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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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 Suite

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

OKLAHOMA CITY, OK 73112

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 subordinates?

☐ Yes ☒ No

H(b) Are all subordinates 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.integrisok.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1983

M State of legal domicile

OK

Part I Summary																																											
Activities & Governance	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																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>0</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>776</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>400</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>750</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	4	Number of independent voting members of the governing body (Part VI, line 1b)	0	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	776	6	Total number of volunteers (estimate if necessary)	400	7a	Total unrelated business revenue from Part VIII, column (C), line 12	750	7b	Net unrelated business taxable income from Form 990-T, line 34	0																								
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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

2015-04-20

Date

DAVID R HADLEY CFO

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name

MORGAN L SOUZA

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00652612

Firm's name

KPMG LLP

Firm's EIN

Firm's address

210 Park Ave Suite 2850

Oklahoma City, OK 73102

Phone no

(405) 949-3172

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

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 \$ 124,415,478 including grants of \$ 12,581) (Revenue \$ 88,043,716)

SEE SCHEDULE O STATEMENTS 2 THROUGH 6

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 124,415,478

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
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 Yes	
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	Yes	
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	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	Yes
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	15a	No
15b	b Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OK
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, 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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) C BRUCE LAWRENCE DIRECTOR	1 0 39 0	X		X				0	936,668	64,355
(2) WENTZ MILLER ASST TREASURER/VP/DIRECTOR	1 0 39 0	X		X				0	474,352	84,325
(3) BETH PAUCHNIK DIRECTOR/SECRETARY	1 0 39 0	X		X				0	413,087	84,304
(4) DAVID R HADLEY ASST TREASURER/VP/DIRECTOR	1 0 39 0	X		X				0	0	0
(5) JEFFREY CRUZAN CLINIC PHYSICIAN/MEDICAL DIR	40 0 0 0				X			543,165	0	26,315
(6) JOHN S CHAFFIN PHYSICIAN	40 0 0 0					X		1,213,778	0	45,091
(7) C CRAIG ELKINS PHYSICIAN	40 0 0 0					X		1,201,534	0	30,337
(8) BRIAN V GEISTER PHYSICIAN	40 0 0 0					X		1,052,697	0	29,553
(9) ROMEO MANDANAS PHYSICIAN	40 0 0 0					X		995,438	0	27,104
(10) IMRAN S VIRK PHYSICIAN	40 0 0 0					X		1,905,167	0	16,423
(11) STANLEY F HUPFELD FORMER OFFICER & DIRECTOR	0 0 13 0						X	0	55,846	11,994

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	6,911,779	1,879,953	419,801

\$100,000 of reportable compensation from the organization 182

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

Section B. Independent Contractors

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 1,		1,559,195

\$100,000 of compensation from the organization ➡ 10

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	37,059,204			
	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 \$ 550				
	h	Total. Add lines 1a-1f	37,059,204			
Program Service Revenue	Business Code					
	2a	NET PATIENT REVENUE 621990	71,234,390	71,234,390		
	b	QUALITY INCENTIVES 900099	3,813,330	3,813,330		
	c	INCOME FROM JOINT VENTURES 621990	3,184,096	3,183,346	750	
	d	SYSTEM SERVICE REVENUE 900099	3,875,581	3,875,581		
	e	ELECTRONIC HEALTH RECORDS 900099	2,950,520	2,950,520		
	f	All other program service revenue	2,985,799	1,382,533		1,603,266
	g	Total. Add lines 2a-2f	88,043,716			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	568,289			568,289
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	(i) Real				
		(ii) Personal				
		Gross rents				
		Less rental expenses				
	b	Rental income or (loss) 0	0			
	d	Net rental income or (loss)	0			
	7a	(i) Securities				
		(ii) Other	0			
		Gross amount from sales of assets other than inventory				
		Less cost or other basis and sales expenses	93,996			
	b	Gain or (loss)	-93,996			
	d	Net gain or (loss)	-93,996			-93,996
	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	26,902,483			26,902,483
	b	MISCELLANEOUS INCOME 900099	141,083			141,083
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	27,043,566			
	12	Total revenue. See Instructions	152,620,779	86,439,700	750	29,121,125

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	12,581	12,581		
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.	278,464	278,464		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	84,035,595	84,035,595	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,457,311	3,457,311	0	
9	Other employee benefits.	5,407,324	5,407,324	0	
10	Payroll taxes.	3,973,160	3,973,160	0	
11	Fees for services (non-employees):				
a	Management.	94,427	94,427		
b	Legal.	9,837	0	9,837	
c	Accounting.	50,906	0	50,906	
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).	8,018,640	52,636	7,966,004	0
12	Advertising and promotion.	586,943	147,235	439,708	
13	Office expenses.	7,987,419	7,424,876	562,543	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	5,862,848	5,590,298	272,550	
17	Travel.	495,642	412,571	83,071	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	275,961	237,681	38,280	
20	Interest.	41,344	0	41,344	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	1,628,657	1,599,807	28,850	
23	Insurance.	1,601,688	1,620,884	-19,196	
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	12,496,105	8,085,876	4,410,229	0
b	RIF & RECRUITMENT	1,122,063	1,058,336	63,727	0
c	DUES & MEMBERSHIPS	248,377	238,796	9,581	0
d	SPECIAL FUNCTIONS	194,643	123	194,520	0
e	All other expenses	817,699	687,497	130,202	
25	Total functional expenses. Add lines 1 through 24e.	138,697,634	124,415,478	14,282,156	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		25,619	1	23,172
	2	Savings and temporary cash investments		67,729,723	2	61,380
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		4,566,595	4	12,655,742
	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	178,349
	9	Prepaid expenses and deferred charges		123,593	9	166,866
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a23,858,864			
	b	Less accumulated depreciation	10b14,439,215	5,544,745	10c	9,419,649
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		2,837,408	12	3,451,874
	13	Investments—program-related See Part IV, line 11		23,619,050	13	24,285,509
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		31,680	15	916,577
	16	Total assets. Add lines 1 through 15 (must equal line 34)		104,478,413	16	51,159,118
Liabilities	17	Accounts payable and accrued expenses		9,247,675	17	12,504,929
	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		71,428,764	25	13,758
	26	Total liabilities. Add lines 17 through 25		80,676,439	26	12,518,687
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		23,801,974	27	38,640,431
	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		23,801,974	33	38,640,431
	34	Total liabilities and net assets/fund balances		104,478,413	34	51,159,118

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,620,779
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,697,634
3	Revenue less expenses Subtract line 2 from line 1	3	13,923,145
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,801,974
5	Net unrealized gains (losses) on investments	5	300,846
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	614,466
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,640,431

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization INTEGRIS AMBULATORY CARE CORPORATION	Employer identification number 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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(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	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Return Reference	Explanation	
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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.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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	b (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
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,327		70,327
b Buildings		5,239,106	2,323,160	2,915,946
c Leasehold improvements		1,920,925	1,252,371	668,554
d Equipment		16,388,136	10,765,627	5,622,509
e Other		240,370	98,057	142,313
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,419,649

Schedule D (Form 990) 2013

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation

[illegible]

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

OMB No 1545-0047

2013

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	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
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?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			214,983		214,983	0 160 %
b Medicaid (from Worksheet 3, column a)			474,534		474,534	0 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			689,517		689,517	0 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,789,964		2,789,964	2 010 %
f Health professions education (from Worksheet 5)			3,328		3,328	
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			10,976		10,976	0 010 %
j Total Other Benefits			2,804,268		2,804,268	2 020 %
k Total. Add lines 7d and 7j			3,493,785		3,493,785	2 520 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support			367,530		367,530	0 260 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			367,530		367,530	0 260 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

5,084,554

3Enter 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

254,228

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

1,698,496

6Enter Medicare allowable costs of care relating to payments on line 5.

6

1,825,804

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-127,308

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement 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	WOMEN'S HEALTH	75 000 %		25 000 %
2 ADVANCED IMAGING LLC	RADIOLOGY IMAGING CENTER	50 000 %		50 000 %
3 MED PLAZA IMAGING	RADIOLOGY IMAGING CENTER	50 000 %		50 000 %
4 SW AMB SURGERY CTR	AMBULATORY SURGERY CENTER	19 000 %		58 000 %
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, primary website address, and state license number

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility 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 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ 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 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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 Yes	
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 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a ☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b ☐ Other website (list url) _____		
c ☒ Available upon request from the hospital facility		
d ☒ 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 as of the end of the tax year)		
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☒ Execution of the implementation strategy		
c ☒ Participation in the development of a community-wide plan		
d ☒ Participation in the execution of a community-wide plan		
e ☒ Inclusion of a community benefit section in operational plans		
f ☒ Adoption of a budget for provision of services that address the needs identified in the CHNA		
g ☒ Prioritization of health needs in its community		
h ☒ 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	No
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	No
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		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>150</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	☒ Income level		
b	☒ Asset level		
c	☒ Medical indigency		
d	☒ Insurance status		
e	☐ Uninsured discount		
f	☐ Medicaid/Medicare		
g	☒ State regulation		
h	☐ Residency		
i	☐ Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	☒ The policy was posted on the hospital facility's website		
b	☒ The policy was attached to billing invoices		
c	☒ 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	☒ The policy was provided, in writing, to patients on admission to the hospital facility		
f	☒ The policy was available upon 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 Yes	
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 individual'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 Section C)		
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 individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Section C)		

Part V

Facility Information *(continued)*

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

☒

Notified individuals of the financial assistance policy on admission
- b**

☒

Notified individuals of the financial assistance policy prior to discharge
- c**

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d**

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e**

☐

Other (describe in Section C)

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?	Yes	
	If "No," indicate why		
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	☐ Other (describe in Part VI)		

Charges 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	☒ 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 FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		No
	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?		No
	If "Yes," explain in Part VI		

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)
LAKESIDE WOMEN'S HOSPITAL LLC

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility 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 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ 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 12		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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 Yes	
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 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a ☒ Hospital facility's website (list url) SEE PART V, SECTION C		
b ☐ Other website (list url)		
c ☒ Available upon request from the hospital facility		
d ☒ 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 as of the end of the tax year)		
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☒ Execution of the implementation strategy		
c ☒ Participation in the development of a community-wide plan		
d ☒ Participation in the execution of a community-wide plan		
e ☒ Inclusion of a community benefit section in operational plans		
f ☒ Adoption of a budget for provision of services that address the needs identified in the CHNA		
g ☒ Prioritization of health needs in its community		
h ☒ 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	No
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	No
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		Yes	No		
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes		
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? 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	10	Yes		
11	Used FPG to determine eligibility for providing discounted care? 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	11	Yes		
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes		
a ☒ Income level					
b ☒ Asset level					
c ☒ Medical indigency					
d ☒ Insurance status					
e ☐ Uninsured discount					
f ☐ Medicaid/Medicare					
g ☒ State regulation					
h ☐ Residency					
i ☐ Other (describe in Part VI)					
13	Explained the method for applying for financial assistance?	13	Yes		
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes		
a ☒ The policy was posted on the hospital facility's website					
b ☒ The policy was attached to billing invoices					
c ☒ 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 ☒ The policy was provided, in writing, to patients on admission to the hospital facility					
f ☒ The policy was available upon 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	Yes		
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 individual'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 Section C)					
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 individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged			17	No
a ☐ Reporting to credit agency					
b ☐ Lawsuits					
c ☐ Liens on residences					
d ☐ Body attachments					
e ☐ Other similar actions (describe in Section C)					

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

b ☒ Notified individuals of the financial assistance policy prior to discharge

c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

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	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges 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 ☒ 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 FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21		No
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?	22		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address		Type of Facility (describe)
1	SOUTHWEST AMBULATORY SURGERY CENTER LLC 8125 SOUTH WALKER 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

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	PART I, LINE 3C N/A

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	PART I, LINE 6A INTEGRIS HEALTH INC , (EIN 73-1192764), THE PARENT ORGANIZATION OF INTEGRIS AMBULATORY CARE CORPORATION, PRODUCES A CONSOLIDATED COMMUNITY BENEFIT REPORT THAT IS MADE AVAILABLE TO THE PUBLIC

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 4	PART I, LINE 7, COLUMN F THERE WAS NO BAD DEBT INCLUDED IN TOTAL EXPENSES FROM PART IX LINE 25(A) \$138,697,634 AS SUCH NO ADJUSTMENT WAS REQUIRED FOR PURPOSES OF CALCULATING THE PERCENTAGES ON PART I, LINE 7

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
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 COMMUNITY-BUILDING PROGRAMS AND PARTNERSHIPS

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 7	PART III, LINES 2, 3 AND 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 \$470,709,000 AND \$455,870,000 AT JUNE 30, 2014 AND 2013, RESPECTIVELY, WHICH IS FROM THE CONSOLIDATED AUDIT. 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. 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. 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 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.

Form and Line Reference	Explanation
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 REIMBURSEMENTS 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 \$2,443,020 OF REVENUE RECEIVED FROM MEDICARE AND \$2,753,905 OF RELATED MEDICARE ALLOWABLE COSTS OF CARE, FOR AN ADDITIONAL NET SHORTFALL OF \$310,885 THIS INCLUDES IACC'S PROPORTIONATE SHARE OF AMOUNTS FROM DIRECTLY AND INDIRECTLY OWNED NON-HOSPITAL 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

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 10	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 " 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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 11	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 *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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 12	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, 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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	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 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 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 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 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 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 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,

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	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 OF THE HEALTH CARE COSTS WE SEE IN OUR HOSPITALS, CLINICS, AND EMERGENCY DEPARTMENTS

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 14	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 THE SCHEDULE H OF THEIR RESPECTIVE FORMS 990 SEE SCHEDULE O, GENERAL STATEMENTS 3 THROUGH 6 FOR ADDITIONAL INFORMATION REGARDING THE INTEGRIS HEALTH SYSTEM

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 15	PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT ALL STATES WHICH THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT OK

Additional Data

Software ID:
Software Version:
EIN: 73-1192765
Name: INTEGRIS AMBULATORY CARE CORPORATION

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE H, PART V 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

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	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 PROGRAMS, AND PUBLIC TRANSPORTATION SERVICES

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	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

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 4	PART V, SECTION B, LINE 5D 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

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	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. 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. 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.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 6	PART V, SECTION B, LINE 5A WWWINTEGRISOK.COM/COMMUNITY-HEALTH-IMPROVEMENT

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

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

OMB No 1545-0047

2013

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?

☒ Yes ☐ No

2

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

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

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

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" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) HERITAGE HALL SCHOLARSHIP	1	12,581			

Part IV

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

Return Reference	Explanation
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.

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

OMB No 1545-0047

2013

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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	Yes
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	No
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				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
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 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 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, 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

Additional Data

Software ID:

Software Version:

EIN: 73-1192765

Name: INTEGRIS AMBULATORY CARE CORPORATION

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
C BRUCE LAWRENCE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	910,895	2,086	23,687	49,827	14,528	1,001,023	0
WENTZ MILLER ASST TREASURER/VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	453,867	0	20,485	71,432	12,893	558,677	0
BETH PAUCHNIK DIRECTOR/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	399,604	0	13,483	71,629	12,675	497,391	0
JOHN S CHAFFIN PHYSICIAN	(i)	1,195,726	480	17,572	25,500	19,591	1,258,869	0
	(ii)	0	0	0	0	0	0	0
C CRAIG ELKINS PHYSICIAN	(i)	1,197,861	480	3,193	10,565	19,772	1,231,871	0
	(ii)	0	0	0	0	0	0	0
BRIAN V GEISTER PHYSICIAN	(i)	952,655	96,430	3,612	15,300	14,253	1,082,250	0
	(ii)	0	0	0	0	0	0	0
ROMEO MANDANAS PHYSICIAN	(i)	902,000	90,380	3,058	7,650	19,454	1,022,542	0
	(ii)	0	0	0	0	0	0	0
IMRAN S VIRK PHYSICIAN	(i)	768,608	1,134,476	2,083	7,650	8,773	1,921,590	0
	(ii)	0	0	0	0	0	0	0
STANLEY F HUPFELD FORMER OFFICER & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	36,273	9,108	10,465	6,486	5,508	67,840	0
JEFFREY CRUZAN CLINIC PHYSICIAN/MEDICAL DIR	(i)	411,944	126,988	4,233	10,200	16,115	569,480	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number
73-1192765

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V					No

Part V Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF INTERESTED PERSON DIAGNOSTIC LABORATORY OF OKLAHOMA, LLC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$235,094 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS PROHEALTH, INC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$140,288 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS HEALTH PARTNERS, LLC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$175,999 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO
SUPPLEMENTAL INFORMATION 2	SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS THE FILING ORGANIZATION AND THE INTERESTED PERSON ARE BOTH AFFILIATES WITHIN AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC THERE ARE OVERLAPPING BOARD MEMBERS, OFFICERS, AND MANAGEMENT THROUGHOUT THE SYSTEM ALL OF THE AFFILIATED ENTITIES WITHIN THE SYSTEM ARE EITHER DIRECTLY OR INDIRECTLY 100% CONTROLLED BY THE PARENT ENTITY, INTEGRIS HEALTH, INC , OR IF THERE IS THIRD PARTY OWNERSHIP IN ANY AFFILIATED ENTITY, THOSE THIRD PARTY OWNERS ARE NOT OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF THE FILING ORGANIZATION THE TRANSACTIONS REPORTED ON SCHEDULE L, PART IV CONSIST OF ROUTINE TRANSACTIONS WITHIN THE ACTIVITY OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THE TRANSACTIONS INCLUDE EXPENSE REIMBURSEMENTS, LEASING OF FACILITIES, PURCHASE OF SERVICES, EQUITY CONTRIBUTIONS AND DISTRIBUTIONS, AND OTHER INTERCOMPANY TRANSFERS

OMB No 1545-0047

2013

INTEGRIS AMBULATORY CARE CORPORATION

73-1192765

[illegible]

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

	Yes	No
2a		
2b		
2c		
2d		

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-		Yes	No
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		

[illegible]**Schedule N(Form 990 or 990-EZ) (2013)**

Part IIISupplemental Information.

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.

Return Reference	Explanation
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 OF THE TRANSACTIONS C BRUCE LAWRENCE WENTZ MILLER BETH PAUCHNIK DAVID R HADLEY

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization INTEGRIS AMBULATORY CARE CORPORATION	Employer identification number 73-1192765
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Return Reference	Explanation
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 MEDICAL GROUP

Return Reference	Explanation
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 \$6,395,181 UNPAID BILLED CHARGES FOR UNCOMPENSATED CARE DURING THE YEAR FOR ADDITIONAL DETAILS REGARDING COMMUNITY BENEFIT SEE THE ATTACHED COMPLETE COMMUNITY BENEFIT REPORT ON SCHEDULE O BEGINNING WITH STATEMENT 3 THROUGH 6

Return Reference	Explanation	
	GENERAL STATEMENT 3	PART III, LINE 4A COMMUNITY BENEFIT REPORT LOOKING BACK AT 2014 AS I REFLECT ON 2014 - I FIND MYSELF PROUD OF THE COLLECTIVE ACCOMPLISHMENTS OF INTEGRIS ALREADY OKLAHOMA'S LARGEST HEALTH CARE SYSTEM, OUR STRONG GROWTH CONTINUED LAST YEAR WITH NEW PROVIDER FACILITIES OPENING IN OKLAHOMA CITY, MOORE, ENID AND VINITA EXPANSIONS ARE UNDERWAY IN EDMOND AND YUKON WITH EVEN MORE LOCATIONS PLANNED THIS YEAR INTEGRIS CONTINUES TO INVEST MILLIONS TO HELP ENSURE OUR FACILITIES AND TECHNOLOGY OFFERINGS ARE STATE-OF-THE-ART WE EMPLOY - AND CONTINUALLY RECRUIT - THE FINEST PHYSICIANS, CLINICIANS AND OTHER PROFESSIONALS TO EXPAND OUR CARE CONTINUUM TO MEET OUR CUSTOMERS' NEEDS HUNDREDS OF THOUSANDS OF OKLAHOMANS ARE HEALTHIER TODAY, THANKS TO THE EXCELLENT CARE INTEGRIS PROVIDES, AND WE ARE WORKING EVERY DAY TO MAKE ACCESS TO INTEGRIS CARE EVEN EASIER FRANKLY, IT IS IMPOSSIBLE TO LIST ALL THE ACCOMPLISHMENTS, HOWEVER, 2014 WAS A YEAR OF STRONG SUCCESSES FOR INTEGRIS AS AN ORGANIZATION OUR GAINS HAVE BEEN STRATEGIC AND REFLECT OUR DELIBERATE FOCUS ON SERVICE, CLINICAL, OPERATIONAL AND TEAM EXCELLENCE AND OUR CONTINUED MOMENTUM TOWARD ONE INTEGRIS THESE ARE A FEW HIGHLIGHTS DURING THE PAST YEAR FOR WHICH I AM MOST PROUD * ACHIEVEMENT OF THE OKLAHOMA QUALITY AWARD AT THE HIGHEST LEVEL EXCELLENCE * THE STRONG AND CONSISTENTLY UPWARD TREND OF OUR HCAHPS AND PATIENT SATISFACTION SCORES * DISTINCTIONS SUCH AS US NEWS & WORLD REPORT #1 HOSPITAL, CONSUMER RESEARCH CORPORATION'S CONSUMER CHOICE WINNER, HEALTHGRADES TOP PERFORMER, BECKER'S TOP 100, WOMEN'S CHOICE AWARD WINNER AND PRESS GANEY GUARDIAN AWARDS * LEADING PRACTICES DESIGNATION FOR OUR HOSPITALS, FAMILY CARE CLINICS, FACILITY CAFETERIAS - EVEN THE OKLAHOMA CITY PUBLIC CHARTER SCHOOL, STANLEY HUFFELD ACADEMY, THAT INTEGRIS OPERATES - ALL RECOGNIZED AND DESIGNATED AS OFFICIAL OKLAHOMA CERTIFIED HEALTHY LOCATIONS * RECORD-SETTING UNITED WAY AND THE INTEGRIS FOUNDATION'S YOU&I CAMPAIGNS AS I REFLECT BACK, I BECOME SO ENERGIZED BY OUR SUCCESSES OF 2014 - AND THE OPPORTUNITIES WE HAVE CREATED FOR OURSELVES - THAT I BEGIN TO FOCUS ON THE EVEN MORE EXCITING POSSIBILITIES FOR 2015 WORKING TOGETHER WITH OUR EMPLOYEES TO MAKE IT OUR MOST SUCCESSFUL YEAR EVER! SINCERELY, BRUCE LAWRENCE PRESIDENT AND CEO, INTEGRIS HEALTH COMMUNITY OUTREACH SERVICE TO THE COMMUNITY IS THE FOUNDATION ON WHICH INTEGRIS IS BUILT, OUR FOCUS AND OUR REASON FOR BEING THAT'S PRECISELY WHY THE INTEGRIS COMMUNITY WELLNESS DEPARTMENT WAS ESTABLISHED IN 1992 RESEARCH SHOWS THAT OKLAHOMANS ARE DYING AT A RATE 22 PERCENT HIGHER THAN THE NATIONAL AVERAGE IN ORDER TO ADDRESS THESE HEALTH RELATED CONCERNS, OUR OUTREACH PROGRAMS INCLUDE FREE CLINICS, HEALTH SCREENINGS, EDUCATIONAL SEMINARS AND A WIDE RANGE OF OTHER PROGRAMS ADOPT-A-FAMILY LAUNCHED IN 1992, INTEGRIS HEALTH'S ADOPT-A-FAMILY INITIATIVE IDENTIFIES FAMILIES AND INDIVIDUALS WITHIN OUR COMMUNITY WHO MAY NOT RECEIVE GIFTS DURING THE HOLIDAY SEASON EMPLOYEES, VOLUNTEERS AND DEPARTMENTS JOIN TOGETHER IN THE SPIRIT OF GIVING AND ADOPT RECIPIENTS WHO HAVE BEEN SELECTED FROM SEVERAL ELEMENTARY SCHOOLS, SENIOR CENTERS AND CHURCHES AS WELL AS PATIENTS AT THE INTEGRIS MENTAL HEALTH FACILITIES IN SPENCER AND ENID ON AVERAGE, ADOPT-A-FAMILY SPONSORS MORE THAN 100 FAMILIES, SENIOR CITIZENS AND CHILDREN ANNUALLY FOR MORE INFORMATION, CALL 405-717-9870 CHANGING YOUR WEIGHS THIS EIGHT-WEEK WEIGHT LOSS PROGRAM WAS DEVELOPED AND IS TAUGHT BY HEALTH PROFESSIONALS AS THE NAME IMPLIES, THE PROGRAM FOCUSES ON LOSING WEIGHT THROUGH LIFESTYLE CHANGES THIS PROGRAM IS EDUCATIONAL IN NATURE AND INCLUDES PRACTICAL TIPS FOR CHOOSING A CALORIE BALANCED STYLE OF EATING IN CONJUNCTION WITH INCREASING PHYSICAL ACTIVITY SPECIAL EMPHASIS IS PLACED ON SETTING REALISTIC GOALS, AND ADOPTING LIFESTYLE HABITS THAT REDUCE HEALTH RISKS CHANGING YOUR WEIGHS IS A NO-NON SENSE APPROACH TO LIFE-LONG WEIGHT MANAGEMENT FOR MORE INFORMATION, CALL 405-717-9875 COUCH TO 5K THIS IS AN EIGHT-WEEK PROGRAM DESIGNED TO GET PARTICIPANTS OFF THE COUCH THE PROGRAM BEGINS SLOWLY SO THAT PEOPLE IN ALL FITNESS LEVELS ARE ABLE TO ADAPT GRADUALLY THE CULMINATION OF THE PROGRAM IS EITHER WALKING OR RUNNING YOUR FIRST 5K! FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277 I-CREW INTEGRIS - CARING AND RESPONDING IN EVERY WAY THE INTEGRIS CREW ALLOWS US TO TAP INTO THE VAST EMPLOYEE RESOURCES ACROSS OUR ORGANIZATION ALL INTEGRIS EMPLOYEES HAVE THE OPPORTUNITY TO PARTICIPATE BY COLLABORATING WITH THE APPROPRIATE COMMUNITY AGENCIES, THE INTEGRIS CREW PROVIDES VOLUNTEERS FOR COMMUNITY FUNCTIONS AND PROJECTS BY SERVING ON THE I-CREW, WE NOT ONLY MAKE A DIFFERENCE, BUT ALSO ENJOY FUN AND FELLOWSHIP WITH OUR INTEGRIS FAMILY MORE THAN 500 INTEGRIS EMPLOYEES INCLUDING EXECUTIVE LEADERS HAVE VOLUNTEERED THEIR TIME TO THIS PROJECT FOR MORE INFORMATION, CALL 405-717-9870 INTEGRIS COMMUNITY CLINIC IN JANUARY 1993, INTEGRIS HEALTH OPENED A FREE MEDICAL CLINIC IN THE INNER CITY OF OKLAHOMA

Return Reference	Explanation	
	GENERAL STATEMENT 3	CITY THE CLINIC OFFERS ADULT PATIENTS CARE FOR CHRONIC DISEASES, DIABETES CLASSES AND LIMITED DIABETES EYE EXAMS, AND HAS A PHARMACY FOR ITS PATIENTS WITH ALMOST ONE IN FOUR OKLAHOMANS UNINSURED, THE NEED FOR HEALTH CARE IS GREAT WE HAVE MADE AN IMPACT IN THE COMMUNITY BY HELPING THOUSANDS OF PATIENTS THROUGH THE YEARS WITH A VARIETY OF NEEDS THE CLINIC OPERATES THREE EVENINGS A MONTH, AND SEES APPROXIMATELY 80-100 PATIENTS EACH NIGHT FOR MORE INFORMATION, CALL 405-717-9872 INTEGRIS HEALTH'S TOBACCO FREEDOM PROGRAM THIS PROGRAM IS DESIGNED TO ASSIST THE PEOPLE IN THE COMMUNITIES WE SERVE TO IMPROVE THEIR CHANCES OF STOPPING SMOKING OR USING SMOKELESS TOBACCO A TOBACCO TREATMENT SPECIALIST IS AVAILABLE TO PROVIDE EDUCATION ON NICOTINE DEPENDENCE, ANSWER QUESTIONS AND SCHEDULE CONSULTATIONS AT VARIOUS INTEGRIS HEALTH COMMUNITY EVENTS THROUGHOUT THE YEAR THE PRIMARY GOAL OF THE TOBACCO FREEDOM PROGRAM IS TO SUPPORT THOSE SEEKING INFORMATION ABOUT TREATMENT FOR NICOTINE DEPENDENCE BY PROVIDING RESEARCH BASED INFORMATION THAT DESCRIBES THE PHYSICAL AND BEHAVIORAL BASIS FOR NICOTINE DEPENDENCE, INFORMATION ABOUT THE MOST EFFECTIVE TREATMENT METHODS, AND EASY ACCESS TO TREATMENT INTEGRIS TOBACCO TREATMENT PROGRAMS HAVE PROVIDED ASSISTANCE TO MORE THAN 7000 PATIENTS FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277 INTEGRIS I ON YOUR HEALTH AT INTEGRIS, WE CARE ABOUT ALL OKLAHOMANS WE WANT EVERY ONE TO LIVE LONG, HAPPY LIVES SO WE'RE HELPING YOU REMEMBER TO MAKE GOOD HEALTH CHOICES WITH INTEGRIS "I ON YOUR HEALTH," A BRIEF E-MAIL DELIVERED TO YOUR INBOX TWICE A WEEK, WITH SIMPLE TIPS FOR IMPROVED WELLNESS AND HEALTHY RECIPES FROM INTEGRIS PHYSICIANS AND SPECIALISTS VISIT IONYOURHEALTH.COM TODAY TO GET SOUND HEALTH ADVICE FROM MEDICAL PROFESSIONALS MEN'S HEALTH UNIVERSITY STATISTICS SHOW THAT OKLAHOMA MEN ARE NEARLY TWICE AS LIKELY AS WOMEN TO FAIL TO GET ROUTINE MEDICAL CHECK-UPS OR CARE, AND FREQUENTLY IGNORE SYMPTOMS OR DELAY MEDICAL ATTENTION WHEN SICK OR IN PAIN TO RAISE AWARENESS OF THIS ISSUE AND HELP TURN THE TIDE, INTEGRIS HEALTH'S INNOVATIVE MEN'S INITIATIVE - MEN'S HEALTH UNIVERSITY - OFFERS A SERIES OF HEALTH EDUCATION CLASSES, PROGRAMS AND EVENTS THAT TAKE PLACE THROUGHOUT THE YEAR DESIGNED TO EDUCATE MEN AND THEIR FAMILIES ON THE IMPORTANCE OF TAKING CHARGE OF THEIR OWN HEALTH HEALTH CHECKS SUCH AS CHOLESTEROL, GLUCOSE, BLOOD PRESSURE AND PROSTATE CANCER SCREENINGS ARE FEATURED AT SEVERAL MEN'S HEALTH FAIRS HELD ANNUALLY THROUGHOUT THE STATE WE ALSO CELEBRATE IN JUNE DURING NATIONAL MEN'S HEALTH WEEK, AND IN NOVEMBER WE PARTICIPATE IN "MOVEMBER," THE MEN'S HEALTH AND WELLNESS CAMPAIGN CELEBRATED AROUND THE WORLD EMPOWERING MEN WITH INFORMATION IS AN IMPORTANT FIRST STEP TO IMPROVING THEIR OVERALL HEALTH AND LONGEVITY THESE EVENTS ARE A GREAT WAY FOR MEN TO LEARN ABOUT HEALTH CARE ISSUES IN A FUN, SUPPORTIVE ENVIRONMENT FOR MORE INFORMATION, CALL 405-717-9870 MOBILE MEALS INTEGRIS HEALTH PARTNERS WITH MOBILE MEALS OF OKLAHOMA COUNTY TO PROVIDE MEALS TO SENIOR CITIZENS AND INDIVIDUALS WITH DISABILITIES VOLUNTEER DRIVERS DELIVER MEALS TO RECIPIENTS FIVE DAYS A WEEK FOR SOME SENIOR CITIZENS THIS PROGRAM ENABLES THEM TO KEEP THEIR INDEPENDENCE, AND IT ENHANCES THE LIVES OF THESE INDIVIDUALS FOR MORE INFORMATION, CALL 405-717-9870 MOVE FOR LIFE MOVE FOR LIFE IS A HANDS-ON PROGRAM TO HELP PARENTS RAISE HEALTHY CHILDREN BY MODELING SOUND LIFESTYLE HABITS IN THE HOME CLASS ACTIVITIES ARE DESIGNED TO BE FUN FOR EVERYONE WHERE PARENTS PARTICIPATE WITH THEIR CHILDREN IN LEARNING CREATIVE WAYS TO EAT HEALTHIER AND INCREASE ACTIVITY WITHOUT "GOING TO A GYM" OR "DIETING" MOVE FOR LIFE IS PERFECT FOR FAMILIES WHO HAVE NONATHLETIC HOBBIES AND INTERESTS SUCH AS MUSIC, CHOIR, DRAMA OR ART OR, FOR FAMILIES WHO PARTICIPATE IN SEASONAL ACTIVITIES, BUT STRUGGLE TO MAINTAIN AN ACTIVE LIFESTYLE IN THE OFF-SEASON MOVE FOR LIFE IS AN EIGHT-WEEK PROGRAM, AND MEETS FOR APPROXIMATELY ONE HOUR EACH WEEK C

Return Reference	Explanation	
	GENERAL STATEMENT 4	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED INTEGRIS BAPTIST MEDICAL CENTER, OKLAHOMA CITY * ACES CANCER SUPPORT GROUP * ADJUNCT FACULTY FOR RESPIRATORY THERAPY/EMPLOYEE PARTICIPATION * AIDS WALK * ALZHEIMER'S SUPPORT GROUP * AMERICAN CANCER SOCIETY * ANGEL FLIGHT/EMPLOYEE PARTICIPATION * ANNUAL SOCIAL WORK CONFERENCE * AUTISM SUPPORT GROUP * BACK TO SCHOOL SCREENINGS * BAGCRAFT HEALTH FAIR * BAYER ONCOLOGY SUPER COLON EVENT * BLOOD DRIVE * BLOOD PRESSURE SCREENINGS * CANCER CONNECTIONS NEWSLETTER * CANCER TUMOR REGISTRY * CAREGIVER GRIEF PROGRAM * CELEBRATION OF LIFE * CENTRAL OKLAHOMA TURNING POINT/EMPLOYEE PARTICIPATION * CIT OFFICER TRAINING * CITY OF MIAMI HEALTH FAIR * COALITION OF ADVOCATES EVENTS * COMMUNITY CANCER SCREENINGS * DAY OF DANCE * DEFIBRILLATOR FOR ELK CITY PUBLIC SCHOOLS * DELAWARE COUNTY HEALTH FAIR * DIABETES EDUCATION CLASSES * DONATION TO MERCY FOUNDATION FOR BREAST CANCER SURVIVORS * DOWNSTREAM HEALTH FAIR * EMERGENCY MEDICAL SERVICES FOR AREA SPORTING AND COMMUNITY EVENTS * EMOTIONAL WELLNESS CENTER/EMPLOYEE PARTICIPATION * FAMILY BUILDERS OF OKLAHOMA/EMPLOYEE PARTICIPATION * FIGHTING ADDICTION THROUGH EDUCATION/EMPLOYEE PARTICIPATION * FIREFIGHTER CARDIOVASCULAR SCREENINGS * FIT PANEL DISCUSSION/EMPLOYEE PARTICIPATION * GREAT PLAINS GRADUATION/MEETING SPACE PROVIDED * GRIEF SUPPORT GROUPS * HEALTH ALLIANCE FOR THE UNINSURED/EMPLOYEE PARTICIPATION * HEARTSCAN DONATIONS * HIGH RISK GENETICS * HOPKINS MANUFACTURING HEALTH FAIR * HOSPICE WEBINARS * INDIGO SKY HEALTH FAIR * INFANT CRISIS SERVICES/EMPLOYEE PARTICIPATION INTEGRIS BAPTIST REGIONAL HEALTH CENTER, MIAMI * J&M FARMS HEALTH FAIR * KOMEN RACE FOR THE CURE * LEUKEMIA/LYMPHOMA LIGHT THE NIGHT EVENT * LGBT12 CONFERENCE/EMPLOYEE PRESENTATION * LOOK GOOD, FEEL BETTER CANCER SUPPORT GROUP * LUNCH & LEARN PRESENTATIONS * MEALS ON WHEELS * MEDICAL STUDENTS * MENTAL HEALTH ASSOCIATION OF CENTRAL OKLAHOMA/EMPLOYEE PARTICIPATION * MENTAL HEALTH PRESENTATIONS * MENTAL ILLNESS AWARENESS * MIAMI PUBLIC SCHOOLS HEALTH FAIR * MILITARY FAMILY LISTENING CONFERENCE * MULTIDISCIPLINARY CANCER CLINICS/MEETING SPACE PROVIDED * NATIONAL ALLIANCE ON MENTAL HEALTH * NATIONAL PREVENTION NETWORK CONFERENCE * NURSING STUDENT ROTATIONS * OCCUPATIONAL THERAPY STUDENT ROTATIONS * OK HEALTH SCIENCES CENTER/EMPLOYEE PARTICIPATION * OKLAHOMA BLOOD INSTITUTE BOARD/EMPLOYEE PARTICIPATION * OKLAHOMA HEALTH CARE AUTHORITY/EMPLOYEE PARTICIPATION * OKLAHOMA HEALTH IMPROVEMENT COMMITTEE/EMPLOYEE PARTICIPATION * OKLAHOMA PSYCHIATRIC HOSPITAL ASSOCIATION/EMPLOYEE PARTICIPATION * OKLAHOMA STATE BOARD OF HEALTH/EMPLOYEE PARTICIPATION * ORGAN DONATION EDUCATION * OTTAWA COUNTY SENIOR FAIR * OUT OF THE DARKNESS SUICIDE PREVENTION * PARAMEDIC STUDENT ROTATIONS * PHARMACEUTICAL ASSISTANCE PROGRAM * PHYSICAL THERAPY INTERNSHIP * PHYSICAL THERAPY STUDENT ROTATIONS * POSITIVE DIRECTIONS MENTORING PROGRAM * PRESENTATIONS BY CARDIOLOGISTS * PROMISE TRIAL * RADIOLOGY STUDENT ROTATIONS * REGIONAL FOOD BANK DRIVE * REHAB STUDENT ROTATIONS * RESPIRATORY STUDENT ROTATIONS * SOUTHWESTERN UNIVERSITY PRACTICUM PROGRAM/EMPLOYEE PARTICIPATION * SPECIALIZED OUTPATIENT SERVICES BOARD/EMPLOYEE PARTICIPATION * SPEECH PATHOLOGY INTERNSHIPS * SUNBEAM FAMILY SERVICES/EMPLOYEE PARTICIPATION * SURGERY STUDENT ROTATIONS * TORNADO DISASTER RELIEF * TURKEY TOSS * UNITED WAY PARTNER AGENCY FAIR/MEETING SPACE PROVIDED * US TOO PROSTATE CANCER SUPPORT GROUP * VEIN SCREENINGS * WELCH STATE BANK HEALTH FAIR * WELLNESS NOW/EMPLOYEE PARTICIPATION INTEGRIS BASS BAPTIST HEALTH CENTER, ENID * 4RKIDS EVENT * AMERICAN CANCER SOCIETY/RELAY FOR LIFE * BE FIT KIDS/BUZZ RUN * BREAST CANCER SUPPORT GROUP * CARDIAC PULMONARY SUPPORT GROUP * CDSA BOARD OF DIRECTORS/EMPLOYEE PARTICIPATION * CDSA CAPITAL CAMPAIGN PLEDGE * CHILD ADVOCACY COUNCIL/EMPLOYEE PARTICIPATION * CHOLESTEROL SCREENINGS * CITY SAFETY FAIR * CIVITAN CLUB/SPECIAL OLYMPICS * COMMUNITY HEALTH FAIR * DIABETES SUPPORT GROUP * ENID AMBUCS * ENID COMMUNITY CLINIC * ENID HIGHER EDUCATION COUNCIL/EMPLOYEE PARTICIPATION * FIBROMYALGIA SUPPORT GROUP * GALACTOSEMIA FOUNDATION EVENT * HEDGES SPEECH AND HEARING BOARD OF DIRECTORS/EMPLOYEE PARTICIPATION * IMPACT CONCUSSION TESTING * JUNIOR WELFARE LEAGUE/WARM YOUR HEART RUN * KETTERMAN NURSING SKILLS LAB * MAPP COALITION/EMPLOYEE PARTICIPATION * MARCH OF DIMES PARTICIPATION BY HOSPITAL * MENTAL HEALTH AWARENESS DAY * MOBILE MEALS * MS AWARENESS WALK * NW OKLAHOMA BLOOD INSTITUTE/EMPLOYEE PARTICIPATION * NW OSTEOPATHIC FOUNDATION CHARITY BALL * PARKINSON DISEASE SUPPORT GROUP * PROJECT SEARCH * REGIONAL FOOD BANK * SENIOR LIFE NETWORK * TOYS FOR TOTS * UNITED WAY * WALK THIS WAY INITIATIVE * YMCA BACK A YOUTH * YWCA DAYCARE MEALS INTEGRIS CANADIAN VALLEY HOSPITAL, YUKON * BACK TO SCHOOL IMMUNIZATIONS * CANADIAN VALLEY TECH CENTER/EMPLOYEE PARTICIPATION * CENTRAL ELEMENTARY DASH SPONSOR * CITY OF MUSTANG RALLY * COMMUNITY SUPPORT FOUNDATION * DIABETES SUPPORT GROUP * EL RENO CHAMBER OF COMMERCE * EPIDEMIOLOGY

Return Reference	Explanation	
	GENERAL STATEMENT 4	OGISTS AND PERFECTIONISTS IN INFECTION CONTROL BOARD/EMPLOYEE PARTICIPATION * EVERY 15 MINUTES PROGRAM AT MUSTANG HIGH SCHOOL * FESTIVAL OF THE CHILD * HEALTHY LIFESTYLES AND SAFETY AT YUKON MIDDLE SCHOOL * LPN STUDENT ROTATIONS * MEDICAL SUPPLY DONATIONS * MUSTANG CHAMBER OF COMMERCE * NURSING STUDENT CLINICALS * OKC MEMORIAL MARATHON * OKLAHOMA BLOOD INSTITUTE/EMPLOYEE PARTICIPATION * PROJECT GRADUATION * RANCHWOOD ELEMENTARY JOG-A-THON * REALITY CHECK HIGH SCHOOL PROGRAM * REGIONAL FOOD BANK * RESPIRATORY STUDENT ROTATIONS * ROTARY CLUB/EMPLOYEE PARTICIPATION * SALVATION ARMY KETTLE CAMPAIGN/EMPLOYEE PARTICIPATION * SCRUB TECH STUDENT ROTATIONS * STUDENT GOVERNING BOARD * TORNADO RELIEF IMMUNIZATIONS * UNITED WAY/EMPLOYEE PARTICIPATION * WILD FIRE RELIEF * YUKON CHAMBER OF COMMERCE * YUKON COMMUNITY EDUCATION ADVISORY COUNCIL/ EMPLOYEE PARTICIPATION * YUKON MIDDLE SCHOOL HEALTH FAIR * YUKON SENIOR HEALTH AND FITNESS DAY YUKON TRAILS TASK FORCE/EMPLOYEE PARTICIPATION INTEGRIS GROVE HOSPITAL * BLOOD DRIVES * BREAST CANCER AWARENESS LUNCHEON * CAMP BANDAGE * CHRISTIAN MEDICAL CENTER/DONATION * FAIRLAND PUBLIC SCHOOLS SPORTS PHYSICALS * JAY DUATHALON * JAY SENIOR FAIR * JINGLE BELL 5K RUN * PRESENTATIONS TO COMMUNITY GROUPS * REC DAY WELLNESS FAIR * REGIONAL FOOD BANK DRIVE * ROTARY PARK DONATION * STUDENT GOVERNING BOARD * STUFF THE BUS * TODAY'S HEALTHY OUTLOOK NEWSLETTER * TOWNSEND CHILDREN'S FUND * TRI STATE YMCA AND GRAND LAKE YMCA/EMPLOYEE SUPPORT * TURKEY TOSS * YMCA HEALTH FAIRS INTEGRIS HEALTH EDMOND * BUTTERFIELD MEMORIAL FOUNDATION/EMPLOYEE PARTICIPATION * COLON CANCER AWARENESS TALK * DIABETES EDUCATION * EDMOND CHAMBER OF COMMERCE * LEADERSHIP EDMOND VOLUNTEER DAY/EMPLOYEE PARTICIPATION * LUNG DISEASE LUNCH AND LEARN * PREVENTION AND TREATMENT OF BROKEN HIPs * STROKE AWARENESS TALK * TURKEY TOSS * UCO ADVISORY BOARD/EMPLOYEE PARTICIPATION * UCO INTERNSHIP/PRACTICUM PROGRAM/EMPLOYEE PARTICIPATION * UCO LEADERSHIP CLASS/MEETING SPACE PROVIDED * UCO POST CONFERENCE/MEETING SPACE PROVIDED * UCO TRANSITIONS CLASS/MEETING SPACE PROVIDED * UNDERSTANDING ALZHEIMER'S AND DEMENTIA PRESENTATION * WOMEN'S HEALTH FORUM * YOUTH LEADERSHIP EDMOND/MEETING SPACE PROVIDED INTEGRIS SOUTHWEST MEDICAL CENTER, OKLAHOMA CITY * ACES SUPPORT GROUP * AMERICAN HOSPITAL ASSOCIATION/MEETING SPACE PROVIDED * AMYOTROPHIC LATERAL SCLEROSIS SUPPORT GROUP * AUA STUDENT ROTATIONS * BLOOD PRESSURE SCREENINGS * BRAIN INJURY SUPPORT GROUP * BREAST CANCER AWARENESS DAY * CANCER TUMOR REGISTRY * CHAMBERS OF COMMERCE/EMPLOYEE PARTICIPATION * CROSSROADS MALL DEVELOPMENT/EMPLOYEE PARTICIPATION * GOV FALLIN FEED OKLAHOMA FOOD DRIVE/MEETING SPACE PROVIDED * GREATER OKLAHOMA CITY HOSPITAL COUNCIL/MEETING SPACE PROVIDED * LIMB LOSS SUPPORT GROUP * LVAD SUPPORT GROUP * MEALS ON WHEELS * MUSCULAR DYSTROPHY ASSOCIATION/EMPLOYEE PARTICIPATION * OCCUPATIONAL THERAPY STUDENT ROTATIONS * OKLAHOMA BAPTIST UNIVERSITY CONFERENCE/MEETING SPACE PROVIDED * OKLAHOMA CITY COMMUNITY COLLEGE/MEETING SPACE PROVIDED * OKLAHOMA CITY POLICE PRESENTATION * OKLAHOMA CITY UNIVERSITY/MEETING SPACE PROVIDED * OKLAHOMA STATE STROKE SYSTEMS ADVISORY COMMITTEE/EMPLOYEE PARTICIPATION * OKLAHOMA STATE STROKE SYSTEMS ADVISORY COMMITTEE/MEETING SPACE PROVIDED * PHYSICAL THERAPY STUDENT ROTATIONS POSITIVE DIRECTIONS MENTORING PROGRAM * RADIATION THERAPY STUDENT ROTATIONS * RECREATION THERAPY STUDENT INTERN * REDLANDS COMMUNITY COLLEGE/MEETING SPACE PROVIDED * REGIONAL FOOD BANK DRIVE * RESPIRATORY STUDENT ROTATIONS * ROTARY CLUB/EMPLOYEE PARTICIPATION * RX FOR STROKE CLASSES * SPEECH PATHOLOGY STUDENT ROTATIONS * SPINAL CORD INJURY SUPPORT GROUP * STATEWIDE STROKE CONFERENCE * STROKE SUPPORT GROUP * SURGICAL SCRUB * VO-TECH STUDENT ROTATIONS * THINK FIRST/ HEAD INJURY EDUCATION * TURKEY TOSS

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	GENERAL STATEMENT 5	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED HISPANIC INITIATIVE HISPANICS ARE THE NATION'S LARGEST MINORITY GROUP AND WILL COMPRISE 20 PERCENT OF THE U.S. POPULATION IN 2020. THE INTEGRIS HISPANIC INITIATIVE WAS CREATED IN 2003 TO ADDRESS SOME OF THE SPECIFIC NEEDS OF OKLAHOMA'S BOOMING HISPANIC POPULATION. CANCER SUPPORT GROUP/GRUPO DE APOYO DE CANCER INTEGRIS HEALTH WAS THE FIRST HEALTH CARE ORGANIZATION IN OKLAHOMA CITY TO OFFER A CANCER SUPPORT GROUP IN SPANISH. THE WHOLE FAMILY SUPPORT GROUP BEGAN MEETING IN AUGUST 2004 WITH THREE MEMBERS AND HAS GROWN TO MORE THAN 75 MEMBERS. THE SUPPORT GROUP SESSIONS, LED BY CANCER PATIENTS AND CARE-PARTNERS, ARE DESIGNED TO RESPOND TO THE INFORMATIONAL NEEDS OF CANCER PATIENTS AND THEIR FAMILIES AS WELL AS PROVIDE EMOTIONAL SUPPORT. THIS SUPPORT GROUP IS UNIQUE IN THE SENSE THAT IT PROVIDES SPANISH SPEAKERS THE OPPORTUNITY TO SHARE THEIR THOUGHTS, CONCERNS AND FEAR WITH OTHER CANCER PATIENTS AND SURVIVORS. SESSIONS ARE OFFERED FREE OF CHARGE TO ANYONE IN THE COMMUNITY AFFECTED BY CANCER AS A PATIENT OR FAMILY MEMBER. PARTICIPANTS MEET MONTHLY AT THE INTEGRIS CANCER INSTITUTE AT INTEGRIS SOUTHWEST MEDICAL CENTER. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVAINTEGRIS.COM. CITIZENSHIP, GED AND ESL CLASSES IN PARTNERSHIP WITH THE ADULT LEARNING CENTER WE OFFER GED AND ESL CLASSES TWICE A WEEK IN THE EVENING AND CITIZENSHIP CLASSES IN THE MORNING ON WEEKENDS. THESE CLASSES ARE PART OF THE EFFORT TO BETTER SERVE OUR PEOPLE AND GIVE THEM THE TOOLS TO BECOME BETTER CITIZENS AND STEWARDS IN THEIR OWN COMMUNITIES. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVAINTEGRIS.COM. COMPUTER CLASSES A SERIES OF FOUR CLASSES ONCE A WEEK IS OFFERED, FOR PARTICIPANTS TO LEARN THE BASICS OF COMPUTER LITERACY IN ORDER TO ACCESS THE WORLD OF TECHNOLOGY AND BE ABLE TO PARTICIPATE IN THE DIFFERENT ONLINE CLASSES. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVAINTEGRIS.COM. DIABETES FOCUS GROUPS/FOCOS DE EDUCACION DE DIABETES THE GROUP MEETS EVERY THIRD THURSDAY. PARTICIPANTS ARE REQUIRED TO ATTEND SIX SESSIONS THAT INCLUDE DIABETES GENERALITIES, USE OF A GLUCOSE MONITOR, NUTRITION, EXERCISE, MEDICATION, AND DIABETIC FEET AND OTHER COMPLICATIONS. NEW PATIENTS RECEIVE A "DIABETIC KIT." THIS CLASS HELPS PEOPLE WITH DIABETES TO UNDERSTAND THEIR CHRONIC CONDITION AND TAKE CHARGE OF THEIR CARE. CLASSES ARE LED BY A REGISTERED DIETITIAN AND DIABETIC SPECIALISTS. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVAINTEGRIS.COM. GRIEF SERIES/PRDIDA, DOLOR, RECUPERACION THIS FIVE WEEK PROGRAM PROVIDES INFORMATION AND SUPPORT FOR THOSE WHO HAVE EXPERIENCED THE LOSS OF A LOVED ONE THROUGH DEATH. PARTICIPANTS RECEIVE INFORMATION ABOUT NORMAL GRIEF RESPONSES AND PRACTICAL TOOLS TO HELP SUPPORT THEM WITH THEIR OWN UNIQUE EXPERIENCE OF LOSS AND RECOVERY. THE GROUP SESSIONS ARE HELD AT INTEGRIS SOUTHWEST MEDICAL CENTER. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVAINTEGRIS.COM. HEALTH PROMOTORS/PROMOTORAS DE SALUD A LARGE NUMBER OF MEDICALLY AT-RISK HISPANICS ARE UNABLE TO DEAL WITH THEIR HEALTH PROBLEMS EFFECTIVELY. BARRIERS INCLUDE LANGUAGE, TRANSPORTATION, POVERTY, LACK OF HEALTH INSURANCE COVERAGE OR BEING UNINSURED, AND IMMIGRATION STATUS. MANY DO NOT HAVE A MEDICAL HOME OR A RELATIONSHIP WITH A PRIMARY HEALTH CARE PROVIDER. THE INTEGRIS HISPANIC INITIATIVE OFFERS A LAYPERSON HEALTH PROMOTER PROGRAM FOR THE HISPANIC COMMUNITY, "PROMOTORAS DE SALUD - BIENESTAR COMUNITARIO." THE HEALTH PROMOTER PROGRAM IS AN INNOVATIVE WAY OF TRANSMITTING HEALTH INFORMATION TO TARGETED NEIGHBORHOODS, IN THIS CASE HISPANICS, BRINGING IMMIGRANTS INTO CARE AND INCREASING THEIR EDUCATION ON HEALTH ISSUES. THROUGH PROMOTORAS DE SALUD - BIENESTAR COMUNITARIO, OUR LAY HEALTH PROMOTERS, TRAINED BY HEALTH PROFESSIONALS AND MEDICAL ADVISOR TOMAS OWENS, M.D., EDUCATE THE HISPANIC COMMUNITY IN THREE PREVALENT HEALTH ISSUES: STROKE, HYPERTENSION AND DIABETES. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVAINTEGRIS.COM. HISPANIC HEALTH FAIR/FERIA HISPANA DE LA SALUD THE HISPANIC HEALTH FAIR HAS IMPACTED THOUSANDS OF HISPANICS IN THE OKLAHOMA CITY AREA FOR MORE THAN TWO DECADES AND EACH YEAR CONTINUES TO SERVE MORE PEOPLE IN OUR COMMUNITY. SCREENINGS INCLUDE EYE CHECKS, CHOLESTEROL, GLUCOSE, BLOOD PRESSURE AND STROKE ASSESSMENTS. CANCER CHECKS INCLUDE ORAL, SKIN, PROSTATE AND CLINICAL BREAST EXAMS BY APPOINTMENT. HOME COLORECTAL KITS ARE ALSO AVAILABLE. MORE THAN ONE HUNDRED AGENCIES PARTICIPATE, OFFERING INFORMATION ABOUT HEALTH, EDUCATION AND COMMUNITY RESOURCES. THE HISPANIC HEALTH FAIR IS A GOOD RESOURCE FOR THE HISPANIC COMMUNITY TO UPDATE ITS INFORMATION. FOR MORE INFORMATION, CALL THE INTEGRIS

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	GENERAL STATEMENT 5	HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS.COM LATINO WALKER S' CLUB/CLUB DE CAMINANTES THIS STRUCTURED WALKERS' PROGRAM IS OFFERED TO PEOPLE INTERESTED IN BEING PHYSICALLY ACTIVE AND PURSUING A HEALTHIER LIFESTYLE. THE GROUP MEETS MONTHLY FOR A HEALTH LECTURE OR EXERCISE SESSION, HEALTHY BREAKFAST AND BLOOD PRESSURE CHECKS. THE REST OF THE MONTH MEMBERS ARE ENCOURAGED TO WALK DAILY AT LEAST 30 MINUTES IN THE HOSPITAL DESIGNATED AREA. FREE MEMBERSHIP; T-SHIRTS WITH THE GROUP'S LOGO ARE OFFERED AT A REASONABLE PRICE. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS.COM LITERACY PROGRAM/PLAZA COMUNITARIA DO YOU KNOW SOMEONE WHO NEVER LEARNED TO READ? DID YOU GET TO THE THIRD GRADE BUT COULD NOT FINISH? DID YOU GO TO SCHOOL IN YOUR HOME COUNTRY WITHOUT FINISHING HIGH SCHOOL? THE PLAZA COMUNITARIA IS A FREE PROGRAM OF THE NATIONAL INSTITUTE FOR ADULT EDUCATION DEVELOPED BY THE CONSULATE OF MEXICO IN LITTLE ROCK AND INTEGRIS HEALTH CLASSES ARE HELD MONDAYS AND FRIDAYS FROM 9 A.M. TO NOON. ON-SITE TEACHER IS PRESENT AT EVERY SESSION AND COMPUTERS ARE AVAILABLE FOR ONLINE MATERIAL AND TESTING. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS.COM LOOK GOOD, FEEL BETTER/LUZCA BIEN, SINTASE MEJOR HOPE IS BEAUTIFUL AND SO IS EVERY WOMAN BEING TREATED FOR CANCER. LOOK GOOD FEEL BETTER CAN HELP WOMEN WHO ARE FACING THE CHALLENGE OF A LIFETIME. THE PROGRAM WAS CREATED TO HELP INDIVIDUALS WITH CANCER LOOK GOOD AND IMPROVE THEIR SELF-ESTEEM, AND THEREBY MANAGE THEIR TREATMENT AND RECOVERY WITH GREATER CONFIDENCE. THE SUPPORT GROUP IS OPEN TO ALL WOMEN WITH CANCER WHO ARE UNDERGOING CHEMOTHERAPY, RADIATION OR OTHER FORMS OF TREATMENT. LUZCA BIEN SINTASE MEJOR, THE LOOK GOOD FEEL BETTER BILINGUAL PROGRAM, IS NOW OFFERED BY THE INTEGRIS HISPANIC INITIATIVE. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS.COM MONTHLY LECTURES/CONFERENCIAS MENSUALES WE OFFER HEALTH-RELATED LECTURES EVERY MONTH BASED ON THE SEASON OF THE YEAR AND THE NEED IN THE COMMUNITY. TOPICS ARE SELECTED FROM THE SUGGESTIONS PARTICIPANTS HAVE IN OUR DIFFERENT GROUPS AND PROGRAMS AS WELL AS THE NEEDS OF THE GENERAL POPULATION AND THE NEW ADVANCES AND BREAKTHROUGHS IN HEALTH ISSUES. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH OR VISIT VIVA INTEGRIS.COM NUTRITION CLASSES/CLASES DE NUTRICION IN THE UNITED STATES, HISPANICS ARE DISPROPORTIONATELY IMPACTED BY OBESITY AND CHRONIC HEALTH CONDITIONS, COMPARED TO THE GENERAL POPULATION. EATING A HEALTHY WELL-BALANCED DIET FILLED WITH WHOLE GRAINS, FRUITS, VEGETABLES, HEALTHY FATS, LOW-FAT DAIRY AND LEAN PROTEIN IS IMPORTANT FOR HEALTH AND WELLNESS. KNOWING WHAT AND HOW MUCH TO EAT IS THE KEY TO BEING HEALTHY. THE INTEGRIS HEALTH HISPANIC INITIATIVE AND THE OKLAHOMA STATE UNIVERSITY EXTENSION SERVICE PROVIDE THE FREE NUTRITION CLASSES AT INTEGRIS SOUTHWEST MEDICAL CENTER. CLASSES ARE HELD IN SPANISH BY REGISTERED DIETITIANS THE SECOND TUESDAY OF EVERY MONTH. TOPICS INCLUDE HEALTHY WEIGHT LOSS, HOW TO READ A FOOD LABEL, DIET AND CARDIOVASCULAR DISEASE, DIET AND OSTEOPOROSIS, AND HOW TO EAT HEALTHY DURING THE HOLIDAYS ALONG WITH INFORMATION ON HOW DIET AND NUTRITION AFFECT DIABETES, CARDIOVASCULAR DISEASE, HYPERTENSION AND OSTEOPOROSIS IN THE HISPANIC COMMUNITY. PARTICIPANTS TASTE THE DELICIOUS RECIPES WE DEMONSTRATE IN EACH CLASS. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS.COM BREAST SELF-EXAMINATION/AUTO-EXAMEN DE PECHO ONE IN EIGHT WOMEN WILL DEVELOP BREAST CANCER IN HER LIFETIME. HOWEVER, 90 PERCENT OF BREAST CANCER CAN BE TREATED SUCCESSFULLY IF DETECTED AND TREATED EARLY. STARTING BY AGE 20, WOMEN SHOULD EXAMINE THEIR BREASTS MONTHLY. BREAST SELF-EXAMINATION IS A GOOD ROUTINE HEALTH HABIT THAT CAN

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	GENERAL STATEMENT 6	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED WEIGHT LOSS CHALLENGE/GANE PERDIENDO TWELVE WEEKS CHALLENGE TO LEARN AND ADOPT A HEALTHY LIFESTYLE. NUTRITION, EXERCISE AND STRESS MANAGEMENT ARE THE KEY COMPONENTS OF THIS WEIGHT LOSS CHALLENGE AS WELL AS INFORMATION AND CLASSES ABOUT HEALTH RELATED ISSUES. WEEKLY SESSIONS ON HEALTH TOPICS INCLUDING NUTRITION, MENTAL HEALTH, HEALTHY WEIGHT AND ACTIVE LIFESTYLE, COMBINED WITH INTRODUCTION TO DIVERSE EXERCISE MODALITIES SUCH AS WALKING, CHAIR EXERCISE, RESISTANCE BAND AND ZUMBA, MOTIVATE PARTICIPANTS TO STAY ACTIVE AND LIVE HEALTHIER. OUR WEIGHT LOSS CHALLENGE FOR ADULTS IS HELD DURING THE MONTHS OF FEBRUARY TO APRIL AND THE VERSION OF THE PROGRAM FOR CHILDREN, MOVE FOR LIFE, GOES ON FROM SEPTEMBER THROUGH NOVEMBER EVERY YEAR. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVAINTEGRIS.COM. SENIOR SERVICES INTEGRIS THIRD AGE LIFE CENTER ONE OF THE LEADING SENIOR INFORMATION AND REFERRAL ASSISTANCE CENTERS IN OKLAHOMA, THIRD AGE LIFE CENTER HAS BEEN PROVIDING A BROAD VARIETY OF SERVICES FOR OLDER ADULTS SINCE 1986. INTEGRIS THIRD AGE LIFE CENTER EDUCATIONAL PROGRAMS INTEGRIS THIRD AGE LIFE CENTER PROVIDES OPPORTUNITIES FOR INVOLVEMENT AND CONTINUED GROWTH FOR ANYONE 50 YEARS OF AGE OR OLDER ENJOYING THE THIRD AGE OF LIFE. A VARIETY OF EDUCATIONAL PROGRAMS ARE OFFERED RANGING FROM DISCUSSIONS BY INTEGRIS HEALTH PROFESSIONALS TO DEFENSIVE DRIVING CLASSES CONDUCTED BY AARP TO SEMINARS ON TOPICS OF SPECIAL INTEREST TO THE OLDER ADULT INCLUDING NUTRITION, FITNESS, LEGAL ISSUES, HEALTH CONCERNS AND MORE. OTHER OPTIONS INCLUDE CLASSES IN COMPUTER AND SPANISH LANGUAGE INSTRUCTION. FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. ASK A DIETITIAN CONSULTATION WITH A REGISTERED DIETITIAN IS OFFERED FREE OF CHARGE TO INTEGRIS THIRD AGE LIFE CENTER PARTICIPANTS. THIS COMMUNITY SERVICE FOCUSES ON GENERAL NUTRITION QUESTIONS AND IS NOT INTENDED AS A SUBSTITUTE FOR THERAPEUTIC DIETS OR MEDICAL NUTRITION THERAPY. FOR MORE INFORMATION, CALL 405-717-9821 (NORTH OFFICE) OR 405-644-5140 (SOUTH OFFICE) OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. CAREGIVER SUPPORT GROUP IN COOPERATION WITH THE ALZHEIMER'S ASSOCIATION, INTEGRIS THIRD AGE LIFE CENTER FACILITATES A CAREGIVER SUPPORT GROUP THAT MEETS TWICE A MONTH. IF YOU ARE A CAREGIVER OF AN INDIVIDUAL WITH ALZHEIMER'S OR RELATED DEMENTIA, THIS GROUP MAY PROVIDE JUST THE SUPPORT THAT IS NEEDED FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. EAT WELL, MOVE MORE, BE WELL THIS PROGRAM IS AIMED AT HELPING OLDER ADULTS CHOOSE WHOLESOME FOODS AND ADOPT A MORE ACTIVE LIFESTYLE. TAKING STEPS TO ACHIEVE A HEALTHIER BODY WEIGHT IS IMPORTANT, BUT THOSE WHO ARE 65 YEARS OF AGE AND OLDER SHOULD STRIVE TO MAKE CHANGES GRADUALLY. EAT WELL, MOVE MORE, BE WELL IS A FOUR-SESSION PROGRAM TAUGHT BY A REGISTERED DIETITIAN AND EXERCISE PHYSIOLOGIST. NUTRITION RECOMMENDATIONS FOCUS ON CHOOSING A CALORIE-BALANCED DIET WITH A PARTICULAR EMPHASIS ON A HEART-HEALTHY EATING PATTERN. EXERCISE TIPS ALSO FOCUS ON INCREASING PHYSICAL ACTIVITY IN AN AGE-APPROPRIATE FASHION INCLUDING RECOMMENDATIONS FOR REDUCING THE RISK OF FALLING, STRENGTH CONDITIONING AND ENHANCING BALANCE AND COORDINATION SKILLS. FOR MORE INFORMATION, CALL 405-717-9875. FAYE DONALSON HEARING HELPERS DEMONSTRATION ROOM HOUSED AT INTEGRIS THIRD AGE LIFE CENTER, THE FAYE DONALSON HEARING HELPERS DEMONSTRATION ROOM CONTAINS A VAST ARRAY OF DEVICES DESIGNED TO HELP PEOPLE COPE WITH HEARING LOSS. THESE DEVICES ARE AVAILABLE FOR YOU TO EXAMINE AND DETERMINE WHAT WORKS BEST. ORDERING INFORMATION AND CATALOGS ARE ALSO AVAILABLE. FOR MORE INFORMATION, CALL 405-717-9820 FOR VOICE AND TTY COMMUNICATION. FITNESS CLASSES THERE IS SOMETHING FOR EVERY FITNESS LEVEL AT INTEGRIS THIRD AGE LIFE CENTER. REGULAR EXERCISE WILL INCREASE STRENGTH, FLEXIBILITY, THE IMMUNE SYSTEM AND MORE. WHETHER SENIOR STRENGTH TRAINING, LINE DANCING, TAI CHI CHIH OR LAUGHTER YOGA, THESE CLASSES ARE DESIGNED TO HELP ONE GET UP, GET MOVING AND HAVE SOME FUN. FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. HEALTHY HEART WALKERS' CLUB THE HEALTHY HEART WALKERS' CLUB IS DESIGNED TO PROVIDE THE COMMUNITY WITH A STRUCTURED WALKING AND HEALTH EDUCATION PROGRAM. THE LARGE HALLWAY ACCESS AREAS, LOCATED AT INTEGRIS SOUTHWEST MEDICAL CENTER AND INTEGRIS BAPTIST MEDICAL CENTER, PROVIDE A SAFE, CONVENIENT AND COMFORTABLE WALKING ENVIRONMENT. INTEGRIS THIRD AGE LIFE CENTER SPONSORS A MONTHLY MEETING THAT FEATURES VARIOUS SPEAKERS PRESENTING INFORMATION ON TOPICS ABOUT HEALTH AND WELLNESS OR OTHER TOPICS OF INTEREST TO SENIORS. FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. HEARING LOSS ASSOCIATION OF OKC SUPPORT GROUP THE HEARING LOSS ASSOCIATION OF OKLAHOMA CITY IS AN ADVOCACY GROUP FORMED TO PROTECT THE RIGHTS OF PEOPLE WHO HAVE DIF

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6	GENERAL STATEMENT	FICULTY HEARING THE ASSOCIATION DEVELOPS STRATEGIES TO DEAL WITH HEARING LOSS THROUGH EDUCATION BY SPEAKERS AND INTERACTING WITH PROFESSIONALS SUPPORT GROUP MEETINGS ARE HELD MONTHLY THE ASSOCIATION PARTICIPATES IN PUBLIC SERVICE BY PROVIDING VOLUNTEERS IN THE FAYE DONALSON HEARING HELPERS DEMONSTRATION ROOM LOCATED IN THE INTEGRIS THIRD AGE LIFE CENTER FOR MORE INFORMATION, CALL 405-717-9820 MEDICARE INSURANCE COUNSELING DURING THE MEDICARE OPEN ENROLLMENT PERIOD, A SENIOR HEALTH INSURANCE COUNSELOR CERTIFIED BY THE OKLAHOMA STATE INSURANCE DEPARTMENT, IS AVAILABLE BY APPOINTMENT AT INTEGRIS THIRD AGE LIFE CENTER TO ASSIST MEDICARE RECIPIENTS IN SELECTING A MEDICARE PART D PRESCRIPTION PLAN TELEPHONE CONSULTATIONS TO DISCUSS GENERAL MEDICARE QUESTIONS ARE ALSO AVAILABLE THROUGHOUT THE YEAR FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAHELIFE MEMORY USE IT OR LOSE IT MEMORY LOSS OFTEN OCCURS WITH AGE, BUT IT MAY RAISE SOME QUESTIONS FOR THE INDIVIDUAL AND FAMILY WHAT IS NORMAL? CAN ANYTHING BE DONE TO DELAY IT? COULD IT BE ALZHEIMER'S? THIS PROGRAM ADDRESSES THESE QUESTIONS AND OTHER AGE-RELATED MEMORY CONCERNS, INCLUDING THE EARLY DETECTION AND TREATMENT OF DEMENTIA SUCH AS ALZHEIMER'S DISESE PARTICIPANTS RECEIVE A CHECKLIST OF WARNING SIGNS AND OTHER TOOLS TO HELP ASSESS WHETHER FURTHER EVALUATION BY A PHYSICIAN IS NEEDED THE PROGRAM, OFFERED BY INTEGRIS THIRD AGE LIFE CENTER AND INTEGRIS MENTAL HEALTH, IS FREE TO THE PUBLIC AND IS HELD IN VARIOUS LOCATIONS THROUGHOUT THE METRO AREA FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAHELIFE PREVENT SLIPS, TRIPS AND BROKEN HIPs INTEGRIS THIRD AGE LIFE CENTER IN COLLABORATION WITH INTEGRIS JIM THORPE REHABILITATION OFFERS A COMMUNITY PROGRAM THAT EDUCATES SENIORS ABOUT RISK FACTORS FOR FALLING, PREVENTION OF FALLING AND WHAT TO DO IF A FALL OCCURS FOLLOWING THE PRESENTATION, INDIVIDUALS MAY ELECT TO DO THE "TIMED UP AND GO TEST," WHICH IDENTIFIES THEIR RISK FOR FALLING PARTICIPANTS IN THE HIGH RISK CATEGORY ARE ADVISED TO REVIEW THE RESULTS WITH THEIR PRIMARY CARE PHYSICIAN THIS PROGRAM IS FREE TO COMMUNITY GROUPS IN THE METRO OKLAHOMA CITY AREA FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAHELIFE IN 2014, INTEGRIS HEALTH PROVIDED \$27,304,712 IN COMMUNITY BENEFITS THIS INCLUDES OUR RETURNSHIP, COMMUNITY BUILDING EFFORTS, UNCOMPENSATED SERVICES AND MEDICAID SERVICES RETURNSHIP RETURNSHIP EPI TOMIZES 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 \$6,730,884 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 \$505,997 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 CHARITY CARE COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS INTEGRIS HEALTH ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS INTEGRIS HEALTH PROVIDED CHARITY CARE AND MEDICAID SERVICES AT AN ESTIMATED COST OF \$20,067,831 IN ADDITION, INTEGRIS HEALTH INCURRED BAD DEBT WITH AN ESTIMATED COST OF \$24,733,957 BASED ON THE OVERALL HOSPITAL COST TO CHARGE RATIO INTEGRIS BAP

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GENERAL STATEMENT 7	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 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 2013 TAX YEAR

Return Reference	Explanation
GENERAL STATEMENT 8	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 DAVID R HADLEY

Return Reference	Explanation
GENERAL STATEMENT 9	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 (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

Return Reference	Explanation
GENERAL STATEMENT 10	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

Return Reference	Explanation
GENERAL STATEMENT 11	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

Return Reference	Explanation
GENERAL STATEMENT 12	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 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

Return Reference	Explanation
GENERAL STATEMENT 13	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

Return Reference	Explanation
GENERAL STATMENT 14	PART VII SECTION B INDEPENDENT CONTRACTORS INTEGRIS CARDIOVASCULAR PHYSICIANS \$655,511 PHYSICIANS, LLC 3545 N W 58TH, SUITE 450 OKLAHOMA CITY, OK 73112 GE HEALTHCARE IITS U S CORP SOFTWARE LICENSING \$284,886 P O BOX 277475 ATLANTA, GA 30384 SPINNER BROTHERS, INC CONSTRUCTION SERVICES \$242,446 1007 KENILWORTH ROAD OKLAHOMA CITY, OK 73114 DIAGNOSTIC LAB OF OKLAHOMA REFERENCE LAB \$211,470 P O BOX 676324 DALLAS, TX 75267-6324 PEC CHEROKEE INDUSTRIAL PARK, INC CONSTRUCTION SERVICES \$164,882 11600 BROADWAY EXT , SUITE 250 OKLAHOMA CITY, OK 73114

Return Reference	Explanation
GENERAL STATEMENT 15	PART XI RECONCILIATION OF NET ASSETS, LINE 9 INCOME FROM SUBSIDIARY - FOUNDATION 100% \$ 495,771 INCOME FROM SUBSIDIARY - WESTERN VILLAGE ACADEMY 100% <381,305> INVESTMENT IN WESTERN VILLAGE ACADEMY 500,000 ----- TOTAL \$614,466

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

(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) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BMPA LTD 73-1228665	MED OFFICE BLDG	OK	NA	N/A								
(2) GRAND LAKE 73-1622843	MEDICAL	OK	NA	N/A								
(3) QC-III 20-8723857	MEDICAL	OK	NA	N/A								
(4) DIAGNOSTIC LAB 73-1560760	CLINICAL LAB	NJ	NA	N/A								
(5) MPI CENTER 73-1283942	MEDICAL	OK	IACC	RELATED	302,235	468,352		No	0	Yes		50 000 %
(6) HILLCRESTINTEGRIS HEALTH LLC	DORMANT	OK	NA	N/A								
(7) LAKESIDE 73-1493662	MEDICAL	OK	IACC	RELATED	709,827	17,768,929		No	750	Yes		78 124 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

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

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 73-1192765

Name: INTEGRIS AMBULATORY CARE CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INTEGRIS HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192764	HEALTH CARE	OK	501(C)(3)	LINE 11-I	NA		No
(1) BAPTIST HEALTHCARE OF OKLAHOMA INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 23-7456301	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
(2) INTEGRIS HOSPICE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 9	IH		No
(3) INTEGRIS BAPTIST MEDICAL CENTER INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1034824	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
(4) INTEGRIS RURAL HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
(5) INTEGRIS SOUTHWEST MEDICAL CENTER INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
(6) INTEGRIS HEALTH FOUNDATION INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IH		No
(7) WESTERN VILLAGE ACADEMY 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC	Yes	
(8) INTEGRIS HEALTH EDMOND INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
(9) INTEGRIS MENTAL HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-0738716	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BMPA LTD 73-1228665	MED OFFICE BLDG	OK	NA	N/A								
GRAND LAKE 73-1622843	MEDICAL	OK	NA	N/A								
QC-III 20-8723857	MEDICAL	OK	NA	N/A								
DIAGNOSTIC LAB 73- 1560760	CLINICAL LAB	NJ	NA	N/A								
MPI CENTER 73-1283942	MEDICAL	OK	IACC	RELATED	302,235	468,352		No	0	Yes		50 000 %
HILLCRESTINTEGRIS HEALTH LLC	DORMANT	OK	NA	N/A								
LAKESIDE 73-1493662	MEDICAL	OK	IACC	RELATED	709,827	17,768,929		No	750	Yes		78 124 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
INTEGRIS PROHEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1046179	RETAIL PHARMACY	OK	NA	C Corp					No
THE STANLEY F HUPFELD CHAR REMAIN TRUST 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 26-6238051	FINANCIAL	OK	NA	Trust					No
QUALITY ALLIANCE ASSURANCE CO PO BOX 10027 GRAND CAYMAN KYI-1001 CJ 98-1060671	INSURANCE	CJ	NA	C Corp					No
BAPTIST HEALTH SYSTEM INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	NA	C Corp					No
ONE CARE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	NA	C Corp					No
VADOVATIONS INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 27-0821922	HEALTH CARE	OK	NA	C Corp					No
INTEGRIS HEALTH PARTNERS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-3482852	HEALTH CARE	OK	NA	C Corp					No
INTEGRIS CARDIOVASCULAR PHYSICIANS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-2867352	HEALTH CARE	OK	NA	C Corp					No



**INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES**

Consolidated Financial Statements
and Supplemental Schedules

June 30, 2014 and 2013

(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, 2014 and 2013, 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, 2014 and 2013, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.



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 22, 2014

**INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES**

Consolidated Balance Sheets

June 30, 2014 and 2013

(In thousands)

Assets	<u>2014</u>	<u>2013</u>
Current assets:		
Cash and cash equivalents	\$ 131,547	171,183
Short-term investments	193,909	132,375
Accounts receivable, net:		
Patients	147,671	133,502
Affiliates	146	—
Current portion of notes receivable	24	364
Inventories	24,698	23,015
Prepaid expenses and other current assets	11,614	9,851
Total current assets	<u>509,609</u>	<u>470,290</u>
Assets whose use is limited	954,671	892,738
Property and equipment:		
Land and improvements	61,067	59,233
Buildings and leasehold improvements	695,434	684,549
Equipment	717,960	686,985
	<u>1,474,461</u>	<u>1,430,767</u>
Less accumulated depreciation and amortization	<u>918,360</u>	<u>860,015</u>
	556,101	570,752
Construction in progress	<u>28,265</u>	<u>5,996</u>
	584,366	576,748
Other assets, net	<u>116,437</u>	<u>119,176</u>
Total assets	<u>\$ 2,165,083</u>	<u>2,058,952</u>

**INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES**

Consolidated Balance Sheets

June 30, 2014 and 2013

(In thousands)

Liabilities and Net Assets	2014	2013
Current liabilities:		
Accounts payable, accrued expenses, and other	\$ 199,277	177,621
Employee compensation and related liabilities	68,322	54,083
Current portion of long-term debt	18,560	18,243
Current portion of capital lease obligations	200	118
Due to affiliates	10,721	11,633
Total current liabilities	297,080	261,698
Long-term debt, less current portion	424,354	436,464
Capital lease obligations, less current portion	1,568	167
Other long-term liabilities	270,338	281,479
Total liabilities	993,340	979,808
Net assets:		
Unrestricted	1,135,675	1,044,883
Temporarily restricted	24,384	23,454
Permanently restricted	6,308	5,022
Total net assets of INTEGRIS <i>Health</i>	1,166,367	1,073,359
Noncontrolling ownership interest in equity of consolidated affiliates – unrestricted	5,376	5,785
Total net assets	1,171,743	1,079,144
Commitments and contingencies		
Total liabilities and net assets	\$ 2,165,083	2,058,952

See accompanying notes to consolidated financial statements.

**INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES**

Consolidated Statements of Operations

Years ended June 30, 2014 and 2013

(In thousands)

	<u>2014</u>	<u>2013</u>
Operating revenues:		
Patient service revenue (net of contractual allowances and discounts)	\$ 1,406,813	1,366,718
Provision for bad debts	(121,454)	(125,647)
Net patient service revenue	1,285,359	1,241,071
Premium revenue	1,465	1,243
Other operating revenue	102,872	84,569
Total operating revenues	<u>1,389,696</u>	<u>1,326,883</u>
Operating expenses:		
Salaries and related expenses	703,621	678,988
Supplies and other expenses	516,045	477,968
Professional services	46,792	48,843
Depreciation and amortization	68,366	68,399
Provision for bad debts (nonpatient)	45	94
Interest	11,135	11,316
Total operating expenses	<u>1,346,004</u>	<u>1,285,608</u>
Income from operations	<u>43,692</u>	<u>41,275</u>
Nonoperating revenue (expense):		
Investment income, net	46,618	53,326
Equity in income of affiliates, net	6,935	10,590
Loss on extinguishment of debt	—	(1,794)
Other, net	(3,332)	(4,801)
Total nonoperating revenue, net	<u>50,221</u>	<u>57,321</u>
Net income	93,913	98,596
Net income attributable to noncontrolling interest	(649)	(1,241)
Net income attributable to INTEGRIS <i>Health</i>	<u>\$ 93,264</u>	<u>97,355</u>

See accompanying notes to consolidated financial statements.

**INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES**

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2014 and 2013

(In thousands)

	<u>2014</u>	<u>2013</u>
Changes in unrestricted net assets:		
Net income attributable to INTEGRIS <i>Health</i>	\$ 93,264	97,355
Pension liability adjustment	(4,221)	138,713
Net assets released from restrictions used for purchase of property and equipment	240	1,334
Contributions of long-lived assets	247	1,848
Other changes, net	1,262	(2,972)
	<u>90,792</u>	<u>236,278</u>
Changes in temporarily restricted net assets:		
Contributions received for operations	2,111	3,027
Investment income	228	269
Change in value of split-interest agreement	(14)	(15)
Net assets released from restrictions	(1,611)	(1,760)
Other changes, net	216	(519)
	<u>930</u>	<u>1,002</u>
Changes in permanently restricted net assets:		
Contributions received for operations	939	586
Investment income	465	376
Other changes, net	(118)	(2)
	<u>1,286</u>	<u>960</u>
Increase in net assets of INTEGRIS <i>Health</i>	93,008	238,240
Net assets of INTEGRIS <i>Health</i> , beginning of year	<u>1,073,359</u>	<u>835,119</u>
Net assets of INTEGRIS <i>Health</i> , end of year	<u>\$ 1,166,367</u>	<u>1,073,359</u>

See accompanying notes to consolidated financial statements.

**INTEGRIS HEALTH, INC.
AND CONTROLLED ENTITIES**

Consolidated Statements of Cash Flows

Years ended June 30, 2014 and 2013

(In thousands)

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities		
Increase in net assets	\$ 93,008	238,240
Adjustments to reconcile changes in net assets to net cash provided by operating activities		
Pension liability adjustment	4,221	(138,713)
Net unrealized gain on investments	(24,849)	(16,069)
Net realized gain on investments	(27,979)	(6,743)
Contributions of long lived assets	247	1,848
Loss on extinguishment of long-term debt	—	1,794
Change in split-interest agreement	14	15
Provision for uncollectible accounts	121,499	125,741
Depreciation and amortization	68,366	68,399
Amortization of bond premiums/discounts	(8)	(49)
Net (gain) loss on PPE disposal	(289)	175
Earnings from investments in affiliates	(6,935)	(10,590)
Distributions from unconsolidated affiliates	17,084	16,649
Other changes in affiliates	(184)	438
Change in fair value of interest rate swap agreements	81	(28,938)
Revenues and gains in excess of expenses incurred attributable to noncontrolling interests	649	1,241
(Increase) decrease in		
Patient receivables	(135,668)	(126,917)
Other receivables	194	326
Other assets	(4,427)	(8,755)
Increase (decrease) in		
Accounts payable and accrued liabilities	34,984	(13,543)
Other noncurrent liabilities	(15,457)	18,448
Net cash provided by operating activities	<u>124,551</u>	<u>122,997</u>
Cash flows from investing activities		
Purchases of property and equipment	(75,398)	(57,505)
Proceeds from disposal of PPE	106	147
Purchases of investments in affiliates and contributions to joint ventures	(1,093)	—
Acquisition of physician practices and facilities	(4,100)	(16,386)
(Purchases) sales of short-term investments and assets limited to use, net	(70,639)	4,119
Net cash used in investing activities	<u>(151,124)</u>	<u>(69,625)</u>
Cash flows from financing activities		
Proceeds from issuance of debt	—	97,945
Redemption of long-term debt	—	(97,945)
Debt issuance costs	—	(238)
Principal payments on capital lease obligations	(328)	(167)
Principal payments on long-term debt	(11,785)	(11,441)
Distributions to noncontrolling interest holders	(950)	(1,003)
Net cash used in financing activities	<u>(13,063)</u>	<u>(12,849)</u>
Net (decrease) increase in cash and cash equivalents	(39,636)	40,523
Cash and cash equivalents at beginning of year	<u>171,183</u>	<u>130,660</u>
Cash and cash equivalents at end of year	<u>\$ 131,547</u>	<u>171,183</u>
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	\$ 24,327	24,228
Supplemental disclosure of noncash financing activities		
Capital lease obligations incurred	\$ 1,810	—

See accompanying notes to consolidated financial statements

**INTEGRIS HEALTH, INC.
AND CONTROLLED ENTITIES**

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(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.

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

(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 the consolidated 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. Significant estimates for INTEGRIS include malpractice and liability costs, pension benefit obligation, valuation of interest rate swaps, and valuation of accounts receivable.

(d) Principles of Consolidation

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

- IBMC and subsidiaries
- ISOCHC
- IRH
- BHO

**INTEGRIS *HEALTH*, INC.
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Notes to Consolidated Financial Statements

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- INTEGRIS *Health* Edmond (IHE)
- INTEGRIS *Health* 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)
- Lakeside Women's Hospital LLC

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 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.

**INTEGRIS HEALTH, INC.
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(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:

	<u>2014</u>	<u>2013</u>
Patient service revenue (net of contractual allowances and discounts, before provision for bad debt, in thousands):		
Medicare	\$ 345,732	340,665
Medicaid	162,672	143,178
Managed care	681,473	601,702
Commercial and other	106,313	157,416
Private pay	110,623	123,757
	<u>\$ 1,406,813</u>	<u>1,366,718</u>

Accounts receivable are recorded net of an allowance for uncollectible accounts and contractual adjustments of approximately \$470,709,000 and \$455,870,000 at June 30, 2014 and 2013, 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

**INTEGRIS *HEALTH*, INC.
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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 62% in 2014 and 55% in 2013 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 Internal Revenue Service 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 healthcare. 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. As of July 1, 2013, this private pay adjustment was increased to 62% of patient charges.

INTEGRIS *Health*'s allowance for doubtful accounts for self-pay patients was 98.6% of self-pay accounts receivable at June 30, 2014 and June 30, 2013. Negative trends experienced in the collection of amounts from self-pay patients continued in fiscal year 2014 and 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.

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(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 2014, INTEGRIS Health's eligible hospitals and physicians received approximately \$11,650,000 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, 2014.

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 \$12,904,000 and \$12,759,000 in 2014 and 2013, respectively. Investment income includes the loss from the change in fair value of interest rate swaps described in note 1(q) of approximately \$81,000 in 2014 and the gain of \$28,938,000 in 2013. 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.

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(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. Amortization expense on debt offering costs of approximately \$311,000 and \$362,000 was recognized during 2014 and 2013, 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

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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 loss recognized for the year ended June 30, 2014 was approximately \$81,000 and an unrealized gain was recognized for the year ended June 30, 2013 of \$28,938,000. 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

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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 \$3,897,000 and \$4,138,000 and the future value of the asset retirement obligation is approximately \$5,822,000 and \$6,340,000 as of June 30, 2014 and 2013, respectively. Substantially all of the obligation relates to estimated costs to remove asbestos and underground storage tanks from various facilities. Changes from June 30, 2013 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, 2014 and 2013 was measured as the difference between the fair value of the plan assets and the benefit obligation on a 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.

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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.

(u) Recent Accounting Pronouncements

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which requires an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The ASU will replace most existing revenue recognition guidance in U.S. GAAP when it becomes effective. The new standard is effective for INTEGRIS Health on July 1, 2018. The standard permits the use of either the retrospective or cumulative effect transition method. INTEGRIS Health is evaluating the effect that ASU 2014-09 will have on its financial statements and related disclosures.

(2) Fair Value of Financial Instruments

Cash and cash equivalents, accounts receivable, accounts payable, accrued expenses and other, 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, 2014 and 2013 is approximately \$442,914,000 and \$454,707,000, respectively, and the fair value is approximately \$460,260,000 and \$470,650,000, 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, 2014 and 2013 is approximately \$57,132,000 and \$57,051,000, respectively, and is presented in other long-term liabilities in the consolidated financial statements.

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(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 is as 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 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 2014 and 2013 includes approximately \$4,645,000 and \$3,470,000, respectively, of adjustments for estimated cost report settlements and final settlements.

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 2013, the SHOPP assessment rate was 2.61% of net patient service revenue. For calendar year 2014, the SHOPP assessment rate is 2.95% of net patient service revenue. The total fee incurred in 2014 and 2013 was approximately \$30,298,000 and \$27,381,000, respectively, and is included in supplies and other expenses in

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the consolidated statements of operations. The allocation from the pool in 2014 and 2013 was approximately \$62,419,000 and \$53,116,000, 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 2017.

(4) Investments

(a) Assets Whose Use Is Limited

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

	2014		2013	
	Cost	Fair value	Cost	Fair value
Board designated				
Cash and cash equivalents	\$ 19,213	19,213	17,827	17,827
U S government and agency obligations	92,040	92,694	94,147	93,656
Marketable equity securities	162,904	207,528	135,514	167,623
Corporate and other obligations	467,172	464,149	461,705	454,094
Accrued interest receivable	1,093	1,093	1,308	1,308
	<u>742,422</u>	<u>784,677</u>	<u>710,501</u>	<u>734,508</u>
Amounts held as collateral by counterparties to interest rate swaps and held in escrow for purchase transactions				
Cash and cash equivalents	11,973	11,973	11,521	11,521
By donors				
Cash and cash equivalents	358	358	147	147
U S government and agency obligations	5	5	5	5
Marketable equity securities	12,432	15,192	11,433	13,721
Corporate and other obligations	6,821	7,080	7,067	7,103
Accrued interest receivable	12	11	17	17
	<u>19,628</u>	<u>22,646</u>	<u>18,669</u>	<u>20,993</u>

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		2014		2013	
		Cost	Fair value	Cost	Fair value
By the INTEGRIS Health Foundation boards					
Cash and cash equivalents	\$	458	458	192	192
U S government and agency obligations		2	2	1	1
Marketable equity securities		15,776	20,090	14,596	18,186
Corporate and other obligations		8,645	9,361	9,021	9,415
Accrued interest receivable		15	15	23	23
		<u>24,896</u>	<u>29,926</u>	<u>23,833</u>	<u>27,817</u>
By board for self-insurance program					
Cash and cash equivalents		19,436	19,436	9,090	9,090
U S government and agency obligations		18,450	26,854	57,066	55,480
Marketable equity securities		52,411	51,150	19,483	24,320
Corporate and other obligations		7,414	7,771	8,728	8,764
Accrued interest receivable		238	238	246	245
		<u>97,949</u>	<u>105,449</u>	<u>94,613</u>	<u>97,899</u>
Total assets whose use is limited	\$	<u>896,868</u>	<u>954,671</u>	<u>859,137</u>	<u>892,738</u>

(b) Short-Term Investments

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

	2014	2013
Cash and cash equivalents	\$ 1,865	1,860
U.S. government and agency obligations	66,016	—
Corporate and other obligations	125,880	130,420
Accrued interest receivable	148	95
Short-term investments	<u>\$ 193,909</u>	<u>132,375</u>

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(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):

	<u>2014</u>	<u>2013</u>
Interest and dividend income, net	\$ 6,775	14,335
Interest expense	(12,904)	(12,759)
Unrealized (loss) gain on derivatives	(81)	28,938
Net realized gains on sales of securities	27,979	6,743
Net unrealized gains on trading securities	24,849	16,069
	<u>\$ 46,618</u>	<u>53,326</u>

(5) Long-Term Debt

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

	<u>2014</u>	<u>2013</u>
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 (0.79% and 0.81% at June 30, 2014 and 2013, respectively) issued May 2013, maturing at various dates through 2035.	\$ 48,565	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 (0.86% and 0.87% at June 30, 2014 and 2013, respectively) issued May 2013, maturing at various dates through 2035.	48,530	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 (0.86% and 0.89% at June 30, 2014 and 2013, respectively) issued July 2011, maturing at various dates through August 2033.	45,855	46,835
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 (0.96% and 1.00% at June 30, 2014 and 2013, respectively) issued July 2011, maturing at various dates through August 2033.	46,110	47,165

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	<u>2014</u>	<u>2013</u>
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 5.01% to 5.25%, issued July 2008, maturing at various dates between August 2009 and August 2038, including discount of \$1,174 and \$1,222 at June 30, 2014 and 2013, respectively.	\$ 83,266	89,978
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 \$858 and \$913 at June 30, 2014 and 2013, respectively.	117,858	117,914
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 (0.03% and 0.05% at June 30, 2014 and 2013, respectively) issued November 2007, maturing at various dates through August 2033.	49,000	50,050
Taxable Variable Rate Demand Bonds (Series 1997) at variable rates as determined by the remarketing agent (0.20% and 0.25% at June 30, 2014 and 2013, respectively) issued May 1, 1997, interest payable monthly, principal payable annually through maturity in June 2017.	<u>3,730</u>	<u>4,820</u>
	442,914	454,707
Less current portion	<u>18,560</u>	<u>18,243</u>
Long-term portion	\$ <u><u>424,354</u></u>	<u><u>436,464</u></u>

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, 2014, 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, 2014. The Obligated Group represents approximately 94% and 96% of net assets and approximately 86% and 88% of total operating revenues of INTEGRIS *Health* as of and for the years ended June 30, 2014 and 2013, respectively.

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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 rates at which the bonds are remarketed are determined in accordance with the respective remarketing agreements. With respect to the bonds supported by a 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, 2014 and 2013 was \$113,300,000 and \$114,200,000, 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%.

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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, 2014 and 2013 was \$94,950,000 and \$95,800,000, 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%.

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, 2014 and 2013 was \$140,750,000 and \$143,825,000, 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 (in thousands):

	Scheduled principal payments	Including mandatory and SBPA tendered bonds
Year ending June 30:		
2015	\$ 12,310	18,560
2016	12,770	21,513
2017	13,340	64,892
2018	12,585	20,080
2019	14,370	64,120
Thereafter	377,855	254,065
Total	\$ <u>443,230</u>	<u>443,230</u>

During 2014, INTEGRIS *Health* entered into a line of credit with Bank of Oklahoma, N.A. in the amount of \$75,000 that expires on July 1, 2015. There were no amounts outstanding under the line of credit as of June 30, 2014.

During 2014, INTEGRIS *Health* extended the line of credit with Wells Fargo in the amount of \$3 million with a variable interest rate of 1.98% from August 30, 2013 to September 30, 2014. The outstanding balance was \$1,151,000 at June 30, 2014 and \$1,104,000 at June 30, 2013.

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(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 (EPIC), 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 personnel agency; Diagnostic Lab of Oklahoma (DLO), a comprehensive medical laboratory; INTEGRIS HMA, LLC (INTEGRIS HMA), a healthcare limited liability company; 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, Inc. 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, 2014 and 2013 (in thousands):

	Ownership interest		Carrying value		Equity in earnings (losses)	
	2014	2013	2014	2013	2014	2013
Plaza	33.33%	33.33%	\$ 545	575	(30)	(45)
MPIC	50.00	50.00	640	689	289	399
Advanced Imaging	50.00	50.00	171	204	(33)	(35)
SW Ortho	18.37	19.14	5,773	4,076	2,781	2,559
Fresenius	49.00	49.00	545	1,243	(698)	171
InteliStaf	32.00	32.00	270	212	385	255
DLO	49.00	49.00	11,352	12,151	11,451	12,242
ProCure	3.65	3.65	2,007	2,727	(721)	(128)
VADovations, Inc	75.00	75.00	(1,914)	660	(2,574)	(1,884)
INTEGRIS HMA	20.00	20.00	8,104	12,019	(3,915)	(2,944)
			<u>\$ 27,493</u>	<u>34,556</u>	<u>6,935</u>	<u>10,590</u>

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(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, 2014 and 2013 is summarized below (in thousands):

	<u>2014</u>	<u>2013</u>
Noncontrolling ownership interest in equity of consolidated affiliates, beginning of year	\$ 5,785	(130)
Revenue and gains in excess of expenses and losses attributable to noncontrolling interest	649	1,241
Grand Lake buyout	(108)	—
Lakeside acquisition	—	5,677
Distributions to noncontrolling interest holders	<u>(950)</u>	<u>(1,003)</u>
Noncontrolling ownership interest in equity of consolidated affiliates, end of year	<u>\$ 5,376</u>	<u>5,785</u>

(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.

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 \$90,288,000 and \$84,745,000 as of June 30, 2014 and 2013, respectively.

Claims arising from services provided to patients through June 30, 2014 and 2013 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.

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(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 \$22,000,000 and \$25,704,000 were made in 2014 and 2013, respectively.

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 table sets forth the pension and postretirement benefit plan's benefit obligations, fair value of plan assets, and funded status as of June 30, 2014 and 2013 (in thousands):

	Pension plan		Postretirement benefit plan	
	2014	2013	2014	2013
Projected benefit obligation at June 30	\$ 572,571	526,790	3,594	3,333
Fair value of plan assets at June 30	392,130	332,561	—	—
Funded status	<u>\$ (180,441)</u>	<u>(194,229)</u>	<u>(3,594)</u>	<u>(3,333)</u>
Accrued benefit cost recognized in the balance sheet	\$ (180,441)	(194,229)	(3,541)	(3,333)

Net assets include approximately \$142,506,000 and \$138,548,000 related to the pension plan as of June 30, 2014 and 2013, respectively. The June 30, 2014 and 2013 amount is comprised of net actuarial loss of approximately \$142,506,000 and \$138,548,000, respectively, and prior service credits of approximately \$0 for both years. The net loss and prior service cost for the pension plan as of June 30, 2014 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 ended June 30, 2014.

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Actuarial assumptions utilized for the plans are as follows:

	Pension plan		Postretirement benefit plan	
	2014	2013	2014	2013
Weighted average assumptions as of June 30 used to determine net periodic benefit cost:				
Discount rate	5.00%	4.52%/3.72%(1)	5.00%	4.52%
Expected long-term rate of return on plan assets	7.00	7.00	—	—
Rate of compensation increase	—	3.84	—	—
Healthcare cost trend rate	—	—	8.50	8.50
Weighted average assumptions as of June 30 used to determine the benefit obligation:				
Discount rate	4.53%	5.00%	4.53%	5.00%
Rate of compensation increase	—	3.84	—	—
Healthcare cost trend rate	—	—	8.50	8.50

(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 \$572,571,000 and \$526,790,000 at June 30, 2014 and 2013, respectively.

For measurement purposes, medical claims in 2015 are assumed to be 8.0% greater than medical claims for 2014. The trend is graded down so that medical claims in 2022 and later are assumed to be 4.5% greater than claims in the prior year.

Summary information for the plans is as follows:

		Pension plan		Postretirement benefit plan	
		2014	2013	2014	2013
Net periodic benefit cost	\$	4,254,000	33,293,000	110,000	342
INTEGRIS Health contributions		22,000,000	25,704,000	132,000	126,000
Benefits paid		16,887,000	15,704,000	140,000	134,000

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The following tables present information about INTEGRIS *Health*'s pension plan assets that are measured at fair value on a recurring basis as of June 30, 2014 and 2013 (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)	2014
Equity:				
Common stocks:				
Consumer discretionary	\$ 17,025	—	—	17,025
Consumer staples	3,014	—	—	3,014
Energy	5,419	—	—	5,419
Financials	29,738	—	—	29,738
Healthcare	2,182	—	—	2,182
Industrials	7,341	—	—	7,341
Information technology	14,566	—	—	14,566
Materials	382	—	—	382
Telecommunications services	1,828	—	—	1,828
Utilities	7,360	—	—	7,360
Total common stocks	88,855	—	—	88,855
Publicly traded mutual funds – equity	118,397	—	—	118,397
Total equity	207,252	—	—	207,252
Fixed income:				
Publicly traded mutual funds – fixed income	117,267	—	—	117,267
Total fixed income	117,267	—	—	117,267
Other investments:				
Real estate	—	—	4,519	4,519
Limited partnerships	40,983	—	14,595	55,578
Total other investments	40,983	—	19,114	60,097
Cash equivalent	7,324	—	—	7,324
Total assets	\$ 372,826	—	19,114	391,940

Plan assets also include \$190,000 of accrued interest at June 30, 2014.

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	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
Healthcare	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.

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The weighted average asset allocation of INTEGRIS *Health*'s pension benefits at June 30, 2014 and 2013, by asset category are as follows:

	Plan assets at June 30	
	2014	2013
Asset category:		
Equity securities	53%	53%
Debt securities	30	34
Cash	2	2
Real estate	1	2
Master limited partnerships	14	9
	<u>100%</u>	<u>100%</u>

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 contribute a minimum of \$12,504,000 to the plan during the upcoming year.

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The expected benefits to be paid are as follows:

	<u>Pension plan</u>	<u>Postretirement benefit plan</u>
2015	\$ 18,399,000	265,000
2016	19,807,000	280,000
2017	21,282,000	287,000
2018	22,974,000	292,000
2019	24,449,000	294,000
2020 – 2024	141,914,000	1,417,000

The expected benefits are estimated based on the same assumptions used to measure the benefit obligations of INTEGRIS Health at June 30, 2014 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 \$4,932,000 and \$6,595,000 as of June 30, 2014 and 2013, 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 \$13,380,000 and \$12,942,000 as of June 30, 2014 and 2013, respectively. INTEGRIS Health maintained 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 through September 2013. Until then the letter of credit was required by the Court to allow INTEGRIS Health and affiliates to carry workers' compensation risk without insurance. Starting this year, the Court changed requirements and INTEGRIS was granted the ability to set up a Reserve Escrow account in the amount of \$6,000,000. In October 2013, such an account was set up with Bank of Oklahoma and the balance at June 30, 2014 was \$6,052,000. The court will re-evaluate the required reserve annually.

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 \$32,451,000 and \$20,579,000 were made by INTEGRIS Health in 2014 and 2013, respectively.

**INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES**

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(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 \$120,708,000 and \$106,679,000 in 2014 and 2013, respectively. The estimated direct and indirect cost of providing these services, calculated using the ratio of patient care cost to charges, was approximately \$32,353,000 and \$28,927,000 in 2014 and 2013, respectively. In addition, the healthcare related controlled entities provide services through government-sponsored indigent healthcare 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 41% and 44% of total gross outstanding receivables at June 30, 2014 and 2013, 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 \$6,049,100 and \$5,673,400 in net deferred tax assets, against which a 100% valuation allowance has been recorded, for the years ended June 30, 2014 and 2013, respectively.

**INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES**

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(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, 2014.

	<u>2014</u>	<u>2013</u>
Healthcare services	\$ 1,128,000	1,098,000
General and administrative	218,000	188,000
	<u>\$ 1,346,000</u>	<u>1,286,000</u>

(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).

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, 2014 and 2013 (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.

	<u>Quoted prices in active markets for identical assets (Level 1)</u>	<u>Significant other observable inputs (Level 2)</u>	<u>Significant unobservable inputs (Level 3)</u>	<u>2014</u>
Equity				
Common stocks				
Consumer discretionary	\$ 8,773	—	—	8,773
Consumer staples	12,260	—	—	12,260
Energy	9,793	—	—	9,793
Financials	7,501	—	—	7,501
Healthcare	16,637	—	—	16,637

**INTEGRIS *HEALTH*, INC.
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Notes to Consolidated Financial Statements

June 30, 2014 and 2013

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	2014
Industrials	\$ 12,819	—	—	12,819
Information technology	75,394	—	—	75,394
Materials	8,498	—	—	8,498
Telecommunications services	9,262	—	—	9,262
Utilities	7,848	—	—	7,848
Total common stocks	168,785	—	—	168,785
Marketable limited partnerships	3,527	—	—	3,527
Publicly traded mutual funds – equity	101,958	—	—	101,958
Total equity	274,270	—	—	274,270
Fixed income				
Treasury and federal agencies				
Short (less than 5 years)	59,777	89	—	59,866
Intermediate (5–10 years)	8,951	1,090	—	10,041
Long (more than 10 years)	29,387	44,550	—	73,937
Total treasury and federal agencies	98,115	45,729	—	143,844
Nongovernmental obligations				
Short (less than 5 years)	—	177,446	—	177,446
Intermediate (5–10 years)	—	16,814	—	16,814
Long (over 10 years)	—	4,000	—	4,000
Total nongovernmental obligations	—	198,260	—	198,260
Preferred stocks nonconvertible	279	—	—	279
Publicly traded mutual funds – fixed income	466,073	—	—	466,073
Total fixed income	564,467	243,989	—	808,456

**INTEGRIS *HEALTH*, INC.
AND CONTROLLED ENTITIES**

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	2014
Real estate	\$ —	—	3,226	3,226
Limited partnerships	—	—	1,447	1,447
Cash equivalent	59,678	—	—	59,678
Total assets	<u>\$ 898,415</u>	<u>243,989</u>	<u>4,673</u>	<u>1,147,077</u>
Liabilities				
Interest rate swap agreements	\$ —	57,132	—	

Total invested assets also included approximately \$1,503,000 of accrued income at June 30, 2014.

	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
Healthcare	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

**INTEGRIS *HEALTH*, INC.
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Notes to Consolidated Financial Statements

June 30, 2014 and 2013

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	2013
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
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 income at June 30, 2013.

**INTEGRIS HEALTH, INC.
AND CONTROLLED ENTITIES**

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(16) Commitments and Contingencies

As discussed in note 8, INTEGRIS *Health* and its controlled entities are involved in litigation associated with alleged malpractice and general liability claims, which arise out in 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, 2014 and 2013, the estimated remaining costs to complete these projects totaled approximately \$7,050,000 and \$7,505,000, 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):

2015	\$	7,959
2016		6,376
2017		3,817
2018		3,118
2019		2,406
Thereafter		<u>1,993</u>
Total	\$	<u><u>25,669</u></u>

Operating lease expense approximated \$18,945,000 and \$19,285,000 in 2014 and 2013, respectively.

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.

**INTEGRIS *HEALTH*, INC.
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Notes to Consolidated Financial Statements

June 30, 2014 and 2013

However, if determined adversely, a portion of the DSH payments for fiscal years 2005-2014, inclusive, would be recoupable by CMS and, based on an average adjustment of \$13-15 million per year over the 10-year period, would result in a settlement payment and adjustment to the Obligated Group's earnings in the year of determination of approximately \$136 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.

(17) Subsequent Events

Management of INTEGRIS *Health* has evaluated subsequent events through September 22, 2014, the date on which the consolidated financial statements were issued.

**INTEGRIS HEALTH INC
AND CONTROLLED ENTITIES**
Consolidating Schedule – Balance Sheet Information
June 30, 2014
(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	\$ 175,048	66,435	101,506	342,989	—	342,989	516	—	—	30,432	373,937	(242,390)	131,547
Short-term investments	80,960	40,474	380	121,814	—	121,814	—	—	—	72,095	193,909	—	193,909
Accounts receivable, net													
Patients	67,911	23,186	24,241	115,338	—	115,338	854	—	—	31,479	147,671	—	147,671
Affiliates	175	3	5	183	—	183	—	—	—	67,105	67,288	(67,142)	146
Current portion of notes receivable	—	—	24	24	—	24	—	—	—	—	24	—	24
Inventories	12,880	2,476	5,687	21,043	—	21,043	—	—	—	3,655	24,698	—	24,698
Prepaid expenses and other current assets	586	76	173	835	—	835	1	—	—	10,778	11,614	—	11,614
Total current assets	337,560	132,650	132,016	602,226	—	602,226	1,371	—	—	215,544	819,141	(309,532)	509,609
Assets whose use is limited	484,696	113,431	92,383	690,510	—	690,510	—	615	779	262,767	954,671	—	954,671
Property and equipment, net	173,428	62,513	155,693	391,634	—	391,634	2,460	2,254	1,641	186,377	584,366	—	584,366
Other assets, net	36,384	4,608	8,840	49,832	14,705	64,537	—	25	29	1,382,841	1,447,432	(1,330,995)	116,437
Total assets	\$ 1,032,068	313,202	388,932	1,734,202	14,705	1,748,907	3,831	2,894	2,449	2,047,529	3,805,610	(1,640,527)	2,165,083
Liabilities and Net Assets													
Current liabilities:													
Accounts payable, accrued expenses, and other	\$ 27,413	10,421	7,349	45,183	—	45,183	35	20	381	153,658	199,277	—	199,277
Employee compensation and related liabilities	19,636	7,221	7,058	33,915	—	33,915	325	—	3	34,079	68,322	—	68,322
Current portion of long-term debt	6,526	1,278	2,969	10,713	(1,351)	9,362	—	536	629	11,118	591	7,442	18,560
Current portion of capital lease obligations	—	—	—	—	—	—	—	—	—	200	200	—	200
Due to affiliates	47,717	—	18,687	66,404	—	66,404	305	209	1,746	251,589	320,253	(309,532)	10,721
Total current liabilities	101,292	18,920	36,003	156,215	(1,351)	154,864	665	765	2,759	440,117	599,170	(302,090)	297,080
Long-term debt, less current portion	227,817	57,964	128,170	413,951	16,056	430,007	—	1,180	1,385	56,907	489,479	(65,125)	424,354
Capital lease obligations, less current portion	—	—	—	—	—	—	—	—	—	1,568	1,568	—	1,568
Other long-term liabilities	60,015	282	490	60,787	—	60,787	312	—	—	209,239	270,338	—	270,338
Total liabilities	389,124	77,166	164,663	630,953	14,705	645,658	977	1,945	4,144	707,831	1,360,555	(367,215)	993,340
Net Assets of INTEGRIS Health	643,246	236,036	224,269	1,103,551	—	1,103,551	2,854	949	(1,695)	1,334,020	2,439,679	(1,273,312)	1,166,367
Noncontrolling ownership interest in equity of consolidated affiliates – unrestricted	(302)	—	—	(302)	—	(302)	—	—	—	5,678	5,376	—	5,376
Total net assets (deficit)	642,944	236,036	224,269	1,103,249	—	1,103,249	2,854	949	(1,695)	1,339,698	2,445,055	(1,273,312)	1,171,743
Total liabilities and net assets	\$ 1,032,068	313,202	388,932	1,734,202	14,705	1,748,907	3,831	2,894	2,449	2,047,529	3,805,610	(1,640,527)	2,165,083

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, 2014

(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)	\$ 696,804	258,729	290,431	1,245,964	—	1,245,964	78,121	—	—	168,714	1,422,490	(15,677)	1,406,813
Provision for bad debts	(46,126)	(38,278)	(25,559)	(109,763)	—	(109,763)	(477)	—	—	(11,332)	(121,572)	118	(121,454)
Net patient service revenue	650,678	220,451	265,072	1,136,201	—	1,136,201	77,644	—	—	157,382	1,300,918	(15,559)	1,285,359
Premium revenue	176	—	677	853	—	853	—	—	—	553	1,506	(41)	1,465
Other operating revenue	35,706	11,164	13,022	59,892	—	59,892	380	975	2,823	55,287	122,784	(19,912)	102,872
Total operating revenues	686,560	231,615	278,671	1,196,846	—	1,196,846	111,442	975	2,823	213,422	1,425,208	(35,512)	1,389,696
Operating expenses													
Salaries and related expenses	269,492	113,614	145,021	528,127	—	528,127	8,270	—	69	170,653	707,119	(3,498)	703,621
Supplies and other expenses	305,752	94,932	93,556	494,240	—	494,240	3843	381	1,437	42,032	541,933	(25,888)	516,045
Professional services	17,922	12,719	9,774	40,415	—	40,415	2,326	45	187	9,945	52,918	(6,126)	46,792
Depreciation and amortization	25,124	9,987	12,642	47,753	—	47,753	243	276	442	19,652	68,366	—	68,366
Provision for bad debt (nonpatient)	38	23	(13)	48	—	48	—	—	—	(3)	45	—	45
Interest	3,510	2,061	5,736	11,307	—	11,307	(40)	13	15	(160)	11,135	—	11,135
Total operating expenses	621,838	233,336	266,716	1,121,890	—	1,121,890	14,642	715	2,150	242,119	1,381,516	(35,512)	1,346,004
Income (loss) from operations	64,722	(1,721)	11,955	74,956	—	74,956	(3,500)	260	673	(28,697)	43,692	—	43,692
Nonoperating revenue (expense)													
Investment income (loss) net	22,319	783	6,197	36,301	—	36,301	114	—	—	10,203	46,618	—	46,618
Equity in income (loss) of affiliates net	11,080	79	507	11,666	—	11,666	—	—	—	89,072	100,738	(9,380)	6,955
Other net	(7,345)	1,407	1,824	(4,114)	—	(4,114)	(20)	—	—	802	(3,332)	—	(3,332)
Total nonoperating revenue (expense) net	26,054	9,271	8,528	43,853	—	43,853	94	—	—	100,077	144,024	(9,380)	50,221
Net income	90,776	7,550	20,483	118,809	—	118,809	(3,406)	260	673	71,380	187,716	(9,380)	93,913
Net income attributable to noncontrolling interest	5	—	—	5	—	5	—	—	—	(654)	(649)	—	(649)
Net income attributable to INTEGRIS Health	90,781	7,550	20,483	118,814	—	118,814	(3,406)	260	673	70,726	187,067	(9,380)	93,264
Other changes in net assets													
Pension liability adjustment	—	—	—	—	—	—	—	—	—	(4,221)	(4,221)	—	(4,221)
Other net	(44,436)	9	(1,213)	(45,640)	—	(45,640)	41,450	—	(579)	104,304	99,535	(95,570)	3,965
Change in net assets	46,345	7,559	19,270	73,174	—	73,174	38,044	260	94	170,809	282,381	(189,373)	93,008
Net assets (deficit) of INTEGRIS Health beginning of year	596,901	228,477	204,999	1,030,377	—	1,030,377	(35,190)	689	(1,789)	1,163,211	2,157,298	(1,083,939)	1,073,359
Net assets (deficit) of INTEGRIS Health end of year	\$ 643,246	236,036	224,269	1,103,551	—	1,103,551	2,854	949	(1,695)	1,334,020	2,439,679	(1,279,312)	1,160,367

See accompanying independent auditors' report