	1,241,071
Premium revenue	171	—	714	885	—	885	—	—	—	358	1,243	—	1,243
Other operating revenue	28,771	12,211	12,777	53,759	—	53,759	3,701	975	2,761	38,392	99,588	(15,019)	84,569
Total operating revenues	640,993	234,754	296,912	1,172,659	—	1,172,659	12,209	975	2,761	170,356	1,358,960	(32,077)	1,326,883
Operating expenses													
Salaries and related expenses	253,623	113,360	151,258	520,243	—	520,243	8,643	—	65	150,353	679,504	(516)	678,988
Supplies and other expenses	286,193	91,432	99,352	476,977	—	476,977	3,509	406	1,359	24,447	506,698	(28,730)	477,968
Professional services	19,072	13,140	9,000	41,212	—	41,212	2,403	46	201	7,812	51,674	(2,831)	48,843
Depreciation and amortization	27,344	10,559	12,657	50,560	—	50,560	252	269	451	16,867	68,399	—	68,399
Provision for bad debt (nonpatient)	59	36	—	95	—	95	—	—	—	(1)	94	—	94
Interest	3,499	2,019	5,919	11,437	—	11,437	(38)	15	18	(116)	11,316	—	11,316
Total operating expenses	591,792	230,546	278,186	1,100,524	—	1,100,524	14,769	736	2,094	199,562	1,317,685	(32,077)	1,285,608
Income (loss) from operations	49,201	4,208	18,726	72,135	—	72,135	(2,560)	239	667	(29,206)	41,275	—	41,275
Nonoperating revenue (expense)													
Investment income (loss), net	37 668	4 417	3,973	46,058	—	46,058	58	—	—	7,210	53,326	—	53,326
Equity in income (loss) of affiliates, net	11,719	896	188	12,803	—	12,803	—	—	—	97,363	110,166	(99,576)	10,590
Loss on extinguishment of debt	(817)	(638)	—	(1,455)	—	(1,455)	—	—	—	(339)	(1,794)	—	(1,794)
Other, net	(7,856)	1,712	2,415	(3,729)	—	(3,729)	2	—	(1)	(1,073)	(4,801)	—	(4,801)
Total nonoperating revenue (expense), net	40,714	6,387	6,576	53,677	—	53,677	60	—	(1)	103,161	156,897	(99,576)	57,321
Net income	89,915	10,595	25,302	125,812	—	125,812	(2,500)	239	666	73,955	198,172	(99,576)	98,596
Net income attributable to noncontrolling interest	8	—	(1,069)	(1,061)	—	(1,061)	—	—	—	(180)	(1,241)	—	(1,241)
Net income attributable to INTEGRIS Health	89,923	10,595	24,233	124,751	—	124,751	(2,500)	239	666	73,775	196,931	(99,576)	97,355
Other changes in net assets													
Pension liability adjustment	—	—	—	—	—	—	—	—	—	138,713	138,713	—	138,713
Other, net	(30,158)	118	38	(30,002)	—	(30,002)	(56,116)	—	(579)	(10,764)	(97,461)	99,633	2,172
Change in net assets	59,765	10,713	24,271	94,749	—	94 749	(58,616)	239	87	201,724	238,183	57	238,240
Net assets (deficit) of INTEGRIS *Health*, beginning of year	537,136	217,764	180,729	935,629	—	935,629	23,426	450	(1,875)	961,485	1,919,115	(1,083,996)	835,119
Net assets (deficit) of INTEGRIS *Health*, end of year	$ 596,901	228,477	205,000	1,030,378	—	1,030,378	(35,190)	689	(1,788)	1,163,209	2,157,298	(1,083,939)	1,073,359

See accompanying independent auditors' report