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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2008Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning**07/01, 2008, and ending****06/30, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization INTEGRIS BAPTIST MEDICAL CENTER, INC Doing Business As SEE SCHEDULE O Number and street (or P O box if mail is not delivered to street address) Room/suite 5300 N. INDEPENDENCE AVE., STE. 130 City or town, state or country, and ZIP + 4 OKLAHOMA CITY, OK 73112 F Name and address of principal officer BRUCE LAWRENCE 5300 N. INDEPENDENCE AVE., OKLAHOMA CITY, OK 73112	D Employer identification number 73-1034824	
		E Telephone number (405) 949-6026	
		G Gross receipts \$ 756,510,448.	
		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☒ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website ▶ WWW.INTEGRIS-HEALTH.COM			
K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1977 M State of legal domicile OK			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.</u>			
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of employees (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
7b		Net unrelated business taxable income from Form 990-T, line 34		
		Prior Year	Current Year	
8		541,461.	531,010.	
9		558,261,496.	609,626,629.	
10		7,157,025.	10,212,886.	
11		10,958,516.	179,817.	
12		576,918,498.	620,550,342.	
Expenses		13	51,522.	15,998,036.
		14	NONE	NONE
	15	203,046,733.	218,882,256.	
	16a	NONE	NONE	
	17	329,072,523.	331,780,758.	
	18	532,170,778.	566,661,050.	
	19	44,747,720.	53,889,292.	
	Net Assets or Fund Balances	20	696,392,965.	745,386,769.
		21	293,897,157.	322,152,820.
		22	402,495,808.	423,233,949.

Part II Signature Block

Sign Here	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		
	Signature of officer	Date 4/14/10	
Paid Preparer's Use Only	Type or print name and title W. J. Miller CFO		
	Preparer's signature	Date 4/14/2010	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102	Preparer's identifying number (see instructions) EIN ▶ 13-5565207 Phone no ▶ 405-239-6411	
May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 498,081,998. including grants of \$ 15,998,036.) (Revenue \$ 609,626,629.)
 SEE SCHEDULE O STATEMENTS 2 THROUGH 5

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 ► \$ 498,081,998. (Must equal Part IX, Line 25, column (B).)

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
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	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	NONE
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	NONE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	23	
1b	Enter the number of voting members that are independent	17	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.	X	
11	Is there any officer, director or 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.		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
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?	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

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

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

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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

[illegible]

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

[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 119

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		35,988,878.

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	58
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Part VIII Statement of Revenue

73-1034824

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	531,010.			
	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 \$		68,072.			
	h	Total. Add lines 1a-1f		531,010.			
Program Service Revenue				Business Code			
	2a	NET PATIENT REVENUE	621990	581,950,198.	581,912,453	37,745.	
	b	PARTNERSHIP INCOME	900099	13,641,490		2,637,455	11,004,035
	c	CAFETERIA	722320	4,354,064.			4,354,064
	d	SYSTEM SERVICE REVENUE	900099	1,680,603			1,680,603.
	e	PHARMACY INCOME	446110	1,490,007.	1,759.		1,488,248
	f	All other program service revenue	900099	6,510,267.	3,304,882.	1,272,000	1,933,385.
	g	Total. Add lines 2a-2f		609,626,629			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,806,481.			12,806,481.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		NONE			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory	133,366,511.				
	b	Less cost or other basis and sales expenses	135,960,106.				
	c	Gain or (loss)	-2,593,595.				
	d	Net gain or (loss)		-2,593,595.			-2,593,595.
	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		NONE			
	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		NONE			
	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		NONE				
Miscellaneous Revenue			Business Code				
11a	MISC. INCOME	900099	179,817.	550.		179,267	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		179,817				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		620,550,342.	585,219,644.	3,947,200	30,852,488.	

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) but are not required to complete columns (B), (C), and (D).**

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 U.S. See Part IV, line 21 . . .	15,968,554.	15,968,554.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	29,482.	29,482.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,560,898.	1,322,237.	238,661.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	170,221,684.	144,194,789.	26,026,895.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	13,116,534.	11,379,905.	1,736,629.	
9 Other employee benefits	22,372,714.	18,101,763.	4,270,951.	
10 Payroll taxes	11,610,426.	9,909,239.	1,701,187.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	151,541.	34,653.	116,888.	
c Accounting	514,483.		514,483.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	18,973,320.	17,394,585.	1,578,735.	
12 Advertising and promotion	1,687,571.	275,362.	1,412,209.	
13 Office expenses	106,906,683.	106,294,676.	612,007.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	4,326,554.	2,841,469.	1,485,085.	
17 Travel	1,121,254.	723,768.	397,486.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	503,998.	312,197.	191,801.	
20 Interest	13,992,909.	13,614,505.	378,404.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	25,905,476.	25,905,476.		
23 Insurance	7,928,043.	8,564,717.	-636,674.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PURCHASED SERVICES -----	63,594,207.	40,264,249.	23,329,958.	
b PROVISION FOR BAD DEBT -----	58,475,045.	58,475,152.	-107.	
c CONTRACT LABOR -----	6,329,361.	6,226,891.	102,470.	
d RIF & RECRUITMENT -----	3,982,547.	3,771,009.	211,538.	
e UTILITIES -----	3,618,158.	3,481,018.	137,140.	
f All other expenses -----	13,769,608.	8,996,302.	4,773,306.	
25 Total functional expenses. Add lines 1 through 24f	566,661,050.	498,081,998.	68,579,052.	
26 Joint Costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	883,792.
	2 Savings and temporary cash investments	89,804,418.	2	82,396,433.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	41,765,112.	4	43,920,069.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	83,333.	7	NONE
	8 Inventories for sales or use	9,751,778.	8	9,966,630.
	9 Prepaid expenses and deferred charges	931,918.	9	1,372,068.
	10a Land, buildings, and equipment: cost basis	10a 440,378,638.		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b 239,435,156.	10c	200,943,482.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	12,962,756.	12	11,074,771.
	13 Investments - program-related. See Part IV, line 11	12,890,267.	13	13,913,846.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	373,875,762.	15	380,915,678.
16 Total assets. Add lines 1 through 15 (must equal line 34)	696,392,965.	16	745,386,769.	
Liabilities	17 Accounts payable and accrued expenses	33,852,203.	17	26,707,473.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	256,346,489.	20	292,211,914.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	3,698,465.	25	3,233,433.
	26 Total liabilities. Add lines 17 through 25.	293,897,157.	26	322,152,820.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	402,495,808.	27	423,233,949.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	402,495,808.	33	423,233,949.
	34 Total liabilities and net assets/fund balances.	696,392,965.	34	745,386,769.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Form 990 (2008)

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

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 (Please check only one organization.)

- 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).** (Attach Schedule H.)

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

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

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

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

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

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

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

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 - Other

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?

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

(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 organizations the organization supports

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-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 - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

INTEGRIS BAPTIST MEDICAL CENTER, INC

Supplemental Financial Statements

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

73-1034824

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure)	☐ Preservation of an historically importantly land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 relating to these items

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

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if 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 XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		196,573.		196,573.
b Buildings		173,357,318.	105,544,702.	67,812,616.
c Leasehold improvements		11,894,534.	7,241,719.	4,652,815.
d Equipment		208,020,723.	126,648,735.	81,371,988.
e Other		46,909,490.		46,909,490.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				200,943,482.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
BOARD DESIGNATED TRUST FUNDS	365,754,874.
DEBT OFFERING COSTS	2,452,266.
OTHER ASSETS	576.
RESTRICTED FOR CONSTRUCTION - BOND PROCEEDS	12,587,741.
PATIENT RECORDS	120,221.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	380,915,678.

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

(a) Description of liability	(b) Amount
Federal income taxes	
OTHER LONG TERM LIABILITIES	576.
ASSET RETIREMENT OBLIGATION	3,232,857.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ►	3,233,433.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.	10	

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

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

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE H

(Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

► Attach to Form 990.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals		
☒ Applied uniformly to all hospitals		
☐ Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care	X	
☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %		
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	X	
☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
c If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Does the organization prepare an annual community benefit report?	X	
b If "Yes," does the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care 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 Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

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

Schedule H (Form 990) 2008

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008)

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

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 2 Enter the amount of the organization's bad debt expense (at cost) **2**
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy **3**
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

Yes	No

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5**
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6**
- 7 Enter line 5 less line 6 - surplus or (shortfall) **7**
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy? **9a**
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. **9b**

X	
---	--

X	
---	--

Part IV Management Companies and Joint Ventures (Optional for 2008)

	(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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f); Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE

SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS).

INTEGRIS USES NUMEROUS METHODS TO INFORM OUR PATIENTS ON THE

AVAILABILITY OF FINANCIAL ASSISTANCE FROM GOVERNMENTAL PROGRAMS AND

THE INTEGRIS CHARITY ASSISTANCE PROGRAM. THESE INCLUDE:

*A FINANCIAL RIGHTS AND RESPONSIBILITY BROCHURE PROVIDED TO EACH

PATIENT AT THE TIME OF ADMISSION.

*DESCRIPTIONS OF THESE PROGRAMS ON EACH PATIENT BILLING STATEMENT.

*DESCRIPTIONS OF THESE PROGRAMS ON THE INTEGRIS WEBSITE.

*POSTERS ANNOUNCING THE AVAILABILITY OF ASSISTANCE LOCATED IN EVERY

PATIENT REGISTRATION DEPARTMENT.

*FINANCIAL COUNSELORS WHO ARE AVAILABLE TO MEET WITH EACH PATIENT

TO DISCUSS ELIGIBILITY FOR THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS.

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Employer Identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

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" on

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | | | |
|---|--|-------|------|-------|
| 2 | Enter total number of section 501(c)(3) and government organizations | | 5 | |
| 3 | Enter total number of other organizations | | NONE | |
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
- Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
HIGH SCHOOL SCHOLARSHIPS	15	27,000.			
RESPIRATORY THERAPY SCHOLARSHIPS	2	2,482.			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

SUPPLEMENTAL INFORMATION 1

SCHEDULE I, PART I, LINE 2

INTEGRIS BAPTIST MEDICAL CENTER, INC. (IBMC) PROVIDES FUNDS TO VARIOUS

COMMONLY CONTROLLED HOSPITALS TO SUPPORT THEIR OPERATIONS. IBMC

DETERMINES THE AMOUNT OF THE FUNDS PROVIDED ON AN ANNUAL BASIS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

INTEGRIS BAPTIST MEDICAL CENTER, INC

Employer identification number

73-1034824

Part I Questions Regarding Compensation

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

- | | |
|---|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☒ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

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

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(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 reportable compensation				
JAY P. CANNON, M.D.	(i) 164,593.	(ii) 21,807.	(iii) 104.	4,230.	NONE	190,734.	79,002.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JUDY HOISINGTON	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii) 144,933.	35,708.	16,222.	10,053.	10,500.	217,416.	98,432.
	(iii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
WENTZ MILLER	(i) 381,481.	110,691.	28,192.	33,905.	13,666.	567,935.	260,182.
	(ii) 331,059.	83,119.	17,279.	14,681.	13,332.	459,470.	215,728.
	(iii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRIS HAMMES	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii) 576,971.	202,230.	65,802.	14,950.	13,060.	873,013.	422,502.
STANLEY F. HUPFELD	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii) 481,185.	227,237.	26,160.	41,677.	13,768.	790,027.	367,291.
C. BRUCE LAWRENCE	(i) 141,218.	18,199.	1,020.	6,910.	6,731.	174,078.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
GEORG F. LUNDAY	(i) 199,622.	43,171.	14,777.	12,201.	12,067.	281,838.	128,785.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERROL A. MITCHELL	(i) 119,528.	22,072.	13,770.	8,209.	12,108.	175,687.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JIM W. PORTERFIELD	(i) 1,173,052.	NONE	8,217.	6,900.	13,107.	1,201,276.	590,635.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES W. LONG	(i) 746,960.	200,000.	2,492.	12,650.	8,494.	970,596.	474,726.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
NICHOLAS JABBOUR	(i) 564,327.	NONE	5,755.	6,900.	11,749.	588,731.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL S. SCHIFF	(i) 499,712.	NONE	6,378.	11,515.	13,842.	531,447.	253,045.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
DOUGLAS A. HORSTMANSHOFF	(i) 342,079.	143,500.	8,243.	12,650.	13,647.	520,119.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
VIVEK KOHLI	(i) 213,183.	51,575.	15,117.	14,946.	12,771.	307,592.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
LINDA MERKEY	(i) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2008

Part III Supplemental Information

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

SUPPLEMENTAL INFORMATION 1

SCHEDULE J, PART I, LINE 1A

TRAVEL FOR COMPANIONS AND/OR GROSS-UP PAYMENTS FOR EXPENSES WERE PROVIDED

TO TWO DIRECTORS. THESE ITEMS REPRESENT TAXABLE COMPENSATION TO THESE

INDIVIDUALS. NOT ALL RECEIVED BOTH TYPES OF BENEFITS.

JAY P. CANNON, M.D.

CHRIS HAMMES

SUPPLEMENTAL INFORMATION 2

SCHEDULE J, PART I, LINE 3

INTEGRIS BAPTIST MEDICAL CENTER, INC. (IBMC) IS A MEMBER OF AN INTEGRATED

HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS). AS PART

OF THIS SYSTEM, IBMC RELIES UPON INTEGRIS TO ESTABLISH THE COMPENSATION

FOR ITS TOP MANAGEMENT OFFICIALS. INTEGRIS UTILIZES A COMPENSATION

Part III Supplemental Information

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

COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR

STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH

THIS COMPENSATION.

SUPPLEMENTAL INFORMATION 3

SCHEDULE J, PART I, LINE 4B

THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM

CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS).

INTEGRIS 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 NON

QUALIFIED RETIREMENT PLANS WHICH ARE MAINTAINED BY THE SPONSOR.

Part III Supplemental Information

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

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

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

C. BRUCE LAWRENCE

WENTZ MILLER

SUPPLEMENTAL INFORMATION 4**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 TWO PLANS THAT PROVIDE NON-FIXED PAYMENTS
TO LISTED PERSONS. THE FIRST PLAN IS A FINANCIAL INCENTIVE PLAN THAT
ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT

Part III Supplemental Information

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

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

Part III Supplemental Information

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

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

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

INTEGRIS BAPTIST MEDICAL CENTER, INC

Employer Identification number

73-1034824

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ALVIN BATES DIRECTOR	1.	X						NONE	NONE	NONE
ALINE BROWN, M.D. DIRECTOR/MEDICAL DIRECTOR	3.	X						19,875.	NONE	NONE
JAY P. CANNON, M.D. EX-OFFICIO-CHIEF OF STAFF	4.	X						186,504.	NONE	4,230.
JOSEPH CLYTUS DIRECTOR	1.	X						NONE	NONE	NONE
H. EDWARD DEBEE CHAIRMAN	1.	X						NONE	3,579.	NONE
HANCE DILBECK DIRECTOR	1.	X						NONE	NONE	NONE
LOREN GRESHAM DIRECTOR	1.	X						NONE	NONE	NONE
TOMMY L. HEWETT, M.D. EX-OFFICIO	1.	X						NONE	NONE	NONE
HARRISON LEVY DIRECTOR	1.	X						NONE	NONE	NONE
SUDHIR KUMAR KHANNA, M.D. EX-OFFICIO-MEDICAL STAFF	1.	X						NONE	6,203.	NONE
MICHAEL MCGEE, M.D. DIRECTOR/PHYSICIAN	17.	X						42,000.	NONE	NONE
POLLY NICHOLS DIRECTOR	1.	X						NONE	NONE	NONE
JAMES PARRACK DIRECTOR	1.	X						NONE	NONE	NONE
WILLIAM MICHAEL ROSS DIRECTOR	1.	X						NONE	NONE	NONE
JOEY SAGER DIRECTOR	1.	X						NONE	NONE	NONE
ROBERT SHELTON DIRECTOR	1.	X						NONE	NONE	NONE
ALISON TAYLOR DIRECTOR	1.	X						NONE	NONE	NONE
CHRISTOPHER TURNER DIRECTOR	1.	X						NONE	29,450.	NONE
ROBERT BECKERLEY, M.D. EX-OFFICIO-MEDICAL STAFF	1.	X						NONE	2,404.	NONE
LEE SYMCOX DIRECTOR	1.	X						NONE	NONE	NONE
CHRIS HAMMES EX-OFFICIO-PRESIDENT	40.	X		X				431,457.	NONE	28,013.

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

Schedule J-2 (Form 990) 2008

JSA

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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization

INTEGRIS BAPTIST MEDICAL CENTER, INC

Employer Identification number

73-1034824

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Schedule J-2 (Form 990) 2008

Supplemental Information on Tax-Exempt Bonds

2008

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Open to Public
Inspection

Name of the organization

INTEGRIS BAPTIST MEDICAL CENTER, INC

Employer identification number

73-1034824

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY (2005A)	73-1083741	678906ZV9	03/22/2005	100,150,000.	SEE SCHEDULE O		X		X
B THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY (2007A)	73-1083741	678908H23	11/08/2007	152,250,000.	SEE SCHEDULE O				X
C THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY (2008A)	73-1083741	67884AA5	05/06/2008	101,395,000.	SEE SCHEDULE O		X		X
D THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY (2008B&C)	73-1083741	67884XAL1	07/30/2008	231,401,338.	SEE SCHEDULE O		X		X
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

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

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule K (Form 990) 2008

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

INTEGRIS BAPTIST MEDICAL CENTER, INC

Employer identification number

73-1034824

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the 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.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Total ▶ \$

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
HOSPITAL BILLING & COLLECTION SERVICES	COMMON BOARD MEMBER	476,419.	COLLECTION SERVICES		X
HOSPITAL BILLING & COLLECTION SERVICES	COMMON BOARD MEMBER	12,182,200.	REPURCHASE OF A/R		X
MICHAEL L. MERKEY, M D	HUSBAND OF KEY EMPLOYEE	67,800.	EMPLOYMENT SERVICES		X

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

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2008

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Name of the organization

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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (VAR ASSETS)	X	1	32,281.	FMV
26 Other ► (EQUIP/MISC.)	X	2	12,791.	FMV
27 Other ► (AUTO)	X	1	23,000.	FMV
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** NONE

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2008

JSA

8E1298 1 000

SH8931 1722 03/25/2010 22:03:22 V08-8.3 45611

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instruments? If "No," describe in Part III
- 4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?
- b (If "Yes," provide the date of the letter ► _____)
- 5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b If "Yes," did the organization provide such notice?
- 6 Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a Did the organization have any tax-exempt bonds outstanding during the year?
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

[illegible]

- 2** Did or will any officer, director, trustee, or key employee of the organization
- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e, and any additional information.

SUPPLEMENTAL INFORMATION 1

SCHEDULE N, PART II, LINE 2A

INTEGRIS BAPTIST MEDICAL CENTER, INC. (IBMC) IS A MEMBER OF INTEGRIS

HEALTH (INTEGRIS), AN INTEGRATED HEALTHCARE SYSTEM. IBMC IS REIMBURSING

INTEGRIS FOR EXPENSES RELATED TO MANAGEMENT, HOUSEKEEPING, UTILITIES,

SECURITY AND OTHER INTEGRATED SERVICES PROVIDED BY INTEGRIS. THE

FOLLOWING INDIVIDUALS WERE OFFICERS OR DIRECTORS OF BOTH ORGANIZATIONS AT

THE TIME OF THE TRANSACTIONS:

JUDY HOISINGTON

STANLEY F. HUPFELD

WENTZ MILLER

CHRISTOPHER TURNER

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 1

FORM 990, BOX C: DOING BUSINESS AS

CANCER CENTER OF THE SOUTHWEST

LIFEPASS

OKLAHOMA TRANSPLANTATION INSTITUTE

AMBULATORY INFUSION CENTER OF OKLAHOMA

DIRECT CONNECT

INTEGRIS MENTAL HEALTH CENTER-SPENCER

MIRTH (MEDICAL INSTITUTE FOR RECOVERY THROUGH HUMOR)

CHANGING YOUR WEIGHS

NAZIH ZUHDI TRANSPLANTATION INSTITUTE

CERTIFIED BREAST FEEDING EDUCATOR

CERTIFIED LACTATION EDUCATOR

THIRD AGE LIFE

THIRD AGE LIFE CENTER

THE CHILDREN'S PLACE

INTEGRIS ONCOLOGY SERVICES

INTEGRIS ONCOLOGY SERVICES, NORTH

HENRY G. BENNETT, JR. FERTILITY INSTITUTE

TROY AND DOLLIE SMITH CANCER CENTER

INTEGRIS ONCOLOGY SERVICES, NORTH/SOUTH

COMPREHENSIVE BREAST CENTER OF OKLAHOMA

HEARTSCAN OKLAHOMA

INTEGRIS MENTAL HEALTH - SPENCER

INTEGRIS MENTAL HEALTH - INTEGRIS BEHAVIORAL SPECIALISTS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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INTEGRIS JOINT REPLACEMENT CENTER

INTEGRIS HEARING RESOURCE CENTER OF OKLAHOMA AT HOUGH EAR INSTITUTE

INTEGRIS DECISIONS DAY TREATMENT

INTEGRIS CORPORATE ASSISTANCE PROGRAM

INTEGRIS HEART CENTER HEARTSCAN

COMPREHENSIVE BREAST CENTER

INTEGRIS HEART HOSPITAL HEART FAILURE INSTITUTE

SAMARITAN HOME BASED SERVICES

INTEGRIS SLEEP DISORDERS CENTER - EDMOND

INTEGRIS JIM THORPE REHABILITATION AT IBMC

CANCER INSTITUTE - BAPTIST

CANCER INSTITUTE OF BAPTIST

INTEGRIS CANCER INSTITUTE OF OKLAHOMA PROTON CAMPUS

INTEGRIS BAPTIST MEDICAL CENTER - PROTON CAMPUS

INTEGRIS ADVANCED CARDIAC CARE

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

Schedule O (Form 990) 2008

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 2

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

INTEGRIS BAPTIST MEDICAL CENTER, INC. (IBMC) IS A MEMBER OF THE INTEGRIS HEALTH SYSTEM (INTEGRIS HEALTH). INTEGRIS HEALTH IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION WITH HOSPITALS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, ASSISTED LIVING CENTERS AND HOME HEALTH AGENCIES THROUGHOUT THE STATE.

AS A MEMBER OF INTEGRIS HEALTH AND A NOT FOR PROFIT ORGANIZATION, EACH YEAR IBMC PROVIDES MILLIONS OF DOLLARS OF CHARITY CARE TO PATIENTS THROUGHOUT THE STATE OF OKLAHOMA. WHILE THIS CARE REPRESENTS A LARGE PERCENTAGE OF IBMC'S GIFT BACK TO THE COMMUNITY, IT IS STILL ONLY PART OF WHAT IBMC CHOOSES TO CALL RETURNSHIP.

RETURNSHIP EPITOMIZES IBMC'S MISSION OF GIVING BACK TO ITS 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. FOR DETAIL OF IBMC'S RETURNSHIP ACTIVITIES SEE PAGES 60 THROUGH 62 OF STATEMENT 3.

IN ADDITION, IBMC PROVIDES SIGNIFICANT AMOUNTS OF UNCOMPENSATED SERVICES. UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED COST CARE, WHICH INCLUDES CHARITY CARE AND UNPAID COSTS OF MEDICAID PROGRAMS. AS A NOT-FOR-PROFIT HOSPITAL, IBMC PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE COVERAGE. THUS, IT PROVIDES A MUCH-NEEDED SAFETY NET FOR MEMBERS OF THE IBMC COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE.

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

RATIOS. IBMC PROVIDED CHARITY CARE OF \$10,596,356 IN THE YEAR ENDED JUNE

30, 2009.

IBMC ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS FOR

WHICH THE ORGANIZATION RECEIVES INADEQUATE PAYMENTS. UNPAID COSTS OF

MEDICAID PROGRAMS REFLECT THE DIFFERENCE BETWEEN COSTS TO PROVIDE PATIENT

CARE SERVICES AND THE RATE AT WHICH THE HOSPITAL IS REIMBURSED. MEDICAID

COSTS ARE BASED ON USING COST ACCOUNTING DATA. IBMC'S UNPAID COSTS OF

MEDICAID PROGRAMS EQUALED \$3,091,257.

IN ADDITION IBMC WROTE OFF \$58,394,580 IN PATIENT CHARGES FOR BAD DEBTS.

FOR ADDITIONAL DETAILS REGARDING COMMUNITY BENEFIT SEE THE ATTACHED

COMPLETE COMMUNITY BENEFIT REPORT ON SCHEDULE O BEGINNING WITH STATEMENT

3 THROUGH 5 AND PAGES 55 THROUGH 99.

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GENERAL STATEMENT 3

PART III, LINE 4A: COMMUNITY BENEFIT REPORT

INTEGRIS HEALTH COMMUNITY BENEFIT REPORT 2009

COMMENTS FROM STANLEY HUPFELD, PRESIDENT & CEO

THERE ARE MANY BENEFITS TO LIVING IN THE STATE OF OKLAHOMA. WE HAVE CLEAN
 AIR AND WATER, OUR COST OF LIVING IS LOW AND WE HAVE FARED MUCH BETTER
 THAN MOST OTHER STATES IN THIS WANING ECONOMY. BUT I BELIEVE THAT THE
 PEOPLE OF OKLAHOMA ARE OUR MOST DISTINGUISHING CHARACTERISTIC. IT WAS IN
 1995 AFTER THE BOMBING OF THE MURRAH BUILDING THAT THE TERM OKLAHOMA
 STANDARD WAS COINED. THERE WERE SO MANY VOLUNTEERS THAT THE MEDIA BEGAN
 TO ASK PEOPLE TO STAY HOME. RESTAURANTS SET UP BARBEQUES TO FEED THE
 THROGS FREE OF CHARGE, DONATIONS CAME IN FROM CLOTHING TO DOG FOOD FOR
 THE SEARCH DOGS. WE ARE PEOPLE WHO KNOW HOW TO CLOSE RANKS AND CARE FOR
 ONE ANOTHER. IT HAS HAPPENED AGAIN AND AGAIN, DURING TORNADOES, ICE
 STORMS AND FLOODS.

IN THE FOLLOWING PAGES YOU WILL FIND EXAMPLES OF HOW INTEGRIS IS CARING
 FOR ITS COMMUNITIES. AMONG THE LISTS YOU WILL FIND ACTIVITIES SUCH AS
 SCHOOL MENTORS, FREE CLINICS, YOUTH CAMPS AND ASSISTANCE FOR THE ELDERLY.
 IT IS IMPRESSIVE BUT IF YOU LOOK CLOSER YOU WILL FIND THIS IS MUCH MORE
 THAN A LIST; IT REPRESENTS THE REACHING OUT TO THOUSANDS OF PEOPLE.

I WAS VISITING THE CONSTRUCTION SITE OF OUR NEW HOSPITAL IN GROVE. WHILE
 THERE A YOUNG MAN CAME UP TO ME AND INTRODUCED HIMSELF. HE WAS A
 CONSTRUCTION ENGINEER ON THE PROJECT. HE REMINDED ME THAT HE WAS IN OUR

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FIRST BEEP CLASS. BEEP IS A PROGRAM WE RUN FOR JUVENILE OFFENDERS TO
ASSIST THEM IN FINISHING HIGH SCHOOL AND GOING TO COLLEGE. HE THANKED ME
FOR HELPING HIM TURN HIS LIFE AROUND AND GET A DEGREE.

SO AS YOU SCAN THESE PAGES AND SEE THE MANY WHO HAVE BEEN IMPACTED BY
THESE PROGRAMS, YOU WILL SEE HOW INTEGRIS IS LIVING UP TO THE OKLAHOMA
STANDARD.

SINCERELY,

STANLEY F. HUPFELD, FACHE

PRESIDENT & CEO

INTEGRIS HEALTH

WE LEARNED A LONG TIME AGO THAT WE CAN'T IMPROVE THE HEALTH OF THE PEOPLE
AND THE COMMUNITIES WE SERVE, AND FULLY CARE FOR OUR COMMUNITY BY STAYING
EXCLUSIVELY WITHIN THE WALLS OF OUR FACILITIES.

THAT'S WHY "RETURNSHIP" IS SUCH AN IMPORTANT PART OF OUR PHILOSOPHY. WHAT
IS RETURNSHIP? IT'S GIVING BACK PART OF OURSELVES TO THE COMMUNITIES WE
SERVE.

GIVING BACK IS EXEMPLIFIED BY OUR PHYSICIANS, EMPLOYEES AND VOLUNTEERS
WHO TAKE THEIR EDUCATION AND SKILLS INTO THE COMMUNITY TO MAKE A
DIFFERENCE IN THE LIVES OF FELLOW OKLAHOMANS. THEIR DEDICATION, COMBINED
WITH OUR RESOURCES AT INTEGRIS HEALTH, HELPS ACCOMPLISH A VARIETY OF

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THINGS - FROM PROVIDING FREE CLINICAL SERVICES, SCREENINGS AND EDUCATION
PROGRAMS TO WORKING WITH JUVENILE OFFENDERS AND PROVIDING ACTIVITIES FOR
SENIOR CITIZENS.

WE ALSO REALIZE THAT THE HEALTH OF A COMMUNITY ISN'T JUST PHYSICAL AND
MENTAL - IT'S ECONOMIC AND SPIRITUAL AS WELL. THAT'S WHY WE OFFER A
MYRIAD OF PROGRAMS THAT ADDRESS ALL OF THESE IMPORTANT ISSUES.

IT'S BEEN SAID THAT WHEN WE LEAVE THIS EARTH WE CAN TAKE WITH US NOTHING
THAT WE HAVE RECEIVED - ONLY WHAT WE HAVE GIVEN. WE STRIVE TO GIVE WITH A
FULL HEART ENRICHED BY HONEST SERVICE, LOVE, SACRIFICE AND COURAGE.

INTEGRIS HEALTH

POSITIVE DIRECTIONS MENTORING PROGRAM

POSITIVE DIRECTIONS WAS ESTABLISHED IN 1991 AS A BUSINESS/SCHOOL
PARTNERSHIP ENCOURAGING VOLUNTEERS TO BECOME MENTORS TO ELEMENTARY SCHOOL
STUDENTS. WITH ITS OBJECTIVES TO IMPROVE STUDENTS' CLASSROOM
PARTICIPATION BY BUILDING SELF-ESTEEM, POSITIVE RELATIONSHIPS AND
OVERCOMING NEGATIVE BEHAVIORS, VOLUNTEER MENTORS SPEND ONE HOUR PER WEEK
WITH THEIR STUDENT. APPROXIMATELY 421 MENTORS PARTICIPATED DURING THE
2008/2009 SCHOOL YEAR, DONATING 6,590 HOURS OF THEIR TIME. THE PROGRAM IS
IN PLACE IN THREE SCHOOLS IN OKLAHOMA CITY, ONE IN YUKON AND TWO IN
SEMINOLE.

BASIC EDUCATION EMPOWERMENT PROGRAM

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JUVENILE OFFENDERS AND AT-RISK YOUTH ARE TAUGHT LIFE AND SOCIAL SKILLS IN EXCHANGE FOR THEIR PROMISE TO COMPLETE THEIR HIGH-SCHOOL EDUCATION OR GED AND PARTICIPATE IN COMMUNITY SERVICE ACTIVITIES. SINCE THE BEEP PROGRAM BEGAN IN 1995, NEARLY 100 YOUTH HAVE PARTICIPATED IN THIS PROGRAM.

MOVE FOR LIFE - FAMILIES

THE INTEGRIS HEALTH MOVE FOR LIFE PROGRAM BEGAN IN 2003 TO COMBAT THE RISING PROBLEM OF CHILDHOOD OBESITY. THIS SCHOOL-BASED PROGRAM HELPS EDUCATE CHILDREN ABOUT THE IMPORTANCE OF NUTRITION AND PHYSICAL ACTIVITY. IN 2007, THE FAMILIES PROGRAM WAS BEGUN TO BRING INFORMATION TO PARENTS AND THEIR CHILDREN. THESE FAMILIES LEARN ABOUT NUTRITION, WAYS TO INCREASE PHYSICAL ACTIVITY THROUGHOUT THEIR DAY, AND INFORMATION ABOUT POSITIVE BODY IMAGE AND ROLE MODELING. BOTH PROGRAMS TOGETHER REACH APPROXIMATELY 1100 PARTICIPANTS PER YEAR.

"YOUNG AT HEART" SENIOR PROM

INTEGRIS THIRD AGE LIFE CENTER HOSTS THE ANNUAL "YOUNG AT HEART" SENIOR PROM FOR LOCAL NURSING HOME AND ASSISTED LIVING CENTER RESIDENTS, SENIOR NUTRITION CENTER CLIENTS AND METRO AREA SENIORS. GUESTS ARE TREATED TO THE SOUNDS OF A BIG BAND, DANCING, REFRESHMENTS, PHOTOS AND CROWNING OF A PROM KING AND QUEEN.

NAMI WALK

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INTEGRIS MENTAL HEALTH EMPLOYEES FORMED A WALK TEAM AND VOLUNTEERED THEIR
TIME AND ENERGY IN SUPPORT OF THE NAMI (NATIONAL ALLIANCE ON MENTAL
ILLNESS) WALK HELD ON MAY 16, 2009, AT STARS AND STRIPES PARK IN OKLAHOMA
CITY, OKLAHOMA.

DR. R. MURALI KRISHNA, PRESIDENT AND COO, INTEGRIS MENTAL HEALTH AND THE
JAMES L. HALL JR. CENTER FOR MIND, BODY AND SPIRIT, WAS THIS YEAR'S
BUSINESS CHAIRMAN. HE INSPIRED THE CROWD, CUT THE RIBBON AND LED MORE
THAN 1,000 PARTICIPANTS COMMITTED TO IMPROVING THE LIVES OF INDIVIDUALS
AND FAMILIES AFFECTED BY MENTAL ILLNESS. THE FOREMOST PURPOSE OF THE WALK
WAS TO RAISE AWARENESS AND DE-STIGMATIZE MENTAL ILLNESS IN OUR
COMMUNITY.

NAMI IS A NON-PROFIT, GRASSROOTS ORGANIZATION FOUNDED IN 1979. THIS
ORGANIZATION WORKS AT THE LOCAL, STATE AND NATIONAL LEVEL TO PROVIDE A
WIDE RANGE OF FREE SELF-HELP, SUPPORT, EDUCATION AND ADVOCACY PROGRAMS
FOR INDIVIDUALS AFFECTED BY MENTAL ILLNESS AND THEIR FAMILIES. ONE IN
FOUR ADULTS, APPROXIMATELY 57.7 MILLION AMERICANS, EXPERIENCES A MENTAL
HEALTH DISORDER IN A GIVEN YEAR.

SENIOR CAFÈ

SENIORS GATHER EACH MONTH AT INTEGRIS SOUTHWEST MEDICAL CENTER FOR A
NUTRITIOUS MEAL, SOCIAL INTERACTION AND ENTERTAINMENT.

INTEGRIS HEALTH IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE
CORPORATION AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS (ABOUT 9,000

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EMPLOYEES STATEWIDE), WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN

CLINICS, MENTAL HEALTH FACILITIES, FITNESS CENTERS, INDEPENDENT LIVING

CENTERS AND HOME HEALTH AGENCIES THROUGHOUT MUCH OF THE STATE.

THROUGH ITS AFFILIATES, INTEGRIS HEALTH OPERATES 13 HOSPITALS, INCLUDING

INTEGRIS MENTAL HEALTH SPENCER AND INTEGRIS MEADOWLAKE IN ENID. THE

ORGANIZATION HAS AFFILIATED MENTAL HEALTH PROVIDERS IN 50 OKLAHOMA TOWNS

AND CITIES, AND OFFERS HOSPICE SERVICES THROUGH HOSPICE OF OKLAHOMA

COUNTY. APPROXIMATELY SIX OUT OF EVERY 10 OKLAHOMANS LIVE WITHIN 30 MILES

OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS HEALTH ORGANIZATION.

COLLECTIVELY, THE ENTITIES WITHIN INTEGRIS HEALTH MAINTAIN MORE THAN

1,900 LICENSED BEDS AND HAVE MEDICAL STAFFS THAT NUMBER MORE THAN 2,500

PHYSICIANS.

INTEGRIS BAPTIST MEDICAL CENTER

MOBILE MEALS

THIS PROGRAM PROVIDES MEALS FIVE DAYS A WEEK YEAR-ROUND TO ITS

RECIPIENTS. MEALS ARE DELIVERED TO THOSE WHO ARE UNABLE TO LEAVE THEIR

RESIDENCE, GIVING THEM A CHANCE TO HAVE A HOT MEAL THAT THEY MAY BE

UNABLE TO PREPARE FOR THEMSELVES.

FRANCIS TUTTLE RESPIRATORY THERAPY ROTATIONS

INTEGRIS BAPTIST MEDICAL CENTER'S RESPIRATORY THERAPY HEALTH CAREER

CONSULTANT SERVES AS CLINICAL FACULTY TO FRANCIS TUTTLE TECHNOLOGY CENTER

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RESPIRATORY THERAPY STUDENTS WHO COMPLETE ROTATIONS AT INTEGRIS HEALTH.

ASTHMA EDUCATION CLINICS

FUN ASTHMA EDUCATIONAL EVENTS ARE OFFERED TO LOCAL SCHOOLS BY INTEGRIS

BAPTIST MEDICAL CENTER'S RESPIRATORY DEPARTMENT ALONG WITH THE AMERICAN

LUNG ASSOCIATION.

THE STUDENTS, PARENTS, COACHES AND VOLUNTEERS ARE TAUGHT ASTHMA EDUCATION

THROUGH THE USE OF EDUCATIONAL GAMES AND BOOTHS TO LEARN THE DIFFERENT

TYPES OF ASTHMA MEDICATIONS, PLUS HOW TO USE THE DELIVERY DEVICES ARE

INCLUDED IN THE ACTIVITIES. THE GOAL IS NOT ONLY TO INCREASE ASTHMA

KNOWLEDGE FOR THOSE WITH ASTHMA, BUT ALSO FOR THOSE WHO HELP CARE FOR

THEM.

AFRICAN AMERICAN WOMEN'S HEALTH FORUM

INTEGRIS HEALTH PHYSICIANS PARTICIPATED IN THE AFRICAN AMERICAN WOMEN'S

HEALTH FORUM "ASK THE DOCTORS" PANEL HELD ON SATURDAY, SEPT. 12, 2009.

KOCO-TV REPORTER DARRIELLE SNIPES SERVED AS MISTRESS OF CEREMONIES.

OKC THUNDER COACHES, PLAYERS AND STAFF MAKE ROUNDS

APPROXIMATELY 25 COACHES, PLAYERS AND STAFF OF THE OKLAHOMA CITY THUNDER

BASKETBALL TEAM RECENTLY VISITED PATIENTS AT INTEGRIS BAPTIST MEDICAL

CENTER.

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THEY SPLIT UP INTO FIVE GROUPS AND WENT ROOM TO ROOM CHATTING WITH PATIENTS AND THEIR FAMILIES. THEY TOOK PICTURES AND SIGNED AUTOGRAPHS AS WELL. THEY MADE STOPS IN THE PEDIATRIC UNIT, THE BURN UNIT, THE INTEGRIS HEART HOSPITAL AND JIM THORPE REHABILITATION. THEY HANDED OUT THUNDER BRACELETS TO THE ADULTS AND TEDDY BEARS TO THE CHILDREN.

THE VISIT WAS ACTUALLY A SURPRISE FOR THE PLAYERS. WHEN THEY SHOWED UP FOR PRACTICE, THEIR COACHES TOLD THEM THERE HAD BEEN A CHANGE OF PLANS - THEY WERE GOING TO HELP LIFT THE SPIRITS OF THE SICK AND INJURED. THE PATIENTS AND HOSPITAL STAFF WERE THRILLED TO MEET THESE "GENTLE GIANTS" IN PERSON AND THE TEAM SEEMED EQUALLY TOUCHED BY THE EXPERIENCE. INTEGRIS HEALTH IS THE OFFICIAL HEALTH CARE PROVIDER FOR THE OKC THUNDER.

INTEGRIS BAPTIST MEDICAL CENTER OPENED ITS DOORS ON EASTER SUNDAY 1959 AS A 200 BED HOSPITAL. TODAY, THE ONLY OKLAHOMA-OWNED DESIGNATED MAGNET HOSPITAL FOR EXCELLENCE IN NURSING SERVICES, IS A CENTER OF LEADING EDGE MEDICINE, AND HOME TO A FULL SERVICE HEART HOSPITAL, A COMPREHENSIVE TRANSPLANT INSTITUTE AND A REGIONAL BURN CENTER.

INTEGRIS BAPTIST ALSO OFFERS A FULL RANGE OF DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE SERVICES AND IS LICENSED FOR MORE THAN 500 BEDS. CENTERS OF EXCELLENCE INCLUDE THE PAUL SILVERSTEIN BURN CENTER, INTEGRIS HEART HOSPITAL, NAZIH ZUHDI TRANSPLANT INSTITUTE, TROY & DOLLIE SMITH CANCER CENTER, HENRY G. BENNETT JR. FERTILITY INSTITUTE, M.J. AND S. ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER OF OKLAHOMA, JAMES R. DANIEL CEREBROVASCULAR AND STROKE CENTER AND THE HOUGH EAR INSTITUTE.

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INTEGRIS BAPTIST REGIONAL HEALTH CENTER

CAMP MUDVILLE AT THE GYM

INTEGRIS BAPTIST REGIONAL HELPED SPONSOR CAMP MUDVILLE AT THE GYM. THE

DAY CAMP WAS OPEN TO AREA CHILDREN AND FOCUSED ON HEALTH AND FITNESS.

TOPICS OF DISCUSSION INCLUDED HEALTHY EATING, EXERCISING AND STAYING

PHYSICALLY FIT. AREA ATHLETES VOLUNTEERED THEIR TIME AND SPOKE TO THE

KIDS ABOUT KEEPING A POSITIVE SELF ESTEEM, AND THE DANGERS OF DRUG AND

ALCOHOL ABUSE. ALL KIDS RECEIVED A FREE COMMEMORATIVE T-SHIRT.

MIAMI SENIOR CITIZENS' DAY

ON APRIL 28, INTEGRIS BAPTIST REGIONAL HOSTED THE 23RD ANNUAL OTTAWA

COUNTY SENIOR CITIZENS' DAY AT THE MIAMI CIVIC CENTER. A CROWD OF MORE

THAN 400 AREA RESIDENTS PARTICIPATED IN THE DAY COMPLETE WITH FREE HEALTH

SCREENINGS, EDUCATIONAL INFORMATION, ENTERTAINMENT, A FREE LUNCHEON AND

MUCH MORE.

THE EVENT UTILIZED THE DOWNSTAIRS GYM AREA TO HOST NEARLY 60 VENDORS.

THIS ALLOWED MORE ROOM FOR PARTICIPANTS TO MOVE AROUND AND VISIT EACH

BOOTH. MUSICAL ENTERTAINMENT BY THE BAND MOVIN' ON WAS ENJOYED BY THOSE

UPSTAIRS WITH AN EXPANDED DANCE FLOOR, AND A CONTINENTAL BREAKFAST WAS

PROVIDED. SENIOR CITIZENS' DAY IS PART OF THE INTEGRIS GENERATIONS LUNCH

& LEARN PROGRAM AND FEATURED UROLOGIST PATRICK STOUT, M.D., AS THE GUEST

SPEAKER.

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BACK TO SCHOOL FAIR

HUNDREDS OF AREA RESIDENTS WAITED IN LINE FOR HOURS ON AUG. 3 TO ENSURE

THEY COULD RECEIVE FREE SCHOOL SUPPLIES, HEALTH SCREENINGS, HAIRCUTS AND

OTHER SERVICES. THE EVENT WAS HELD AT THE MIAMI CIVIC CENTER.

THE FAIR OFFERED FREE SCHOOL SUPPLIES SUCH AS BACKPACKS, RULERS, PAPER

AND OTHER CLASSROOM NECESSITIES. INTEGRIS BAPTIST REGIONAL DONATED 600

BOXES OF KLEENEX AND GAVE OUT FILE FOLDERS AND PENCILS TO AREA YOUTH.

"THIS IS THE FOURTH YEAR WE HAVE PARTICIPATED IN THE EVENT, AND THE TOUGH

ECONOMY LIKELY CONTRIBUTED TO THE RECORD CROWDS THIS YEAR," SAYS JENNIFER

HESSEE, DIRECTOR OF MARKETING. "PARTICIPATING IN THE ANNUAL EVENT IS JUST

ONE OF MANY WAYS THAT INTEGRIS BAPTIST REGIONAL PROVIDES SUPPORT TO OUR

COMMUNITY."

OTTAWA COUNTY FAIR

INTEGRIS BAPTIST REGIONAL HOSTED A COMMUNITY HEALTH FAIR HONORING THE

HOSPITAL'S 90TH ANNIVERSARY ON AUG. 21 AT THE OTTAWA COUNTY FAIR. LOCATED

IN A LARGE TENT ADJACENT TO THE LIVESTOCK SHOW RING, PARTICIPANTS

RECEIVED FREE HEALTH SCREENINGS AND INFORMATION, REFRESHMENTS,

GIVE-A-WAYS, CHILDREN'S ACTIVITIES AND MORE.

ONE OF THE FAVORITE AREAS WAS THE ASK THE PHYSICIAN BOOTH. DRS. STEVE

GRIGSBY, MARK OSBORN, SUSU LIN AND THANT ZIN WERE AVAILABLE TO VISIT WITH

AND ANSWER QUESTIONS FOR PARTICIPANTS.

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 MORE THAN TWO DOZEN HOSPITAL DEPARTMENTS WERE REPRESENTED WITH
 INFORMATIONAL BOOTHS OR EVENT VOLUNTEERS INCLUDING REGENCY HOME CARE,
 HOSPICE AND HOME MEDICAL EQUIPMENT AS WELL AS GENERATIONS, REHAB AND
 SPORTS MEDICINE, GREEN COUNTRY 5K RUN, NURSING SUPERVISORS, SURGERY,
 EDUCATION, EMS, PRACTICE MANAGEMENT BILLING, MEDICAL STAFF SERVICES,
 BUSINESS SERVICES, DIABETES CENTER, CASE MANAGEMENT, AUXILIARY SERVICES,
 MAINTENANCE, DR. CARNAHAN AND AUTISM AWARENESS, EXPRESS CARE, PRACTICE
 MANAGEMENT, MARKETING AND ADMINISTRATION.

 ANNUAL CUSTOMER APPRECIATION DAY

 INTEGRIS BAPTIST REGIONAL PARTICIPATED IN THE CITY OF MIAMI'S ANNUAL
 CUSTOMER APPRECIATION DAY ON SATURDAY, MARCH 7. DRS. THANT ZIN AND SUSU
 LIN, INTERNAL MEDICINE PHYSICIANS, PROVIDED BLOOD PRESSURE SCREENINGS AND
 ANSWERED HEALTH RELATED QUESTIONS FOR PARTICIPANTS. THE MORNING FEATURED
 A FREE PANCAKE BREAKFAST AND INFORMATION GIVEN BY DIFFERENT CITY
 DEPARTMENTS AND COMMUNITY SERVICE PROVIDERS. THE MARKETING/COMMUNITY
 DEVELOPMENT DEPARTMENT WAS ALSO ON HAND TO GREET AND GIVE OUT HOSPITAL
 INFORMATION TO THE APPROXIMATELY 1,000 PEOPLE ATTENDING THE EVENT.

 INTEGRIS BAPTIST REGIONAL HEALTH CENTER IS ONE OF THE OLDEST HOSPITALS IN
 THE STATE. ORIGINALLY BUILT TO MEET THE NEEDS OF THE LEAD AND ZINC
 MINERS, THE MIAMI HOSPITAL OPENED JULY 1, 1919. THE ORIGINAL STRUCTURE
 WAS A THREE-STORY BUILDING WITH A BASEMENT AND SUN PORCHES ON EACH FLOOR.
 THROUGH THE YEARS A NUMBER OF BUILDING ADDITIONS AND RENOVATIONS HAVE
 BEEN MADE, AND THE BASIC ORIGINAL STRUCTURE IS STILL BEING USED TODAY.

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INTEGRIS BAPTIST REGIONAL IS LOCATED IN OTTAWA COUNTY. IN ADDITION TO MIAMI, THE HOSPITAL'S SERVICE AREA ENCOMPASSES THE ENTIRE COUNTY, AS WELL AS NORTHEAST OKLAHOMA AND THE ADJACENT BORDER AREAS OF KANSAS AND MISSOURI. MORE THAN 59,000 PEOPLE LIVE IN THE TOTAL SERVICE AREA OF THE HOSPITAL. INTEGRIS BAPTIST REGIONAL CONTINUES TO INVEST MILLIONS IN THE 117-BED FACILITY EACH YEAR TO ADD TECHNOLOGY AND EXPAND SERVICES, BRINGING THE BEST IN HEALTH CARE TO NORTHEAST OKLAHOMA. RECENT EXPANSIONS AND RENOVATIONS INCLUDE A NEW ER, NEW WOMEN'S CENTER AND AN EXPANDED LABORATORY.

INTEGRIS BASS BAPTIST HEALTH CENTER

INTEGRIS SUPPORTS SAFE KIDS

INTEGRIS BASS BAPTIST EMPLOYEES SHOW THEIR SUPPORT FOR THE GARFIELD COUNTY SAFE KIDS COALITION IN MEMORY OF THEIR LATE FRIEND AND CO-WORKER DAVID HARRISON. THE MONETARY DONATIONS ARE USED TO BUY BICYCLE HELMETS FOR CHILDREN.

INTEGRIS BASS HOSTS SCRUB CAMP

INTEGRIS BASS BAPTIST HOSTED A GROUP OF HIGH SCHOOL STUDENTS AS THEY EXPLORED HEALTH CARE CAREERS.

CHILI COOK-OFF SUPPORTS UNITED WAY

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A CHILI COOK-OFF IS JUST ONE OF THE MANY ACTIVITIES IN WHICH INTEGRIS
BASS BAPTIST SUPPORTS THE UNITED WAY IN ENID. THIS YEAR'S WINNING BOOTH,
CHILI-OPOLY, WON THE HOSPITAL'S COMPETITION.

COMMUNITY WALKING PROGRAM POPULAR AT INTEGRIS BASS BAPTIST

MORE THAN 100 EMPLOYEES AT INTEGRIS BASS BAPTIST HEALTH CENTER
PARTICIPATED IN "WALK THIS WAY," A COMMUNITY-WIDE WALKING PROGRAM THAT
KICKED OFF IN SEPTEMBER. INTEGRIS WAS A CORPORATE SPONSOR OF THE EVENT,
WHICH WAS DESIGNED TO ENCOURAGE PEOPLE TO START WALKING EVERY DAY AS PART
OF AN EFFORT TO BE MORE ACTIVE. THE GOAL IS THAT PEOPLE PARTICIPATING
WILL CONTINUE WALKING REGULARLY AFTER THE PROGRAM HAS ENDED.

INTEGRIS HOSTS COMMUNITY HEALTH FAIR

IN SUPPORT OF MAKE A DIFFERENCE DAY, THE INTEGRIS NORTHWEST HEALTH
FOUNDATION HOSTED A FREE, COMMUNITY-WIDE HEALTH FAIR AT MARK PRICE ARENA.
THE HEALTH FAIR OFFERED FREE HEALTH SCREENINGS INCLUDING GLUCOSE, PSA,
BODY MASS INDEX, HEARING AND BLOOD PRESSURE CHECKS. THE EVENT ALSO
FEATURED DISPLAYS, WELLNESS INFORMATION, AND DOOR PRIZES. THE GARFIELD
COUNTY HEALTH DEPARTMENT ALSO GAVE H1N1 VACCINATIONS. THE HEALTH FAIR WAS
A COMMUNITY SERVICE OF THE INTEGRIS NORTHWEST HEALTH FOUNDATION AND
INTEGRIS BASS BAPTIST HEALTH CENTER IN COOPERATION WITH NUMEROUS
NONPROFIT COMMUNITY AGENCIES.

OPERATION BASS CARES

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INTEGRIS BASS BAPTIST HEALTH CENTER MADE THE HOLIDAYS A LITTLE BRIGHTER
THIS YEAR FOR SOME OF OUR TROOPS SERVING IN IRAQ. THROUGH A PROGRAM
CALLED OPERATION BASS HOSPITAL CARES. HOSPITAL EMPLOYEES FILLED WRAPPED
SHOE BOXES WITH CHRISTMAS CARE PACKAGES FOR OUR TROOPS SERVING OVERSEAS.
THE PROJECT WAS FACILITATED THROUGH THE HOSPITAL'S CUSTOMER SERVICE
PROGRAM CAREMORE. MORE THAN 200 BOXES MADE THE TRIP OVERSEAS.

MARCH OF DIMES

THE HOSPITAL PARTICIPATES AS A SPONSOR FOR THE ANNUAL WALK FOR BABIES AND
FOR THE BREAKFAST WITH SANTA ACTIVITY FOR YOUNG CHILDREN IN THE
COMMUNITY.

AMERICAN CANCER SOCIETY RELAY FOR LIFE

THIS ANNUAL OVERNIGHT EVENT RAISES MONEY AND AWARENESS FOR CANCER AND THE
EFFECTS ON THE VICTIMS AND THEIR FAMILIES. INTEGRIS BASS IS A LEADING
CORPORATE SPONSOR AND PARTICIPATED BY FIELDING TWO "OVERNIGHT" TEAMS OF
EMPLOYEES.

REGIONAL BLOOD PRESSURE CLINICS

INTEGRIS BASS HOME HEALTH TRAVELS TO RURAL COMMUNITIES INSIDE ITS
BUSINESS AREA AND PROVIDES FREE BLOOD PRESSURE CHECKS.

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BASS PROVIDES MEALS DAILY AS PART OF THE MEALS ON WHEELS PROGRAM, WHICH PROVIDES LOW COST MEALS TO HOMEBOUND RESIDENTS.

SPORTS MEDICINE PROGRAM

INTEGRIS BASS BAPTIST HEALTH CENTER PROVIDES ATHLETIC TRAINING SERVICES TO ALL ENID HIGH SCHOOL ATHLETIC EVENTS AT NO COST TO THE SCHOOL SYSTEM.

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

INTEGRIS BASS BAPTIST HAS MADE A COMMITMENT TO EXCELLENCE. THE OPEN HEART SURGERY PROGRAM CONTINUES TO OFFER THE BEST CARDIAC CARE IN NORTHWEST OKLAHOMA. RECENTLY INTEGRIS BASS BAPTIST CONSTRUCTED A NEW EMERGENCY CENTER AND WOMEN'S CENTER AND CONTINUES TO PURCHASE ADVANCED, LEADING EDGE DIAGNOSTIC EQUIPMENT. THE PROJECTS TRIPLED THE SIZE OF THE EXISTING ER, EQUIPPED THE WOMEN'S CENTER WITH STATE-OF-THE-ART BIRTHING SUITES AND ALLOW RESIDENTS OF ITS SERVICE AREA TO RECEIVE FASTER DIAGNOSES.

INTEGRIS BLACKWELL REGIONAL HOSPITAL

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STUDENT GOVERNING BOARD

FOR 15 YEARS, INTEGRIS BLACKWELL HAS MADE AVAILABLE TO HIGH SCHOOL SENIORS IN BLACKWELL, NEWKIRK, TONKAWA, DEER CREEK-LAMONT AND BRAMAN THE OPPORTUNITY TO GAIN A POSITION ON ITS STUDENT GOVERNING BOARD. THE PROGRAM'S OBJECTIVE IS TO EDUCATE THE STUDENTS ABOUT HEALTH CARE CAREERS. THE BOARD MEETS ONCE PER MONTH FOR SIX MONTHS. AT EACH SESSION, REPRESENTATIVES FROM A DIFFERENT DEPARTMENT PRESENT CAREER INFORMATION INCLUDING EDUCATION REQUIREMENTS AND SALARY EXPECTATIONS TO THE STUDENTS. AT THE END OF THE SCHOOL YEAR, THE STUDENT GOVERNING BOARD MEMBERS TAKE A TOUR OF INTEGRIS BAPTIST MEDICAL CENTER. IN ADDITION TO THE PRIVILEGE OF BEING ON THE BOARD, ONE SENIOR IS AWARDED A \$1,000 COLLEGE SCHOLARSHIP BY THE HOSPITAL.

COMMUNITY HEALTH FAIR

EACH YEAR INTEGRIS BLACKWELL ALONG WITH THE BLACKWELL AREA CHAMBER OF COMMERCE HOSTS A FREE HEALTH FAIR FOR THE COMMUNITY. REPRESENTATIVES FROM HEALTH CARE SERVICES ARE PRESENT TO ANSWER QUESTIONS FROM LOCAL CITIZENS. IN 2009 MORE THAN 150 PEOPLE RECEIVED REDUCED PRICE BLOOD TESTING. INFORMATION ABOUT DIABETES, CHIROPRACTIC CARE, NUTRITION, ACUPUNCTURE, PHYSICAL THERAPY, ORGAN DONATION, HEART DISEASE, HOME HEALTH, FOOT CARE AND HOSPICE IS AVAILABLE AS WELL AS FREE TETANUS SHOTS AND BLOOD PRESSURE CHECKS. THE EVENT IS MEANT TO EDUCATE THE COMMUNITY ABOUT LOCAL HEALTH RESOURCES AND HEALTHIER LIFESTYLES.

LUNCH & LEARN SERIES

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INTEGRIS BLACKWELL PROVIDES EDUCATIONAL LUNCHEONS AT VARIOUS TIMES
THROUGHOUT THE YEAR. THESE LUNCHEONS FEATURE DOCTORS AND OTHER EXPERTS IN
THE MEDICAL FIELD AND ARE FREE TO THE COMMUNITY. THE TOPICS RANGE FROM
HEART HEALTH, NUTRITION FOR ADULTS AND DIABETES AWARENESS, TO CANCER
PREVENTION AND STROKE AWARENESS. AROUND 80 TO 100 CITIZENS ATTEND EACH
LUNCHEON.

DIABETES EDUCATION

THE DIABETES CENTER OF OKLAHOMA AT INTEGRIS BLACKWELL HOSTS A MONTHLY
DIABETES SUPPORT GROUP MEETING. IN ADDITION TO IMPORTANT DIABETES
INFORMATION, SUPPLIES SUCH AS BLOOD GLUCOSE METERS ARE ALSO PROVIDED TO
THE COMMUNITY FREE OF CHARGE. IN JANUARY, MORE THAN 100 PEOPLE ATTENDED
THE MONTHLY MEETING AND ALL OF THEM RECEIVED A BLOOD GLUCOSE METER AS
WELL AS NUTRITIONAL INFORMATION AND GREAT EDUCATIONAL MATERIALS. "IT WAS
WONDERFUL TO SEE SUCH A GREAT TURNOUT. IT JUST SHOWS THAT PEOPLE IN THIS
AREA WANT TO HAVE A PLACE WHERE THEY CAN GET MORE INFORMATION ABOUT THEIR
DIABETES," STATES TERESA BARBATO, RN, CERTIFIED DIABETES EDUCATOR.
"EDUCATION AND PREVENTION IS THE KEY FOR SUCCESS TO PREVENT DIABETES
COMPLICATIONS."

CARE FUND

FUNDED BY DONATIONS FROM THE INTEGRIS BLACKWELL REGIONAL HOSPITAL
FOUNDATION AND HOSPITAL EMPLOYEES, THE CARE FUND (COMMUNITY ASSISTANCE
RELIEF EFFORT) PROVIDES ASSISTANCE FOR INPATIENT, OUTPATIENT AND ER

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PATIENTS AT INTEGRIS BLACKWELL REGIONAL HOSPITAL. THE PURPOSE OF THE CARE PROGRAM IS TO IMPROVE THE QUALITY OF CARE FOR NEEDY PATIENTS AS THEY RETURN HOME AFTER THEIR HOSPITAL STAY, TO IMPROVE THE WELLNESS OF THE COMMUNITY THROUGH OUTREACH EDUCATION, AND TO DECREASE UNNECESSARY VISITS TO THE EMERGENCY ROOM AND PHYSICIAN'S CLINICS. THE CARE FUND CAN INCLUDE ASSISTANCE WITH THE FOLLOWING: MEDICATIONS, MEDICAL EQUIPMENT AND SUPPLIES NEEDED AFTER RELEASE FROM THE HOSPITAL, DIABETES SUPPLIES AND SERVICES, MEDICAL SERVICES INCLUDING ULTRASOUNDS, X-RAYS AND PHYSICAL THERAPY. THIS PROGRAM HAS MADE A TREMENDOUS DIFFERENCE IN MANY LIVES, FROM A YOUNG TRAFFIC VICTIM NEEDING PHYSICAL THERAPY AND AN ELDERLY WOMAN NEEDING A TRANSFER BENCH IN ORDER TO BE RELEASED FROM HOSPITAL CARE TO HOME HEALTH CARE, TO A LARGE NUMBER OF PREGNANT PATIENTS WITH GESTATIONAL DIABETES NEEDING EDUCATION, SUPPLIES AND DIETARY SERVICES IN ORDER TO IMPROVE THEIR HEALTH.

LOCATED IN NORTH CENTRAL OKLAHOMA NEAR THE KANSAS BORDER IN THE HEART OF OKLAHOMA'S WHEAT COUNTRY, INTEGRIS BLACKWELL REGIONAL HOSPITAL HAS GROWN FROM ITS INCEPTION IN A TWO-STORY RED BRICK BUILDING TO A 53-BED HOSPITAL. ITS SERVICE AREA REACHES OUTSIDE OF BLACKWELL TO INCLUDE THE COMMUNITIES OF NARDIN, TONKAWA, LAMONT, MEDFORD, DEER CREEK, AND SOUTH HAVEN, KANSAS.

FOR MORE THAN 50 YEARS INTEGRIS BLACKWELL HAS BROUGHT THE BEST IN MEDICAL SERVICES TO THE COMMUNITY, AS ADVANCEMENTS IN TECHNOLOGY HAVE PROVIDED BETTER AVENUES OF CARE. THE HOSPITAL HAS CONSECUTIVELY WON THE VHA LEADERSHIP AWARD FOR CLINICAL EXCELLENCE AND IS ACCREDITED BY THE HEALTH CARE FINANCING ADMINISTRATION AS A MEDICARE PROVIDER, AS WELL AS THE

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JOINT COMMISSION. INTEGRIS BLACKWELL IS A MEMBER OF THE OKLAHOMA HOSPITAL
ASSOCIATION.

INTEGRIS CANADIAN VALLEY REGIONAL HOSPITAL (YUKON)

RELAY FOR LIFE TAKES A TEAM EFFORT

HOPE - IT'S WHAT KEEPS US GOING WHEN WE'RE OVERWHELMED BY DISCOURAGING
CIRCUMSTANCES. AND IT WAS THE SUPPORT OF 28 INDIVIDUAL TEAMS THAT KEPT
HOPE ALIVE IN THE YUKON COMMUNITY FOR THE 25TH ANNIVERSARY OF THE
NATIONAL RELAY FOR LIFE PROGRAM. DURING THE 12-HOUR EVENT, DIFFERENT TEAM
REPRESENTATIVES WALKED THE TRACK IN HONOR AND MEMORY OF THOSE LIVES
TOUCHED AND LOST BY CANCER. TEAM MEMBERS FROM INTEGRIS CANADIAN VALLEY
HOSPITAL RAISED MORE THAN \$2,200 FOR THE AMERICAN CANCER SOCIETY EVENT.

HAND HYGIENE EDUCATION

FOR THOUSANDS OF FOLKS, CZECH FEST IS ALL ABOUT FOOD, FUN AND FABULOUS
CARNIVAL RIDES. BUT FOR THE FOLKS AT INTEGRIS CANADIAN VALLEY, IT WAS AN
OPPORTUNITY TO SPREAD THE WORD (NOT GERMS!) ABOUT THE IMPORTANCE OF
PROPER HAND WASHING IN COMBATING FLU AND OTHER GERMS THAT CAN CAUSE
ILLNESS. MORE THAN 1,000 BOTTLES OF HAND SANITIZER WERE GIVEN AWAY AND
SEEN THROUGHOUT THE FESTIVAL CLIPPED TO BACKPACKS, PURSES, BELT LOOPS AND
TOTE BAGS.

KOCO-TV5 PROVIDES HEALTH SCREENING OPPORTUNITY

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THEY WEREN'T REPORTING A FIRE, OR A CRIME OR A TRAGEDY. THE KOCO-TV5 NEWS TEAM WAS ON HAND TO CELEBRATE THEIR ANNUAL "ON THE ROAD" TOUR! LOCAL BUSINESS ORGANIZATIONS AND CIVIC LEADERS CAME TOGETHER FOR A FREE COMMUNITY SOCIAL GATHERING THAT INCLUDED GAMES, CONTESTS, FOOD AND FUN. WITH AFTERNOON TEMPERATURES REACHING THE 100 DEGREE MARK, HOSPITAL STAFF MEMBERS WERE ON HAND TO KEEP AN EYE ON BLOOD PRESSURE READINGS AND CHOLESTEROL/GLUCOSE LEVELS.

HOSPITAL HONORS OUR FUTURE LEADERS

AT INTEGRIS CANADIAN VALLEY HOSPITAL, WE KNOW THE IMPORTANCE OF RECOGNIZING AND HONORING OUR FUTURE LEADERS. AND IN THAT EFFORT, WE PARTNERED WITH A LOCAL ELEMENTARY SCHOOL TO DO JUST THAT: HONOR AND RECOGNIZE. DURING THEIR YEAR-END CEREMONY, HOSPITAL PERSONNEL PRESENTED EMBROIDERED BACKPACKS TO STUDENTS WHO MADE THE HONOR ROLL FOR FOUR CONSECUTIVE QUARTERS. CONGRATULATIONS!

HOSPITAL WELCOMES ROTARY EXCHANGE STUDENTS

IN PARTNERSHIP WITH THE LOCAL YUKON ROTARY ORGANIZATION, INTEGRIS CANADIAN VALLEY HOSPITAL HOSTED A GROUP OF 11 JAPANESE STUDENTS AS PART OF THE INTERNATIONAL "WINGS OF ROTARY" EXCHANGE PROGRAM. THIS YEAR, STUDENTS CAME FROM IWATE, JAPAN. TO GIVE THEM A BETTER UNDERSTANDING OF OUR CULTURE AND CUSTOMS, THE GROUP VISITED SEVERAL LOCAL BUSINESSES AND EDUCATIONAL FACILITIES THROUGHOUT THE COUNTY. DURING THEIR HOSPITAL TOUR, THE STUDENTS WERE ABLE TO GET A BETTER UNDERSTANDING OF HIGH TECH RADIOLOGY EQUIPMENT INCLUDING MRI, BONE DENSITY, ULTRASOUND AND X-RAY

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UNITS.

INTEGRIS CANADIAN VALLEY REGIONAL HOSPITAL IS A 44-BED PRIMARY CARE FACILITY WITH A FULL RANGE OF SERVICES. THE HOSPITAL OFFERS A HIGH LEVEL OF TECHNOLOGY IN A SMALL COMMUNITY SETTING. BUILT IN 2001, THIS HOSPITAL BECAME THE FIRST INTEGRIS RURAL HEALTH FACILITY TO BE DESIGNED AND CONSTRUCTED FROM THE GROUND UP. IT HAS A MEDICAL ROSTER OF MORE THAN 200 PHYSICIANS IN VARIOUS SPECIALTIES. THE HOSPITAL HAS 30 PRIVATE MEDICAL SURGICAL ROOMS, A 10-BED WOMEN'S UNIT AND A NEWLY CONSTRUCTED FOUR-BED INTENSIVE CARE UNIT.

THE SURGICAL DEPARTMENT OF THE HOSPITAL INCLUDES A DEDICATED C-SECTION OPERATING ROOM AND THREE GENERAL SURGICAL ROOMS AS WELL AS AN ENDOSCOPY AREA AND AN EIGHT-BED OUTPATIENT PROCEDURE UNIT. SERVICES ALSO INCLUDE A LEVEL FOUR EMERGENCY DEPARTMENT AND RADIOLOGY SERVICES CONSISTING OF MAMMOGRAPHY, RADIOLOGICAL, FLUOROSCOPY, CAT SCAN, ULTRASOUND, BONE DENSITY, NUCLEAR MEDICINE, AND A MOBILE MRI. GENERAL LABORATORY AND CARDIOPULMONARY SERVICES ARE AVAILABLE AND A PHYSICAL THERAPY DEPARTMENT INCLUDES INPATIENT, OUTPATIENT, WOUND CARE AND AQUATIC THERAPY SERVICES. THE HOSPITAL WAS NAMED ONE OF SOLUCIENT'S TOP 100 HOSPITALS IN 2005 AND MAINTAINS ITS ACCREDITATION STATUS AWARDED BY THE JOINT COMMISSION.

INTEGRIS CLINTON REGIONAL HOSPITAL

NATIONAL CANCER SURVIVORS DAY

INTEGRIS CLINTON REGIONAL HOSPITAL RECOGNIZED NATIONAL CANCER SURVIVORS

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DAY, THE WORLD'S LARGEST CANCER SURVIVOR EVENT, IN JUNE WITH A RECEPTION
FOR LOCAL CANCER SURVIVORS. APPROXIMATELY 50 SURVIVORS JOINED US FOR THE
EVENT.

"SURVIVING CANCER IS AN ATTITUDE ABOUT LIFE AND LIVING EACH DAY TO THE
FULLEST," SAYS SARAH SCHULZ, NCSD COORDINATOR FOR INTEGRIS CLINTON
REGIONAL HOSPITAL. "OUR COMMUNITY'S NCSD EVENT WAS FILLED WITH JOY,
CAMARADERIE, HOPE, COMPASSION, FAITH AND LOVE AS WE HONORED CANCER
SURVIVORS FOR THEIR STRENGTH AND COURAGE. WE ALSO RECOGNIZED THE
CONTRIBUTIONS OF THEIR FAMILIES, FRIENDS AND HEALTH CARE PROVIDERS AND
DISCUSSED THE ISSUES OF CANCER SURVIVORSHIP."

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GENERAL STATEMENT 4

PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED

THE 22ND ANNUAL WORLDWIDE CELEBRATION OF LIFE WAS HELD IN HUNDREDS OF COMMUNITIES THROUGHOUT THE UNITED STATES, CANADA AND OTHER PARTICIPATING COUNTRIES. CANCER SURVIVORS, CAREGIVERS, FAMILY MEMBERS, FRIENDS AND HEALTH CARE PROFESSIONALS UNITED TO SHOW THAT LIFE AFTER A CANCER DIAGNOSIS CAN BE MEANINGFUL AND PRODUCTIVE.

NATIONAL HEALTHCARE DECISIONS DAY

INTEGRIS CLINTON REGIONAL HOSPITAL, ALONG WITH OTHER NATIONAL, STATE AND COMMUNITY ORGANIZATIONS, TOOK PART IN A MASSIVE EFFORT TO HIGHLIGHT THE IMPORTANCE OF ADVANCE HEALTH CARE DECISION-MAKING, AN EFFORT THAT CULMINATED IN THE FORMAL DESIGNATION OF APRIL 16 AS NATIONAL HEALTHCARE DECISIONS DAY. AS A PARTICIPATING ORGANIZATION, INTEGRIS CLINTON REGIONAL HOSPITAL PROVIDED INFORMATION AND TOOLS FOR THE PUBLIC TO TALK ABOUT THEIR WISHES WITH FAMILY, FRIENDS AND HEALTH CARE PROVIDERS, AND EXECUTE WRITTEN ADVANCE DIRECTIVES IN ACCORDANCE WITH OKLAHOMA STATE LAWS.

INTEGRIS CLINTON WELCOMED THE PUBLIC TO A FREE INFORMATIONAL SEMINAR ABOUT ADVANCE CARE PLANNING AND ADVANCE DIRECTIVE FORMS. ROBERT BLAKEBURN, M.D., AND KAY JENNINGS-JOHNSON, INTEGRIS HEALTH LEGAL COUNSEL, MADE PRESENTATIONS.

BREAST CANCER AWARENESS

DURING THE MONTH OF OCTOBER, INTEGRIS CLINTON STAFF PROMOTED BREAST

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CANCER AWARENESS. MANY OF OUR DEPARTMENTS INCLUDING RADIOLOGY, THE CANCER CENTER, SOCIAL SERVICES AND AUXILIARY JOINED FORCES TO PROVIDE INFORMATION AND TESTING THAT PERTAINS TO BREAST CANCER AWARENESS.

A SPECIAL PROGRAM WAS HELD FOR MEMBERS OF OUR COMMUNITY TO RAISE AWARENESS OF BREAST HEALTH. THE SPEAKER WAS SHARON NALL, CLINICAL NURSE SPECIALIST WITH THE TROY & DOLLIE SMITH CANCER CENTER AT INTEGRIS BAPTIST IN OKLAHOMA CITY. SHE IS A CERTIFIED BREAST NURSE NAVIGATOR AND HER PASSION AND CALLING IN LIFE IS HELPING THE COMMUNITY WITH THEIR BREAST HEALTH NEEDS.

PRE-KINDERGARTEN PROGRAM

THE CLINTON SCHOOL SYSTEM PRE KINDERGARTEN PROGRAM BROUGHT 120 KIDS FOR THEIR ANNUAL TOUR OF OUR FACILITY. THEY VISITED EACH OF THE FOLLOWING DEPARTMENTS: JIM THORPE REHAB, RADIOLOGY, PHYSICAL THERAPY, EMERGENCY ROOM, AND OB. EMPHASIS WAS PLACED ON EDUCATING THE YOUNGSTERS ON HAND HYGIENE.

INTEGRIS CLINTON REGIONAL HOSPITAL IS A 56-BED ACUTE CARE FACILITY LOCATED IN THE HEART OF WESTERN OKLAHOMA. THE HOSPITAL STARTED OPERATING IN 1909 INSIDE THE JETTED BUILDING ON FRISCO AVE. AN ACTUAL HOSPITAL BUILDING WAS BUILT IN 1914, AND THE HOSPITAL MOVED TO ITS CURRENT LOCATION IN 1976.

INTEGRIS CLINTON REGIONAL IS FREQUENTLY RECOGNIZED WITH AWARDS AND CERTIFICATIONS FOR OUTSTANDING CARE AND QUALITY SERVICES SUCH AS

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CONSECUTIVELY WINNING THE VHA LEADERSHIP AWARD FOR CLINICAL EXCELLENCE.

SOME OF THE FINEST PHYSICIANS IN THE STATE TAKE CARE OF THEIR PATIENTS

WITH THE UTMOST CARE AND SKILL AVAILABLE, AT INTEGRIS CLINTON. A

COMBINATION OF BOARD CERTIFIED PHYSICIANS AND THE LATEST TECHNOLOGY MAKE

THE HOSPITAL ONE OF THE MOST WELL RESPECTED FACILITIES IN THE AREA.

INTEGRIS CLINTON HAS THE ONLY STROKE CENTER IN WESTERN OKLAHOMA, AND ITS

JIM THORPE REHABILITATION UNIT IS THE ONLY INPATIENT ACUTE CARE

REHABILITATION FACILITY IN THE AREA. THE HOSPITAL IS ALSO PROUD TO OFFER

INTENSITY MODULATED RADIATION THERAPY, KNOWN AS IMRT. THIS

STATE-OF-THE-ART CANCER TREATMENT METHOD DELIVERS HIGH DOSES OF RADIATION

DIRECTLY TO CANCER CELLS IN A VERY TARGETED WAY THAT IS MUCH MORE PRECISE

THAN CONVENTIONAL RADIOTHERAPY.

INTEGRIS GROVE GENERAL HOSPITAL

STUDENT GOVERNING BOARD

FOR SEVEN YEARS, INTEGRIS GROVE GENERAL HOSPITAL HAS MADE AVAILABLE TO

HIGH SCHOOL SENIORS IN GROVE AND JAY THE OPPORTUNITY TO GAIN A POSITION

ON ITS STUDENT GOVERNING BOARD. IN ADDITION TO THE PRIVILEGE OF BEING ON

THE BOARD, ONE SENIOR FROM EACH SCHOOL IS AWARDED A \$1,000 COLLEGE

SCHOLARSHIP BY THE HOSPITAL. THE PROGRAM'S OBJECTIVE IS TO EDUCATE AND

INVOLVE THE STUDENTS IN THE SCOPE AND MANAGEMENT OF HEALTH CARE SERVICES

PROVIDED BY INTEGRIS GROVE GENERAL HOSPITAL, AND TO PROVIDE INFORMATION

ABOUT HEALTH CARE CAREERS.

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GROVE PUBLIC SCHOOLS FLU SHOT CLINIC

INTEGRIS GROVE GENERAL HOSPITAL AND THE GROVE PUBLIC SCHOOLS TEAMED UP

AGAINST THE SPREAD OF FLU. EVERY YEAR AS MANY AS 15 PERCENT OF AMERICANS

ARE AFFECTED BY THE FLU VIRUS, APPROXIMATELY 226,000 ARE HOSPITALIZED AND

MORE THAN 36,000 DIE FROM INFLUENZA AND RELATED COMPLICATIONS. DUE TO

THOSE STARTLING STATISTICS GROVE PUBLIC SCHOOL NURSES, IN CONJUNCTION

WITH INTEGRIS GROVE HOSPITAL PERSONNEL, GAVE MORE THAN 700 SHOTS TO

STUDENTS THIS YEAR, WITH 100 FOLLOW UP SECOND DOSES TO BE GIVEN BEFORE

JAN. 1. THAT IS TWO AND A HALF TIMES WHAT WAS GIVEN LAST YEAR WHEN ONLY

287 CHILDREN RECEIVED THE SHOT.

MONKEY ISLAND HEALTH SCREENINGS

FREE GLUCOSE AND BLOOD PRESSURE SCREENINGS WERE PROVIDED AT THE BAPTIST

CHURCH ON MONKEY ISLAND. PARTICIPANTS WERE ALSO TREATED TO EDUCATIONAL

BOOTHES INCLUDING FOOD TASTING BY THE GRAND LAKE DIABETES CENTER BOOTH,

WHICH OFFERED DIABETIC RECIPES AND EDUCATIONAL MATERIALS AND INFORMATION

ON THE INVISIBLE BRACELET.

SPORTS PHYSICALS

SEVERAL PHYSICIANS AND INTEGRIS GROVE GENERAL HOSPITAL PERSONNEL

VOLUNTEERED THEIR TIME TO PROVIDE SPORTS PHYSICALS FOR FAIRLAND AND GROVE

PUBLIC SCHOOLS FOR \$10 PER STUDENT. THIS ALLOWS LOCAL PARENTS WITH MORE

THAN ONE CHILD ACTIVE IN SPORTS TO AFFORD THE REQUIRED PHYSICAL MORE

EASILY FOR EACH ONE. THE HOSPITAL COLLECTED \$1010 TO BE DONATED BACK TO

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GROVE AND \$730 TO BE DONATED TO FAIRLAND.

ANDY THE AMBULANCE

INTEGRIS GROVE GENERAL HOSPITAL EMERGENCY MEDICAL SERVICES'

THREE-FOOT-TALL COMMUNICATOR WILL GRAB THE ATTENTION OF ALMOST ANY

AUDIENCE - ESPECIALLY CHILDREN - AND ENHANCE THEIR LEARNING. ANDY THE

AMBULANCE IS A FULLY FUNCTIONAL EDUCATIONAL ROBOT THAT HELPS TO TEACH

FIRST AID, EMERGENCY RESPONSE AND PUBLIC SAFETY TO CHILDREN. THIS

FACILITATES FURTHER DEVELOPMENT OF EXISTING YOUTH EDUCATIONAL PROGRAMS,

WITH A SPECIFIC DUTY TO INTERACTIVELY COMMUNICATE WITH CHILDREN. ANDY'S

EYES OPEN AND SHUT, AND WITH LIGHTS BLINKING AND SIREN BLARING, HE CAN

MOVE FORWARD, BACKWARD AND SPIN AROUND WHILE EMITTING SELECT MUSICAL

NUMBERS SUCH AS THE FAVORITE "COPS" THEME SONG BAD BOYS. ANDY HAS EARS TO

LISTEN AND A VOICE TO SPEAK THROUGH AN OPERATOR

VIA TRANSMITTER.

COMMUNITY HEALTH FORUMS

CONNIE PROCTOR, DIRECTOR OF PATIENT FINANCIAL SERVICES, SPOKE ON MEDICARE

REGULATIONS AT ARVEST BANK'S MONTHLY COMMUNITY FORUM FOR THE RESIDENTS OF

GROVE.

SINCE 1963, INTEGRIS GROVE GENERAL HOSPITAL HAS DELIVERED THE BEST IN

MEDICAL CARE SERVICES. THE HOSPITAL, LOCATED IN NORTHEASTERN OKLAHOMA'S

DELAWARE COUNTY, WHICH IS FILLED WITH ROLLING HILLS AND LAKES, OPENED IN

NOVEMBER 1963. IN ADDITION TO NORTHEAST OKLAHOMA, THE HOSPITAL'S SERVICE

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AREA INCLUDES PARTS OF SOUTHWEST MISSOURI AND NORTHWEST ARKANSAS.

GROVE HAS BEEN RANKED AS ONE OF THE FASTEST GROWING COMMUNITIES IN THE STATE; AS A RESULT, INTEGRIS GROVE HAS RECRUITED SEVERAL HIGHLY QUALIFIED PHYSICIANS TO KEEP UP WITH THE NEED. GROVE HAS CONSECUTIVELY BEEN RECOGNIZED BY WINNING THE VHA LEADERSHIP AWARD FOR CLINICAL EXCELLENCE. SINCE 2001, INTEGRIS GROVE HAS INVESTED MORE THAN \$11 MILLION IN THE CONSTRUCTION OF A NEW PHYSICIANS OFFICE BUILDING AND AN AMBULATORY CARE CENTER THAT HOUSES STATE-OF-THE-ART EQUIPMENT SECOND TO NONE IN THE FOUR-STATE AREA. INTEGRIS GROVE BEGAN BUILDING THEIR NEW HOSPITAL IN 2008.

INTEGRIS MARSHALL COUNTY MEDICAL CENTER

MADILL HIGH SCHOOL PRINCIPAL'S LEADERSHIP COUNCIL

INTEGRIS MARSHALL COUNTY MEDICAL CENTER DONATED \$1,500 TO THE MADILL HIGH SCHOOL PRINCIPAL'S LEADERSHIP COUNCIL FOR THE PURCHASE OF A DEFIBRILLATOR FOR THE SCHOOL. KAREN REYNOLDS, PRESIDENT OF INTEGRIS MARSHALL COUNTY, MADE THE OFFICIAL PRESENTATION OF THE DONATION TO DANIEL LAMM OF THE MADILL HIGH SCHOOL ORGANIZATION.

MARIETTA HIGH SCHOOL HEALTH CARE CAREER DAY

JUNIOR AND SENIOR CHEMISTRY STUDENTS WHO RANKED ACADEMICALLY IN THE TOP OF THEIR CLASS AT MARIETTA HIGH SCHOOL WERE INVITED TO INTEGRIS MARSHALL COUNTY MEDICAL CENTER FOR A TOUR OF THE FACILITY IN HOPES OF SPARKING AN

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INTEREST IN THE HEALTH CARE INDUSTRY. THE STUDENTS, GREETED BY INTEGRIS MARSHALL COUNTY PRESIDENT KAREN REYNOLDS AND PAMELA AHEARN, M.D., TOURED THE INTEGRIS JIM THORPE REHABILITATION CENTER, THE RESPIRATORY DEPARTMENT AND THEN THE RADIOLOGY DEPARTMENT WHERE THEY WERE ABLE TO OBSERVE AN ULTRASOUND OF TWINS OF THE DAUGHTER OF ONE OF INTEGRIS MARSHALL COUNTY'S EMPLOYEES DURING HER 25TH WEEK OF PREGNANCY, AND RECEIVED HANDS ON INFORMATION ON HOW A CT SCAN MACHINE TAKES AND PRODUCES IMAGES. STUDENTS ALSO HAD THE OPPORTUNITY TO TOUR THE SURGERY DEPARTMENT, LAB AND ER, AND VIEWED THE EAGLE MED HELICOPTER. THEY ALSO VISITED WITH REPRESENTATIVES OF THE MARSHALL COUNTY FIRE DEPARTMENT AND AMBULANCE SERVICE, AND EVEN VOLUNTEERED TO HAVE CASTS PUT ON THEIR LIMBS BY DR. AHEARN IN A MOCK DEMONSTRATION.

REUEL LITTLE CLASSIC

INTEGRIS HEALTH AND INTEGRIS MARSHALL COUNTY MEDICAL CENTER ARE SPONSORS OF THE ANNUAL REUEL LITTLE CLASSIC, WHICH IS A HALF MARATHON, 5K RUN AND FUN-RUN ON A USATF CERTIFIED COURSE. THIS YEAR, 261 PARTICIPANTS CROSSED THE FINISH LINE. THE RUNNERS VARIED FROM 5 TO 92 YEARS OF AGE. THE HOSPITAL STAFF AND LADIES AUXILIARY DONATE THEIR SATURDAY TO VOLUNTEER AT THIS EVENT AND EITHER WORK AT ONE OF THE MANY ROAD BARRICADES, IN THE KITCHEN COOKING AND SERVING THE BREAKFAST, OR SELLING T-SHIRTS. ALL PROCEEDS FROM THIS EVENT BENEFIT THE MARSHALL COUNTY MEDICAL CENTER FOUNDATION.

MARSHALL COUNTY HEALTH FAIR

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INTEGRIS MARSHALL COUNTY MEDICAL CENTER ONCE AGAIN SPONSORED THE
 COMMUNITY-WIDE MARSHALL COUNTY HEALTH FAIR IN MADILL. THIS YEAR SEVERAL
 DEPARTMENTS HAD BOOTHS, HANDED OUT GIVE-A-WAYS AND TALKED TO ATTENDEES
 ABOUT THE SERVICES OFFERED AT INTEGRIS MARSHALL COUNTY. THE ANNUAL
 MARSHALL COUNTY HEALTH FAIR WAS A BIG SUCCESS THANKS TO ALL THE EMPLOYEES
 WHO VOLUNTEERED THEIR TIME TO HELP WITH THE BOOTHS; COVER THE FREE
 HEARING, VISION, BONE DENSITY, BLOOD PRESSURE, CHOLESTEROL AND GLUCOSE
 SCREENING STATIONS IN THE LION'S VAN; AND DONATE BLOOD.

NATIONAL SAND BASS FESTIVAL

INTEGRIS MARSHALL COUNTY MEDICAL CENTER HELPED SPONSOR THE NATIONAL SAND
 BASS FESTIVAL, A WEEK-LONG EVENT HELD IN DOWNTOWN MADILL, OKLA. NUMEROUS
 INTEGRIS EMPLOYEES VOLUNTEERED THEIR TIME TO PROVIDE A FIRST AID STATION
 FOR THE FESTIVAL. THE EVENT INCLUDED MANY FOOD AND CRAFT VENDORS, A
 CARNIVAL, PETTING ZOO, TURTLE RACES, AND LIVE ENTERTAINMENT EACH NIGHT.
 SEVERAL THOUSAND PEOPLE ATTEND THESE FESTIVALS EACH YEAR.

MARSHALL COUNTY IS THE HOME OF BEAUTIFUL LAKE TEXOMA IN SOUTHERN
 OKLAHOMA. INTEGRIS MARSHALL COUNTY MEDICAL CENTER SERVES THE RESIDENTS OF
 MADILL AND SURROUNDING SOUTHERN OKLAHOMA TOWNS, AS WELL AS THE RESIDENTS
 OF NORTH CENTRAL TEXAS. THE FACILITY HAS ADDED 25,000 SQUARE FEET OF NEW
 SPACE AND TOTALLY REMODELED THE MORE THAN 40-YEAR-OLD ORIGINAL HOSPITAL
 BUILDING, ALONG WITH UPGRADING AND ADDING NEW EQUIPMENT AND NEW
 PHYSICIANS.

INTEGRIS MARSHALL COUNTY IS CONSIDERED A CRITICAL ACCESS HOSPITAL.

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DIAGNOSTIC IMAGING - MRI, ULTRASOUND AND CAT SCAN - AND BONE DENSITY

TESTING ARE PROVIDED ON SITE. OFFSITE RADIOLOGISTS ARE AVAILABLE 24 HOURS

DAILY TO INTERPRET IMAGES FOR ATTENDING PHYSICIANS. THERAPY AND

REHABILITATION ARE AVAILABLE FOR INPATIENTS AND OUTPATIENTS. EMERGENCY

SERVICES ARE PROVIDED IN TWO TRAUMA ROOMS, AN ISOLATION ROOM, AND FOUR

EXAM ROOMS WITH STATE-OF-THE-ART EQUIPMENT.

TOGETHER, THESE SERVICES AND RECENT IMPROVEMENTS PROVIDE THE HIGHEST

LEVEL OF COMFORT AND CARE TO THE PATIENTS OF INTEGRIS MARSHALL COUNTY,

MAKING IT THE FASTEST GROWING MEDICAL FACILITY IN SOUTHERN OKLAHOMA.

INTEGRIS MAYES COUNTY MEDICAL CENTER

ROGER STATE UNIVERSITY

IN THE SPRING OF 2009, INTEGRIS MAYES COUNTY MEDICAL CENTER AND INTEGRIS

HEALTH MADE A \$10,000 DONATION TO ROGERS STATE UNIVERSITY IN CLAREMORE,

OKLAHOMA. THE GIFT WAS USED EQUIP THE UNIVERSITY'S NEW SCIENCE LAB. RSU

OFFERS AN OUTSTANDING NURSING PROGRAM, AND THROUGH AN AGREEMENT BETWEEN

THE UNIVERSITY AND INTEGRIS MAYES COUNTY, MANY OF THE RSU NURSING

STUDENTS DO THEIR CLINICAL STUDIES AT THE HOSPITAL IN PRYOR. INTEGRIS

MAYES COUNTY GAVE \$5,000 TOWARD THE PROJECT, AND INTEGRIS HEALTH MATCHED

THAT DONATION.

THIRD GRADERS GET A GLIMPSE OF HEALTH CARE CAREERS

INTEGRIS MAYES COUNTY MEDICAL CENTER WAS RECENTLY PAIRED WITH A THIRD

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GRADE CLASS FROM BERNITA HUGHES ELEMENTARY SCHOOL IN ADAIR, OKLA., FOR THE THIRD GRADERS GO TO WORK PROGRAM ESTABLISHED BY THE PRYOR AREA CHAMBER OF COMMERCE. REPRESENTATIVES FROM THE HOSPITAL VISITED THE THIRD GRADE STUDENTS, EXPLAINING THE DIFFERENT KINDS OF JOBS THAT ARE AVAILABLE IN A HEALTH CARE ENVIRONMENT. AFTERWARD, 20 ASPIRING YOUNGSTERS ENJOYED A FIELD TRIP TO INTEGRIS MAYES COUNTY MEDICAL CENTER WHERE THE STUDENTS WERE ABLE TO VISIT WITH NURSES, PHYSICAL AND OCCUPATIONAL THERAPY PERSONNEL AND RADIOLOGY STAFF MEMBERS. THE HUMAN RESOURCES DEPARTMENT LED TWO STUDENTS THROUGH MOCK INTERVIEWS TO GIVE THEM AN IDEA OF HOW THEY SHOULD PRESENT THEMSELVES WHEN THEY WANT TO APPLY FOR A JOB.

RELAY FOR LIFE

HOPE - IT'S WHAT KEEPS US GOING WHEN WE'RE OVERWHELMED BY DISCOURAGING CIRCUMSTANCES. MORE THAN 100 SURVIVORS WERE INTRODUCED AND PRESENTED WITH AN INDIVIDUALLY WRAPPED BUTTERFLY DURING THE 14TH ANNUAL RELAY FOR LIFE IN PRYOR'S WHITAKER PARK. IN THE PAST THE CANCER SURVIVORS HAVE BEEN GIVEN BALLOONS TO RELEASE DURING THE OPENING CEREMONIES OF THE RELAY BUT IN A SYMBOLIC GESTURE OF HOPE, INTEGRIS MAYES COUNTY MEDICAL CENTER SPONSORED THE RELEASE OF 12 DOZEN MONARCH BUTTERFLIES AT THIS YEAR'S RELAY FOR LIFE IN JUNE. WHEN THE SIGNAL WAS GIVEN, THE SURVIVORS OPENED THEIR BOXES AND THE BUTTERFLIES TOOK TO THE SKIES. MANY OF THE BUTTERFLIES FLEW AWAY, BUT THROUGHOUT THE EVENING, QUITE A FEW OF THE BEAUTIFUL CREATURES FLUTTERED AROUND THE PARK, ENJOYING THE ABUNDANCE OF CLOVER.

ANNUAL MAYES COUNTY WOMEN'S HEALTH FAIR

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THE FOR WOMEN ONLY HEALTH FAIR OF MAYES COUNTY IS HELD ANNUALLY ON THE
 LAST MONDAY OF AUGUST. THE PROGRAM BEGAN IN 1996, SPEARHEADED BY FORMER
 FIRST LADY CATHY KEATING AS PART OF A STATE-WIDE WOMEN'S HEALTH
 INITIATIVE. THIS YEAR SEVERAL HEALTH-RELATED AGENCIES, BUSINESSES AND
 SERVICES JOINED FORCES TO PROVIDE SCREENINGS AND HEALTH INFORMATION TO
 THE 200-PLUS WOMEN FROM THROUGHOUT THE MAYES COUNTY AREA. WOMEN CAN
 RECEIVE BLOOD PRESSURE CHECKS, GLUCOSE AND CHOLESTEROL CHECKS, BMI
 ASSESSMENTS, HAND MASSAGES, HEARING TESTS AND MORE. THE EVENT, HELD AT
 THE FIRST UNITED METHODIST CHURCH, IS CATERED BY THE INTEGRIS MAYES
 COUNTY MEDICAL CENTER DIETARY STAFF, AND A LOCAL GIRL SCOUTS TROOP
 ASSISTS IN KEEPING THE FOOD TABLE STOCKED.

CHAMBER OF COMMERCE GREAT DAYS OF SERVICE

VOLUNTEERS FROM MAYES COUNTY GATHERED AT INTEGRIS MAYES COUNTY MEDICAL
 CENTER TO REGISTER AND PARTICIPATE IN THE PRYOR AREA CHAMBER OF COMMERCE
 GREAT DAYS OF SERVICE. THE EVENT BROUGHT VOLUNTEERS FROM THE COMMUNITY
 TOGETHER TO JOIN FORCES IN DOING COMMUNITY SERVICE PROJECTS THROUGHOUT
 THE COUNTY. THE YOUTH GROUP FROM THE CHURCH OF CHRIST IN PRYOR WORKED
 VIGOROUSLY TO WEIGH, STACK AND SORT ALL THE FOOD BROUGHT IN FOR THE GREAT
 DAYS OF SERVICE FOOD DRIVE. IN ONE DAY, RESIDENTS OF MAYES COUNTY DONATED
 9,000 POUNDS OF FOOD FOR AREA FOOD PANTRIES, SURPASSING THE 5,000 GOAL
 FOR THIS INAUGURAL EVENT.

INTEGRIS MAYES COUNTY MEDICAL CENTER IS A LICENSED 52-BED ACUTE CARE
 HOSPITAL IN PRYOR, LOCATED IN NORTHEASTERN OKLAHOMA IN THE HEART OF GREEN

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COUNTRY. THE HOSPITAL, FORMERLY KNOWN AS GRAND VALLEY HOSPITAL, WAS BUILT
IN 1954.

THE HOSPITAL PROVIDES THE RESIDENTS OF MAYES COUNTY AND SURROUNDING AREAS
A RELIABLE RESOURCE FOR MEETING THEIR HEALTH CARE NEEDS WITHOUT TRAVELING
TO LARGER CITIES TO RECEIVE SIMILAR SERVICES. SINCE 2001, THE HOSPITAL
HAS INVESTED NEARLY \$10 MILLION IN NEW CONSTRUCTION AND UPDATING OF THE
FACILITY INCLUDING EXPANSION OF ITS TOP-RATE PHYSICAL AND OCCUPATIONAL
THERAPY DEPARTMENT, A NEW AMBULATORY CARE UNIT, NEW SURGERY UNIT, NEWLY
REMODELED OB UNIT AND AN EXPANDED LINE OF DIAGNOSTIC IMAGING SERVICES.

THE HOSPITAL IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND IS
ACCREDITED BY THE JOINT COMMISSION. IT IS A MEMBER OF THE OKLAHOMA
HOSPITAL ASSOCIATION, VOLUNTARY HOSPITALS OF AMERICA AND THE AMERICAN
HOSPITAL ASSOCIATION.

INTEGRIS SEMINOLE MEDICAL CENTER

FOURTH OF JULY FESTIVAL

INTEGRIS SEMINOLE MEDICAL CENTER EMPLOYEES AND FRIENDS ENJOYED A GREAT
EVENING TOGETHER ON THE FOURTH OF JULY. EVERY YEAR, ONE OF THE TOWN'S
BIGGEST TRADITIONS IS THE FOURTH OF JULY FESTIVAL. INTEGRIS SEMINOLE TOOK
PART IN THIS GREAT EVENT WITH EMPLOYEES VOLUNTEERING THEIR TIME TO SERVE
FOOD AND GIVE BACK TO THE COMMUNITY. CONCERTS, EVENTS FOR CHILDREN AND
GOOD FOOD MADE THIS YEAR'S FESTIVAL A GREAT SUCCESS. WE LOOK FORWARD TO
INTEGRIS SEMINOLE BEING A MAJOR SPONSOR OF THIS EVENT AGAIN NEXT YEAR.

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POSITIVE DIRECTIONS MENTORING PROGRAM

INTEGRIS SEMINOLE MEDICAL CENTER BEGINS THEIR SECOND YEAR OF MENTORING

STUDENTS AT WOODROW WILSON AND NORTHWOOD ELEMENTARY SCHOOLS. LAST YEAR

WAS A GREAT SUCCESS, AS WE WERE ABLE TO TOUCH THE LIVES OF SO MANY

CHILDREN IN SEMINOLE. THIS YEAR, WITH MANY MORE STAFF PARTICIPATING, WE

EXPECT TO INCREASE THE NUMBER OF CHILDREN WE ARE MENTORING. OUR EMPLOYEES

ARE PROUD TO TAKE PART IN GIVING BACK TO THE COMMUNITY AND WATCH THE

LIVES OF OUR FUTURE LEADERS GROW IN SEMINOLE.

MOVE FOR LIFE

INTEGRIS SEMINOLE MEDICAL CENTER HAS PARTNERED WITH THE SEMINOLE SCHOOLS

TO HELP EDUCATE AND BRING AWARENESS TO THE GROWING OBESITY PROBLEM AMONG

YOUNG CHILDREN HERE IN OKLAHOMA. THIS PROGRAM UNITES INTEGRIS SEMINOLE

WITH WOODROW WILSON AND NORTHWOOD ELEMENTARY SCHOOLS TO PROMOTE A HEALTHY

MIND AND BODY THROUGH PHYSICAL EDUCATION. WITH THE HELP OF INCENTIVES,

THESE KIDS ARE EXCITED ABOUT REACHING THE OBJECTIVES AT A RAPID PACE.

A WALKING PROGRAM IS ONE OF THE OPPORTUNITIES FOR STUDENTS TO BECOME

ACTIVE AND LIVE A HEALTHIER LIFESTYLE. THROUGH THIS PROGRAM, WE WERE

PLEASED TO REWARD FOUR STUDENTS (TWO AT EACH SCHOOL) WITH NEW BICYCLES.

THESE STUDENTS WERE REWARDED FOR SETTING AN EXAMPLE OF A HEALTHY

LIFESTYLE. STUDENTS ALSO RECEIVED "COOL CASH" DURING THE YEAR WHEN THEY

DISPLAYED BEHAVIOR THAT LEADS TO A HEALTHY MIND AND BODY. THE STUDENTS

WERE ABLE TO TRADE IN THE COOL CASH FOR EXCITING PRIZES THROUGHOUT THE

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SCHOOL YEAR.

INTEGRIS SEMINOLE MEDICAL CENTER IS PROUD TO PARTNER WITH THE SEMINOLE
SCHOOLS TO PROMOTE HEALTHY LIFESTYLES IN OUR YOUNGER GENERATIONS.

AMERICAN HEART ASSOCIATION

THIS YEAR, INTEGRIS SEMINOLE MEDICAL CENTER JOINED WITH INTEGRIS
SOUTHWEST TO PARTICIPATE IN THE 2009 AMERICAN HEART WALK CAMPAIGN. WITH
GREAT SUPPORT AND DEDICATION WE WERE ABLE NOT ONLY TO ENJOY A GREAT TIME
OF FELLOWSHIP, BUT ALSO RAISE MORE THAN \$3,000 TO PROVIDE LIFESAVING
RESEARCH AND EDUCATION RIGHT HERE IN OKLAHOMA.

OTHER FUNDRAISING ACTIVITIES INCLUDED A HEART HEALTHY COOKOUT, AND A PIE
IN THE FACE CONTEST. WE ALSO GAVE AWAY T-SHIRTS, COOKBOOKS, A BEAUTIFUL
GAS GRILL AND AN AUTOGRAPHED OU FOOTBALL. WE HAD A GREAT TIME
IMPLEMENTING THESE EVENTS. THANKS TO THE SUPPORT OF THE HOSPITAL, THIS
YEAR'S CAMPAIGN WAS A SUCCESS. WE LOOK FORWARD TO MATCHING THESE EFFORTS
IN THE FUTURE.

INTEGRIS SEMINOLE MEDICAL CENTER HAS SERVED THE COMMUNITY SINCE THE
1940S, AND THE NEW 32-BED MODERN FACILITY WAS BUILT IN 1998. THE 64,000
SQUARE-FOOT COMPLEX IS LOCATED ON 20 ACRES. A FAMILY MEDICAL CENTER
CLINIC IS LOCATED IN THE HOSPITAL ALONG WITH PHYSICIAN OFFICES AND A
SPECIALTY CLINIC. THE HOSPITAL SERVES APPROXIMATELY 30,000 RESIDENTS IN
SEMINOLE COUNTY AND IS THE MODEL FOR RURAL HEALTH CARE IN OKLAHOMA.

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ALL PATIENT ROOMS ARE PRIVATE AND DESIGNED TO PROVIDE A HOME-LIKE
ATMOSPHERE SO THAT RECOVERY CAN BE MADE EASIER. STAFFED BY QUALIFIED
PHYSICIANS, PHYSICIAN ASSISTANTS AND ACLS CERTIFIED NURSES, THE EMERGENCY
ROOM IS OPEN EVERY DAY AROUND THE CLOCK.

WITH TWO LARGE OPERATING SUITES, A POST-ANESTHESIA RECOVERY SUITE, AND
ENDOSCOPY SERVICES, THE HIGHLY SKILLED SURGICAL STAFF IS DEDICATED TO
CARING FOR ALL SURGICAL NEEDS.

INTEGRIS SOUTHWEST MEDICAL CENTER

22ND ANNUAL NATIONAL CANCER SURVIVORS DAY - A CELEBRATION OF LIFE EVENT

EACH YEAR ON THE FIRST SUNDAY OF JUNE COMMUNITIES ACROSS THE NATION JOIN
IN CELEBRATING NATIONAL CANCER SURVIVORS DAY WITH EVENTS THAT UNITE
CANCER SURVIVORS, FAMILIES AND FRIENDS. IT'S A DAY TO RECOGNIZE THE
PROGRESS THAT HAS BEEN MADE IN THE EARLY DETECTION, TREATMENT AND
RESEARCH OF CANCER, ALL OF WHICH CONTRIBUTE TO CANCER SURVIVORSHIP. ON
JUNE 7, 2009, THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA, CENTRAL OKLAHOMA
CANCER CENTER AT INTEGRIS SOUTHWEST MEDICAL CENTER, PROCURE OKLAHOMA AND
CANCER CARE ASSOCIATES JOINED TOGETHER TO SPONSOR OUR ANNUAL "A
CELEBRATION OF LIFE" EVENT. A TOTAL OF 274 PEOPLE ATTENDED THE
CELEBRATION, AND OF THOSE, 123 WERE SURVIVORS. MANY OF OUR HEALTH CARE
STAFF AND THEIR FAMILY MEMBERS VOLUNTEERED THEIR TIME, ENERGY AND
COMMITMENT TO MAKE THIS SURVIVORSHIP EVENT A WONDERFUL SUCCESS.

LOOK GOOD...FEEL BETTER

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

LOOK GOOD...FEEL BETTER IS OFFERED BY THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA AT THE CENTRAL OKLAHOMA CANCER CENTER AT INTEGRIS SOUTHWEST MEDICAL CENTER FREE OF CHARGE FOR WOMEN WITH CANCER RECEIVING CARE AT ANY FACILITY. IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THIS PROGRAM TEACHES BEAUTY TECHNIQUES TO CANCER PATIENTS IN ACTIVE TREATMENT TO HELP THEM COMBAT THE APPEARANCE-RELATED SIDE EFFECTS OF CANCER TREATMENT. OUR CANCER CENTER IS ONE OF MANY ACROSS THE COMMUNITY THAT OFFERS THIS TO CANCER PATIENTS. IN THESE SESSIONS, A TRAINED VOLUNTEER COSMETOLOGIST TEACHES WOMEN HOW TO COPE WITH SKIN CHANGES USING COSMETICS AND SKIN CARE PRODUCTS DONATED BY THE COSMETIC INDUSTRY. WOMEN ALSO LEARN WAYS TO DISGUISE HAIR LOSS WITH WIGS, SCARVES AND OTHER ACCESSORIES.

HEART WALK

INTEGRIS SOUTHWEST EMPLOYEES, PATIENTS AND FAMILY MEMBERS JOINED FORCES AND WALKED TO RAISE MONEY AND AWARENESS FOR CORONARY ARTERY DISEASE THE NO. 1 KILLER IN THE UNITED STATES.

"HANGING OF THE GREEN" - FILLMORE ELEMENTARY AND INTEGRIS SOUTHWEST EACH CLASSROOM AT FILLMORE ELEMENTARY SCHOOL DECORATED A CHRISTMAS WREATH THAT WAS DISPLAYED IN THE HALLS OF INTEGRIS SOUTHWEST MEDICAL CENTER FOR ALL TO ENJOY. MEMBERS OF THE FILLMORE STUDENT COUNCIL ASSISTED PAT DORRIS AND OTHER STAFF MEMBERS IN HANGING THE WREATHS THROUGHOUT THE HOSPITAL. A SILENT AUCTION WAS HELD TO ALLOW EMPLOYEES TO BID ON THE WREATH OF THEIR CHOICE. PROCEEDS FROM THE AUCTION TOTALED \$404, WHICH WAS DONATED TO

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

FILLMORE TO ASSIST WITH THEIR PURCHASE OF A THESAURUS SET FOR THE SCHOOL
LIBRARY.

HEALTHY HEART POSTER CONTEST - FILLMORE ELEMENTARY AND INTEGRIS
SOUTHWEST

STUDENTS AT FILLMORE ELEMENTARY SCHOOL CREATED A POSTER OF WHAT A HEALTHY
HEART LOOKS LIKE. A PRESENTATION WAS MADE TO THE SECOND GRADE STUDENTS,
PROVIDING CERTIFICATES TO ALL WHO PARTICIPATED AND PRESENTING THE TOP
THREE STUDENTS WITH TARGET GIFT CARDS. AN INTEGRIS DIETICIAN MADE A
HEALTHY SNACK DEMONSTRATION AND A DISCUSSION OF HEALTHY LIFE CHOICES WAS
GIVEN BY MISS SOUTH OKLAHOMA CITY.

SPANISH CANCER SUPPORT GROUP

THE INTEGRIS HEALTH HISPANIC INITIATIVE OFFERS AN OPEN MEMBERSHIP GROUP
FOR CANCER PATIENTS AND FAMILY MEMBERS. IT IS THE FIRST GROUP TO BE HELD
IN SPANISH IN THE STATE OF OKLAHOMA. MORE THAN 50 MEMBERS MEET ON THE
FIRST TUESDAY OF THE MONTH AT INTEGRIS SOUTHWEST MEDICAL CENTER IN THE
CENTRAL OKLAHOMA CANCER CENTER, IN OKLAHOMA CITY. THE GROUP IS LED BY A
HISPANIC STAFF MEMBER, ALSO A CANCER SURVIVOR, WHO SHARES HER PERSONAL
EXPERIENCE. STUDIES HAVE SHOWN AN INCREASED SURVIVAL TIME AS A RESULT OF
PARTICIPATION IN SUPPORT GROUPS RESULTING OFTEN IN POSITIVE EFFECTS ON
THEIR MEMBERS' PSYCHOLOGICAL WELL-BEING AND PROVIDING INCREASED QUALITY
OF LIFE.

Name of the organization

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INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

INTEGRIS SOUTHWEST MEDICAL CENTER HAS BEEN A PART OF THE SOUTHWEST
OKLAHOMA CITY COMMUNITY SINCE 1965. FIRST AS SOUTH COMMUNITY HOSPITAL.
THE NAME WAS CHANGED TO SOUTHWEST MEDICAL CENTER OF OKLAHOMA IN MARCH
1992, AND THEN BECAME INTEGRIS SOUTHWEST MEDICAL CENTER IN FEBRUARY 1995.

IT HAS GROWN FROM A 73-BED COMMUNITY HOSPITAL TO A COMPREHENSIVE MEDICAL
CENTER OFFERING A FULL RANGE OF SERVICES WITH NEARLY 400 BEDS. CENTERS OF
EXCELLENCE INCLUDE THE CENTRAL OKLAHOMA CANCER CENTER, SOUTHWEST BREAST
HEALTH AND IMAGING CENTER, INTEGRIS JIM THORPE REHABILITATION NETWORK,
MDA/ALS NEUROMUSCULAR CENTER, INTEGRIS M.J. AND S. ELIZABETH SCHWARTZ
SLEEP DISORDERS CENTER OF OKLAHOMA AND THE INTEGRIS JAMES R. DANIEL
STROKE CENTER OF OKLAHOMA.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 5

PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED

WHERE DOES THE INTEGRIS DOLLAR GO?

FISCAL YEAR 2009

BILLED CHARGE \$1.00

EXPENSES

*DISCOUNTS TAKEN BY MEDICARE, MEDICAID, MANAGED CARE

COMPANIES AND OTHER INSURED 0.63

*FREE SERVICE/CHARITY CARE 0.02

*BAD DEBT EXPENSE FROM PATIENTS NOT PAYING THEIR BILLS 0.05

*EMPLOYEE SALARIES 0.13

*EMPLOYEE HEALTH INSURANCE EXPENSE 0.01

*EMPLOYEE RETIREMENT EXPENSE 0.01

*OTHER BENEFIT EXPENSES 0.01

*MEDICAL, SURGICAL AND DRUG SUPPLIES 0.04

*OTHER GENERAL SUPPLIES 0.01

*PURCHASED SERVICES FOR MAINTENANCE, LAB AND

OTHER SERVICES 0.03

*TELEPHONE, UTILITY AND RENTAL EXPENSES 0.01

*OTHER OPERATIONAL EXPENSES 0.02

*INSURANCE 0.01

*TOTAL EXPENSES \$0.98

*FUNDS AVAILABLE FOR NEW EQUIPMENT, CONSTRUCTION

AND CLINICAL PROGRAM IMPROVEMENT \$0.02

PLEASE NOTE THAT INTEGRIS HEALTH IS A NON-PROFIT COMPANY AND AS SUCH IS

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

REQUIRED TO REINVEST ANY BUDGET SURPLUS BACK INTO THE ORGANIZATION TO

IMPROVE THE LEVEL OF SERVICES IT PROVIDES TO THE COMMUNITY.

WHILE YOUR HEALTH PLAN OR PERSONAL PREFERENCE MAY DICTATE WHERE YOU

DECIDE TO GO TO RECEIVE CARE, COMPARING CHARGES BETWEEN LOCAL PROVIDERS

FOR SIMILAR PROCEDURES, COMBINED WITH QUALITY DATA, MAY PROVIDE YOU WITH

A BETTER OVERALL PICTURE OF THE TOTAL VALUE YOU WILL RECEIVE AT THE

HOSPITAL OF YOUR CHOICE.

PLEASE REMEMBER THAT CHARGE AND QUALITY DATA ARE JUST TWO FACTORS THAT

SHOULD GO INTO HEALTH CARE DECISION MAKING. NO SINGLE MEASURE IS

INDICATIVE OF A HOSPITAL'S OVERALL PERFORMANCE. BE SURE TO GATHER

INFORMATION, DISCUSS IT WITH YOUR DOCTOR AND FEEL FREE TO CALL THE

HOSPITAL TO ASK QUESTIONS. A HOSPITAL'S REPUTATION IN THE COMMUNITY,

LEVEL OF PATIENT SATISFACTION AND OTHER FACTORS SHOULD ALSO BE CONSIDERED

IN YOUR FINAL SELECTION PROCESS.

IN 2009, INTEGRIS HEALTH PROVIDED \$51,613,536.46 IN COMMUNITY BENEFITS.

THIS INCLUDES OUR RETURNSHIP EFFORTS AND UNCOMPENSATED SERVICES.

RETURNSHIP

RETURNSHIP EPITOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNITY. IT

TAKES THE FORM OF HUNDREDS OF PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY

ACROSS THE STATE OF OKLAHOMA - FREE HEALTH SCREENINGS, SUPPORT GROUPS,

MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE AS

REFLECTED IN THE PREVIOUS PAGES.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

OUR RETURNSHIP EFFORTS EQUALED \$6,561,170.46

UNCOMPENSATED SERVICES

UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED COST

CARE, WHICH INCLUDE CHARITY CARE AND UNPAID COSTS OF MEDICAID PROGRAMS.

AS A SYSTEM OF NOT-FOR-PROFIT HOSPITALS, INTEGRIS HEALTH PROVIDES

SERVICES TO EVERYONE, REGARDLESS OF THE ABILITY TO PAY OR 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 PROVIDED CHARITY CARE OF \$24,250,000.00

INTEGRIS HEALTH ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID

PROGRAMS FOR WHICH THE ORGANIZATION RECEIVES INADEQUATE PAYMENTS. UNPAID

COSTS OF MEDICAID PROGRAMS REFLECT THE DIFFERENCE BETWEEN COSTS TO

PROVIDE PATIENT CARE SERVICES AND THE RATE AT WHICH THE HOSPITAL IS

REIMBURSED. ESTIMATED COSTS ARE BASED ON COST ACCOUNTING DATA AND THE

OVERALL HOSPITAL COST-TO-CHARGE RATIOS.

UNPAID COSTS OF MEDICAID PROGRAMS EQUALED \$20,802,366.00

IN ADDITION, INTEGRIS HEALTH WROTE OFF \$160,146,958 IN PATIENT CHARGES AS

BAD DEBTS.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

INTEGRIS HEALTH - CARING FOR OUR COMMUNITIESMISSIONTO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.VALUESINTEGRIS' VALUES CAN BE IDENTIFIED BY THREE SIMPLE BUT VERY POWERFUL
CONCEPTS OF LOVE, LEARN AND LEAD.LOVETREAT SELF AND OTHERS WITH KINDNESS, DIGNITY AND RESPECTBE PATIENT AND FORGIVINGSERVE OTHERS WITH A CARING HEARTLEARNLISTEN, ASK AND BE OPENIMPROVE EVERY DAYUNDERSTAND OUR BUSINESSCREATE A LEARNING ENVIRONMENT

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

LEAD

SEEK AND PROVIDE DIRECTION AND VISION

EXPECT AND ACKNOWLEDGE EXCELLENCE

DEMONSTRATE HONESTY

DEVELOP RELATIONSHIPS

SHOW COURAGE TO MAKE A DIFFERENCE

LEAD BY EXAMPLE

INTEGRIS HEALTH

COMMUNITY HEALTH IMPROVEMENT

3366 N.W. EXPRESSWAY, SUITE 800

OKLAHOMA CITY, OK 73112

(405) 717-9874

HEALTHLINE

(405) 951-2277

WWW.INTEGRISOK.COM

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 6

PART V: QUESTION 1A AND 2A

PART V: QUESTION 1A - THE NUMBER OF FORM 1099 REPORTED IN PART V, LINE 1A

IS NONE. COMPENSATION REPORTED FOR INDEPENDENT CONTRACTORS WAS REPORTED

ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U.S. INFORMATION

RETURNS OF INTEGRIS HEALTH, INC., EIN 73-1192764. THE COMPENSATION WAS

REIMBURSED TO INTEGRIS HEALTH, INC. AND WAS REPORTED ON THIS FORM 990 IN

PART VII, SECTION B.

PART V: QUESTION 2A - THE NUMBER OF EMPLOYEES REPORTED IN PART V, LINE 2A

IS NONE. 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 990.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 7

PART VI: QUESTION 10

THE ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM

CONTROLLED BY INTEGRIS HEALTH, INC. (SYSTEM). THE SYSTEM HAS A SINGLE

AUDIT COMPLIANCE COMMITTEE WHICH OVERSEES THE CONSOLIDATED FINANCIAL

STATEMENT AUDIT AS WELL AS THE FILING OF FEDERAL AND STATE TAX FORMS. THE

SYSTEM ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF FORM

990 TO PREPARE THE FORM. A DRAFT FORM 990 IS PROVIDED TO THE SYSTEM VICE

PRESIDENT OF FINANCIAL REPORTING FOR REVIEW. A FINAL FORM 990 IS GIVEN TO

THE SYSTEM CHIEF FINANCIAL OFFICER FOR REVIEW, APPROVAL, AND SIGNATURE.

THE FINAL FORM 990 IS MADE AVAILABLE TO THE ORGANIZATION'S BOARD OF

DIRECTORS, AS WELL AS TO THE SYSTEM'S AUDIT/COMPLIANCE COMMITTEE, FOR

REVIEW PRIOR TO FILING THE RETURN.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 8

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 POLICES 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.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 9

PART VI: SECTION B. POLICIES

PART VI: QUESTION 15A - THE FILING ORGANIZATION IS A MEMBER OF AN

INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC.

(INTEGRIS OR SYSTEM). COMPENSATION FOR THE CEO, MANAGING DIRECTORS AND

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.

PART VI: QUESTION 15B - THE FILING ORGANIZATION IS A MEMBER OF AN

INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC..

(INTEGRIS OR SYSTEM). ALL DEPARTMENT DIRECTORS COMPENSATION IS REVIEWED

ANNUALLY BY THE INTEGRIS COMPENSATION DEPARTMENT OF HUMAN RESOURCES.

INDEPENDENT SALARY SURVEY SOURCES FROM THIRD PARTY PROVIDERS ARE USED TO

DETERMINE LOCAL AND REGIONAL FAIR MARKET COMPETITIVENESS. ADJUSTMENTS IN

SALARIES BASED ON INDIVIDUAL PERFORMANCE STANDARDS OR ANY MARKET EQUITY

ADJUSTMENTS ARE APPROVED BY THE RESPECTIVE VICE PRESIDENT OR MANAGING

DIRECTOR.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 10

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.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 11

PART VII: SECTION B. INDEPENDENT CONTRACTORS

DIAGNOSTIC LABORATORY REFERENCE LAB \$14,745,160

OF OKLAHOMA LLC

3800 UNITED FOUNDERS BLVD.

SUITE 141

OKLA. CITY, OK 73112

MEDICAL STAFFING NETWORK CONTRACT LABOR \$ 8,404,423

P.O. BOX 840271

DALLAS, TX 75284-0721

ROBINS AND MORTON CONSTRUCTION \$ 6,526,294

6900 NORTH DALLAS PKWY. CONTRACTORS

SUITE 100

PLANO, TX 75024

LIFESHARE TRANSPLANT DONOR ORGAN ACQUISITION \$ 3,940,000

7200 N. BROADWAY EXT

OKLA. CITY, OK 73116

PLAZA MEDICAL GROUP PHYSICIANS \$ 2,373,001

3433 N.W. 56, SUITE 400

OKLA. CITY, OK 73112

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 12

PART XI: FINANCIAL STATEMENTS AND REPORTING

PART XI: QUESTION 2A AND 2B - AN OUTSIDE ACCOUNTING FIRM PERFORMS AN

ANNUAL AUDIT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF INTEGRIS HEALTH,

INC., A RELATED CORPORATION. THE CONSOLIDATED FINANCIAL STATEMENTS

INCLUDE THE FINANCIAL INFORMATION FOR INTEGRIS BAPTIST MEDICAL CENTER,

INC.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 13

SCHEDULE K, PART I: BOND ISSUES

ALL DEBT LISTED BELOW IS SECURED BY THE REVENUES AND RECEIVABLES OF THE

OBLIGATED GROUP CONSISTING OF INTEGRIS BAPTIST MEDICAL CENTER,

INC., INTEGRIS SOUTH OKLAHOMA CITY HOSPITAL CORPORATION AND INTEGRIS RURAL

HEALTH, INC., AND ALL MEMBERS OF THE OBLIGATED GROUP ARE JOINTLY AND

SEVERALLY LIABLE FOR THE ENTIRE DEBT.

A. THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY

CUSIP #678906ZV9 (SERIES 2005A)

PURPOSE: A PORTION OF THE BOND ISSUE WAS USED TO FUND CONSTRUCTION &

RENOVATION PROJECTS MAINLY RELATED TO THE INTEGRIS BAPTIST MEDICAL CENTER

EMERGENCY ROOM EXPANSION AND SOUTHWEST SURGERY PERIOPERATIVE. A PORTION

OF THE BOND ISSUE WAS USED TO REFUND SERIES 1999A BONDS.

DATE THE REFUNDED BONDS WERE ISSUED: 11/19/1999

B. THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY

CUSIP #678908H23, 678908H31, 678908H49 (SERIES 2007A-1, SERIES 2007A-2,

AND SERIES 2007A-3)

PURPOSE(1) REFUNDING OF SERIES 2000A

DATE THE REFUNDED BONDS WERE ISSUED: 11/09/2000 (SERIES 2000A)

PURPOSE(2) REFUNDING OF SERIES 1999A

DATE THE REFUNDED BONDS WERE ISSUED: 11/19/1999 (SERIES 1999A)

PURPOSE(3) NEW PROJECT FUND FOR INTEGRIS CANADIAN VALLEY REGIONAL HOSPITAL

INTENSIVE CARE UNIT EXPANSION & EMERGENCY ROOM EXPANSION.

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

C. THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY

CUSIP #67884X-AA5, 67884X-AB3 (SERIES 2008A-1 AND SERIES 2008A-2)

PURPOSE: REFUNDING OF 2005A

DATE THE REFUNDED BONDS WERE ISSUED: 03/22/2005

D. THE OKLAHOMA DEVELOPMENT FINANCE AUTHORITY

CUSIP #67884X-AL1, 67884X-AX5 (SERIES 2008B AND SERIES 2008C)

PURPOSE(1) PROJECT FUND: TO BUILD NEW HOSPITAL IN GROVE, OKLAHOMA AND

RENOVATIONS OF SEVERAL NURSING FLOORS AT INTEGRIS BAPTIST MEDICAL CENTER,

INC. AND INTEGRIS SOUTHWEST MEDICAL CENTER, INC.

PURPOSE(2) REFUND SERIES 1995D

DATE THE REFUNDED BONDS WERE ISSUED: 12/15/1995

PURPOSE(3) REFUND SERIES 1999B

DATE THE REFUNDED BONDS WERE ISSUED: 11/19/1999

Name of the organization

Employer identification number

INTEGRIS BAPTIST MEDICAL CENTER, INC

73-1034824

GENERAL STATEMENT 14SCHEDULE R, PART IIIUNRELATED BUSINESS INCOME FOR DIAGNOSTIC LABORATORY OF OKLAHOMA WASCALCULATED FOLLOWING THE APPROACH ALLOWED BY PLR 200605013.

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization

INTEGRIS BAPTIST MEDICAL CENTER, INC

Employer Identification
73-1034824

Part I

[illegible]

Part II

[illegible]

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

Schedule R (Form 990) 2008

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)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(J) General or managing partner?
								Yes	No	
BMPA, LTD., 73-1228665 OKLAHOMA CITY, OK 73112	MED. OFFICE BLDG.	OK	N/A	N/A	N/A	N/A				X
GRAND LAKE, 73-1622843 GROVE, OK 74345	MEDICAL	OK	N/A	N/A	N/A	N/A				X
QC-III, 20-8723857 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	RELATED	-63,945	142,929.	X			X
INTEGRIS HEART CTR., 73-1576694 OKLAHOMA CITY, OK 73112	MANAGEMENT	OK	N/A	RELATED	2,021,401.	2,821,577.	X			X
DIAGNOSTIC LAB, 73-1560760 MADISON, NJ 07940	CLINICAL LAB	NJ	N/A	RELATED	10,413,601.	7,880,982	X			X
MPI CENTER, 73-1283942 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	N/A	N/A	N/A				X

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
INTEGRIS PROHEALTH, INC., 73-1046179 5300 N. INDEPENDENCE AVE., STE. 130 OKLA. CITY, OK 73112	RETAIL PHARMACY	OK	N/A	C		N/A	N/A
THE STANLEY F. HUPFELD CHAR. REMAIN. TRUST, 26-6238051 5300 N. INDEPENDENCE AVE., STE. 130 OKLA. CITY, OK 73112	FINANCIAL	OK	N/A	T			
QUALITY ALLIANCE ASSURANCE CO., 73-1192764 P.O. BOX 10027 KYI-1001 GRAND CAYMAN,	INSURANCE	CJ	N/A	C			
INTEGRIS PHYSICIAN SERVICES, INC., 73-1477468 3500 N.W. 56TH ST., STE. 200 OKLA. CITY, OK 73112	MGMT. SERVICES	OK	N/A	C			

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

		(A) Name of other organization(s)		(B) Transaction type (a-r)	(C) Amount involved
(1)	SEE SCHEDULE R-1				
(2)					
(3)					
(4)					
(5)					
(6)					

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Part II Continuation of 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
INTEGRIS AMBULATORY CARE CORPORATION 73-1192765	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
BAPTIST HEALTHCARE OF OKLAHOMA, INC. 23-7456301	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
HOSPICE OF OKLAHOMA COUNTY, INC. 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 9	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
INTEGRIS HEALTH, INC. 73-1192764	HEALTH CARE	OK	501(C)(3)	LINE 11 -I	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
INTEGRIS RURAL HEALTH, INC. 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
INTEGRIS SOUTHWEST MEDICAL CENTER, INC. 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
INTEGRIS SOUTHWEST MED. CTR. FDN., INC. 73-1295820	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
INTEGRIS REALTY CORPORATION 73-1192750	FUNDRAISING	OK	501(C)(3)	LINE 7	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
GREAT PLAINS MEDICAL FOUNDATION 73-1457016	PROPERTY MGMT	OK	501(C)(3)	LINE 9	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
INTEGRIS BAPTIST MEDICAL CTR. FDN., INC. 73-1047338	MED. RES. PROOK	OK	501(C)(3)	LINE 3	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
INTEGRIS RURAL HEALTH FOUNDATION, INC. 73-1523096	FUNDRAISING	OK	501(C)(3)	LINE 7	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
MEDICAL PARKING, INC. 73-1210537	FUNDRAISING	OK	501(C)(3)	LINE 7	N/A
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
WESTERN VILLAGE ACADEMY, INC. 73-1588764	PARKING FAC. OK	OK	501(C)(3)	LINE 11 -IIN/A	
5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112					
	SCHOOL	OK	501(C)(3)	LINE 2	N/A

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) GREAT PLAINS MEDICAL FOUNDATION	B	181,116.
(8) GREAT PLAINS MEDICAL FOUNDATION	K	5,006.
(9) GREAT PLAINS MEDICAL FOUNDATION	O	117,345.
(10) GREAT PLAINS MEDICAL FOUNDATION	P	12,330.
(11) INTEGRIS BAPTIST MEDICAL CENTER FDN., INC.	C	476,025.
(12) INTEGRIS BAPTIST MEDICAL CENTER FDN., INC.	K	6,110.
(13) INTEGRIS BAPTIST MEDICAL CENTER FDN., INC.	O	12,023.
(14) INTEGRIS BAPTIST MEDICAL CENTER FDN., INC.	P	9,886.
(15) QUALITY CARDIAC CARE CENTERS, LLC	K	20,182.
(16) OKLAHOMA HEART CENTER, LLC	R	2,145,610.
(17) OKLAHOMA HEART CENTER, LLC	K	10,869.
(18) OKLAHOMA HEART CENTER, LLC	L	7,058,148.
(19) OKLAHOMA HEART CENTER, LLC	O	10,044.
(20) OKLAHOMA HEART CENTER, LLC	P	128,592.
(21) OKLAHOMA HEART CENTER, LLC	O	44,453.
(22)		
(23)		
(24)		

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