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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047  <b>2010</b>  <b>Open to Public Inspection</b>
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<b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization INTEGRIS HEALTH INC	<b>D Employer identification number</b>  73-1192764
	Doing Business As SEE SCHEDULE O	<b>E Telephone number</b>  (405) 949-6026
	Number and street (or P O box if mail is not delivered to street address) 5300 N INDEPENDENCE AVE STE 130	
	City or town, state or country, and ZIP + 4 OKLAHOMA CITY, OK 73112	
	<b>F</b> Name and address of principal officer BRUCE LAWRENCE 5300 N INDEPENDENCE AVE OKLAHOMA CITY,OK 73112	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW INTEGRIS-HEALTH COM		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1983
<b>M</b> State of legal domicile OK		

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	18	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	10	
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	10,697	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	6	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	-717,007	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	9,600,000	254,543
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	120,097,802	147,034,350
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,650,409	1,653,865
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	80,248	98,693
		131,428,459	149,041,451
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	9,600,000	10,500,000
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,846,276	80,148,772
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	59,982,183	68,890,271
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	131,428,459	159,539,043
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .		-10,497,592
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	1,111,675,760	1,228,737,887
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	332,900,631	312,592,467
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	778,775,129	916,145,420

<b>Part II</b>	<b>Signature Block</b>
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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.

<b>Sign Here</b>	 Signature of officer	2012-04-06 Date			
	 WENTZ MILLER ASSISTANT TREASURER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name 405-239-6411	Preparer's signature 405-239-6411	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP				Firm's EIN ▶
	Firm's address ▶ 210 Park Ave Suite 2850 Oklahoma City, OK 73102				Phone no ▶ (405) 239-6411

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

Part IIStatement of Program Service Accomplishments

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

1Briefly describe the organization’s mission

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4Describe 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 \$ 82,283,800 including grants of \$ 10,500,000 ) (Revenue \$ 147,034,350 )

INTEGRIS HEALTH, INC IS THE CONTROLLING MEMBER OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES A WIDE VARIETY OF HEALTH CARE SERVICES IN THE STATE OF OKLAHOMA SEE SCHEDULE O STATEMENTS 2 THROUGH 5

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )





















4dOther program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4eTotal program service expenses \$ 82,283,800

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	Yes
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	No
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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,125		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	10,697		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b	If "Yes," enter the name of the foreign country <input type="text" value="CJ"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OK
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.	
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	

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

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

Form **990** (2010)

## Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	65
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## Section B. Independent Contractors

Form **990** (2010)

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	254,543				
	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 \$		7,400				
	h	Total. Add lines 1a-1f . . . . .		254,543				
	Program Service Revenue	2a	Business Code					
		AFFILIATED SERVICE REVENUE		900099	139,479,754	140,196,761	-717,007	0
b		RENTAL INCOME		532000	193,344	193,344		
c		MANAGEMENT FEES		900099	4,765,000	4,765,000		0
d		CHILDREN'S PLACE		900099	2,004,210	0		2,004,210
e		TELEMEDICINE		900099	291,114	291,114		
f		All other program service revenue			300,928			300,928
g		Total. Add lines 2a-2f . . . . .			147,034,350			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			1,653,865			1,653,865
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties . . . . .			0			
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .			0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . .			0			
	9a	Gross income from gaming activities See Part IV, line 19 . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . .			0			
	10a	Gross sales of inventory, less returns and allowances . .	a					
	b	Less cost of goods sold . . . . .	b					
	c	Net income or (loss) from sales of inventory . .			0			
		Miscellaneous Revenue	Business Code					
	11a	MISC INCOME	900099	98,693				98,693
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			98,693				
12	Total revenue. See Instructions . . . . .			149,041,451	145,446,219	-717,007	4,057,696	

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	10,500,000	10,500,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	5,899,075	2,841,584	3,057,491	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	85,462	41,167	44,295	
7	Other salaries and wages	54,587,762	26,294,925	28,292,837	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,058,256	3,399,962	3,658,294	
9	Other employee benefits . . . . .	8,825,281	4,251,138	4,574,143	
10	Payroll taxes . . . . .	3,692,936	1,778,887	1,914,049	
a	Fees for services (non-employees)				
	Management . . . . .	0			
b	Legal . . . . .	101,785	49,030	52,755	
c	Accounting . . . . .	887,210	427,369	459,841	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	3,070,669	1,479,141	1,591,528	
12	Advertising and promotion . . . . .	1,959,015	943,658	1,015,357	
13	Office expenses . . . . .	3,462,775	1,668,019	1,794,756	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	3,187,332	1,535,338	1,651,994	
17	Travel . . . . .	904,770	435,828	468,942	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	690,475	332,602	357,873	
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	6,879,721	3,313,962	3,565,759	
23	Insurance . . . . .	2,115,134	1,018,860	1,096,274	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	PURCHASED SERVICES	38,927,995	18,751,615	20,176,380	
b	EMPLOYEE/MGMT/BOARD FUNCTIONS	1,483,903	714,796	769,107	
c	TELEPHONE	1,245,782	600,093	645,689	
d	COMMUNITY SUPPORT	1,119,503	539,265	580,238	
e	CONTRACTOR LABOR	830,731	391,856	438,875	
f	All other expenses	2,023,471	974,705	1,048,766	0
25	Total functional expenses. Add lines 1 through 24f	159,539,043	82,283,800	77,255,243	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			21,508,361	2	31,488,583
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			50,782,745	4	54,697,772
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			69,288,121	7	71,886,485
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			5,900,658	9	5,276,858
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	144,992,388			
	b	Less: accumulated depreciation . . . . .	10b	123,969,364	19,369,504	10c	21,023,024
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .			75,000	12	75,000
	13	Investments—program-related. See Part IV, line 11 . . . . .			916,142,897	13	1,011,768,752
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			28,608,474	15	32,521,413
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,111,675,760	16	1,228,737,887	
Liabilities	17	Accounts payable and accrued expenses . . . . .			63,537,986	17	46,877,260
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			61,457,640	20	60,569,373
	21	Escrow or custodial 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 to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			207,905,005	25	205,145,834
	26	Total liabilities. Add lines 17 through 25 . . . . .			332,900,631	26	312,592,467
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			778,775,129	27	916,145,420
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .			778,775,129	33	916,145,420
34	Total liabilities and net assets/fund balances . . . . .			1,111,675,760	34	1,228,737,887	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	149,041,451
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	159,539,043
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-10,497,592
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	778,775,129
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	147,867,883
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	916,145,420

**Part XII Financial Statements and Reporting**

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization INTEGRIS HEALTH INC	Employer identification number 73-1192764
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input checked="" type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input checked="" type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(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 the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h		Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SEE PART IV	731034824	03	Yes		Yes		Yes		10,500,000
Total									10,500,000

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the 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—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. 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 IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation									
(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	----- INTEGRIS BAPTIST 73-1034824 03		
YES	YES	YES	NONE	MEDICAL CENTER, INC	BAPTIST HEALTHCARE 23-7456301 03	YES	YES	YES	NONE OF OKLAHOMA, INC
INTEGRIS RURAL 73-1444504 03	YES	YES	YES	NONE	HEALTH, INC	INTEGRIS SOUTH 73-1089149 03	YES	YES	YES
OKLAHOMA CITY HOSPITAL CORPORATION	INTEGRIS AMBULATORY 73-1192765 03	YES	YES	YES	10,000,000	CARE			
CORPORATION GREAT PLAINS 73-1457016 03	YES	YES	YES	NONE	MEDICAL FOUNDATION HOSPICE OF OKLAHOMA 73-1369586 09	YES	YES	YES	NONE
COUNTY, INC	INTEGRIS REALTY 73-1192750 09	YES	YES	YES	NONE	CORPORATION WESTERN VILLAGE 73-1588764 02	YES	YES	YES
500,000	ACADEMY, INC	INTEGRIS SOUTHWEST 73-1295820 07	YES	YES	YES	NONE			
MEDICAL CENTER FOUNDATION, INC	INTEGRIS RURAL 73-1523096 07	YES	YES	YES	NONE	HEALTH FOUNDATION, INC	TOTAL		
AMOUNT OF SUPPORT 10,500,000									

Additional Data

Software ID:

Software Version:

EIN: 73-1192764

Name: INTEGRIS HEALTH INC

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

(A) Name and Title	(B) Average hours per week	(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			
C JOSEPH CHOUTEAU MD DIRECTOR	1 0	X						22,500	0	0
PETER DELANEY DIRECTOR	1 0	X						24,250	0	0
REBECCA HUTTON DIRECTOR	1 0	X						24,000	0	0
E CAREY JOULLIAN IV DIRECTOR	1 0	X						25,000	0	0
CHARLES H MORGAN MD DIRECTOR	4 0	X						58,750	101,958	2,633
ELLIOTT R SCHWARTZ DO DIRECTOR	1 0	X						26,750	0	0
DAVID THOMPSON DIRECTOR	1 0	X						25,250	0	0
JAMES R DANIEL DIRECTOR & CHAIR/COMP COMM	1 0	X		X				29,500	0	0
DENNIS LUCKINBILL DIRECTOR & CHAIR/IT COMM	1 0	X		X				26,000	0	0
EDMUND O MARTIN DIRECTOR & CHAIR/INVEST COMM	1 0	X		X				30,000	0	0
MARSHALL SNIPES DIRECTOR & CHAIR/AUDIT COMM	1 0	X		X				27,500	0	0
GEORGIANNE SNOWDEN MD DIRECTOR & CHAIR/QUALITY COMM	1 0	X		X				25,500	0	0
CHRISTOPHER TURNER DIRECTOR & SECRETARY	1 0	X		X				25,750	0	0
C BRUCE LAWRENCE PRESIDENT & CEO	29 0	X		X				889,184	0	100,402
BILL ANOATUBBY DIR & CHAIR/GOV COMM	1 0	X		X				29,250	0	0
LUKE R CORBETT DIRECTOR	1 0	X						31,250	0	0
EDWARD A TOWNSEND DIRECTOR & IH BOARD CHAIR	1 0	X		X				34,250	0	0
PHILIP MOSCA MD DIRECTOR & CHAIR/FINANCE COMM	1 0	X		X				30,000	51,974	0
WENTZ MILLER ASST TREASURER	31 0			X				554,422	0	51,768
BETH PAUCHNIK ASST SECRETARY	30 0			X				406,004	0	42,936
JOHN R DELANO VICE PRESIDENT	40 0				X			281,239	0	25,642
CAROLYN L HESTER VICE PRESIDENT	40 0				X			224,825	0	19,212
GREG A MEYERS VICE PRESIDENT	40 0				X			297,123	0	27,392
ROBERT K QUIRING VICE PRESIDENT	40 0				X			258,222	0	25,179
WILLIAM R WANDEL VICE PRESIDENT	40 0				X			248,743	0	25,927

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

(A) Name and Title	(B) Average hours per week	(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			
JAMES P WHITE MG DIR /CHIEF MEDICAL OFFICER	39 0				X			495,280	0	46,783
SHERMAN R FREDRICKSON MANAGING DIR PHYS INTEGRATION	40 0				X			192,298	0	20,099
STANLEY F HUPFELD CHAIRMAN FAMILY OF FOUNDATIONS	35 0				X			675,938	0	24,648
GEORG F LUNDAY ADMIN DIRECTOR SUPPLY CHAIN&RX	40 0				X			174,143	48,328	16,445
JAMES S MITCHELL MANAGING DIRECTOR	37 0				X			486,051	0	47,693
RM KRISHNA PRESIDENT MENTAL HEALTH	40 0					X		429,786	0	29,511
LINDA L MERKEY CHIEF NURSING OFFICER	40 0					X		308,102	0	30,718
LYNN HORTON VICE PRESIDENT	40 0					X		271,531	0	28,108
MARY A BAUMAN MEDICAL DIR & CLINIC PHYSICIAN	39 0					X		326,102	0	29,481
G EDWARD HEINEN VICE PRESIDENT	39 0					X		255,645	0	27,284

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

**If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization INTEGRIS HEALTH INC	Employer identification number 73-1192764
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☒

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		469,463	0												
c Total lobbying expenditures (add lines 1a and 1b)		469,463	0												
d Other exempt purpose expenditures		81,814,337	1,287,803,394												
e Total exempt purpose expenditures (add lines 1c and 1d)		82,283,800	1,287,803,394												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-		0	0												
i Subtract line 1f from line 1c If zero or less, enter -0-		0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	328,005	338,282	342,044	469,463	1,477,794
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i.  
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE C, PART II-A, LINE 1	AFFILIATED GROUP LIST INTEGRIS HEALTH, INC 5300 N INDEPENDENCE AVENUE, SUITE 130 OKLAHOMA CITY, OK 73112 EIN 73-1192764 TOTAL PROGRAM EXPENSES \$82,283,800 THE OTHER AFFILIATED MEMBERS HAVE NOT INCURRED ANY EXPENSES FOR LOBBYING ACTIVITIES SEE SCHEDULE R-1, PART II FOR A COMPLETE LIST OF AFFILIATED MEMBERS

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization INTEGRIS HEALTH INC	Employer identification number 73-1192764
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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? <div>YesNo</div>	
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 for any other purpose conferring impermissible private benefit <div>YesNo</div>	

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) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div>
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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
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, handling of violations, and enforcement of the conservation easements it holds? <div>YesNo</div>
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div>YesNo</div>
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 <div>▶ \$ _____</div>
	(ii) Assets included in Form 990, Part X <div>▶ \$ _____</div>
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 <div>▶ \$ _____</div>
b	Assets included in Form 990, Part X <div>▶ \$ _____</div>

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

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c 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 . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part 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) Accumulated depreciation	(d) Book value
1a Land . . . . .		511,711		511,711
b Buildings . . . . .		3,619,151	2,466,229	1,152,922
c Leasehold improvements . . . . .		2,946,911	2,489,101	457,810
d Equipment . . . . .		136,775,559	118,802,956	17,972,603
e Other . . . . .		1,139,056	211,078	927,978
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				21,023,024

Schedule D (Form 990) 2010



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

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

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

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

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

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

**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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Additional Data

Software ID:  
Software Version:  
EIN: 73-1192764  
Name: INTEGRIS HEALTH INC

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INTEGRIS BAPTIST MED CTR ,INC	551,418,689	F
INTEGRIS BAPTIST MED CTR FDN	21,000,293	F
INTEGRIS AMBULATORY CARE CORP	10,227,228	F
INTEGRIS REALTY CORPORATION	48,794,559	F
INTEGRIS SO OKC HOSP CORP	212,509,428	F
INTEGRIS SW MED CTR FDN	-157,423	F
INTEGRIS RURAL HEALTH FDN INC	288,555	F
BAPTIST HEALTHCARE OF OKLAHOMA	151,617,043	F
HOSPICE OF OK COUNTY, INC	8,893,164	F
INTEGRIS PROHEALTH, INC	3,614,895	F
QUALITY ALLIANCE ASSURANCE	478,860	F
PROCURE MIDWEST HOLDINGS	3,083,461	F



**1**

**(a) Name of organization**

**(c) Region**

**(d) Purpose of grant**

**(e)** Amount of cash grant

(f) Manner of cash disbursement

(g) Amount of  
of non-cash  
assistance

### (h) Description of non-cash assistance

(i) Method of valuation (book, FMV, appraisal, other)

**3** Enter total number of other organizations or entities . . . . . ►

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

**Part V**   **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE F, PART I, LINE 3	INTEGRIS HEALTH, INC IS THE SOLE OWNER OF A CAPTIVE INSURANCE COMPANY LOCATED IN THE CENTRAL AMERICA/CARIBBEAN REGION THE EXPENDITURES SHOWN IN PART I LINE 3 REPRESENT THE EXPENSES INCURRED BY THE CAPTIVE INSURANCE COMPANY AS DETERMINED USING THE ACCRUAL METHOD FOR THE YEAR ENDING JUNE 30, 2011



**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
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

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE I, PART I, LINE 2	INTEGRIS HEALTH, INC (SYSTEM) PROVIDES FUNDS TO VARIOUS COMMONLY CONTROLLED HOSPITALS AND AFFILIATES TO SUPPORT THEIR OPERATIONS THE SYSTEM DETERMINES THE AMOUNT OF THE FUNDS PROVIDED ON AN ANNUAL BASIS

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization INTEGRIS HEALTH INC	Employer identification number 73-1192764
---	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
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		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7 Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) 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) Retirement and other 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				
See Additional Data Table								
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

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.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE J, PART I, LINE 1A	CLUB DUES WERE PROVIDED TO FOUR OFFICERS AND ONE HIGHLY COMPENSATED EMPLOYEE. THIS ITEM REPRESENTS TAXABLE COMPENSATION TO THESE INDIVIDUALS: STANLEY F. HUPFELD, C. BRUCE LAWRENCE, WENTZ MILLER, BETH PAUCHNIK, JAMES P. WHITE. A HOUSING ALLOWANCE WAS PROVIDED TO ONE HIGHLY COMPENSATED EMPLOYEE. THIS ITEM REPRESENTS TAXABLE COMPENSATION TO THIS INDIVIDUAL: JAMES S. MITCHELL.
SUPPLEMENTAL INFORMATION 2	SCHEDULE J, PART I, LINE 4B	THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). THE SYSTEM 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. 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: C. BRUCE LAWRENCE, WENTZ MILLER, JAMES P. WHITE, BETH PAUCHNIK, SHERMAN R. FREDRICKSON, JAMES S. MITCHELL.
SUPPLEMENTAL INFORMATION 3	SCHEDULE J, PART I, LINE 7	THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). THE SYSTEM HAS ESTABLISHED A FINANCIAL INCENTIVE PLAN THAT ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY AND FINANCIAL OPERATIONS OF THE ORGANIZATION. THE QUALITY COMPONENT IS DEFINED AS IMPROVEMENT IN PATIENT SAFETY, PATIENT SATISFACTION, AND REDUCTION OF EMPLOYEE TURNOVER. THE FINANCIAL COMPONENT CONSISTS OF ACHIEVEMENT IN NET OPERATING INCOME THRESHOLD TO BE ACHIEVED TO ACTIVATE THE PLAN. A PREDETERMINED THRESHOLD IS CREATED WITHIN ALL ASPECTS OF THE PLAN BEFORE FINANCIAL ACHIEVEMENT IS PAYABLE. ALL PLANS ARE WRITTEN ACCORDING TO EXECUTIVE LEVEL AND ADOPTED BY INTEGRIS HEALTH BOARD RESOLUTION. EACH PLAN YEAR AND PAYABLE AFTER INDEPENDENT AUDIT RESULTS ARE DETERMINED.

Software ID:  
Software Version:  
EIN: 73-1192764  
Name: INTEGRIS HEALTH INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHARLES H MORGAN MD	(i)	58,750	0	0	0	0	58,750	0
	(ii)	101,958	0	0	2,633	0	104,591	0
WENTZ MILLER	(i)	399,681	120,669	34,072	35,828	15,940	606,190	0
	(ii)	0	0	0	0	0	0	0
BETH PAUCHNIK	(i)	294,534	89,777	21,693	29,842	13,094	448,940	0
	(ii)	0	0	0	0	0	0	0
C BRUCE LAWRENCE	(i)	629,114	185,852	74,218	84,310	16,092	989,586	0
	(ii)	0	0	0	0	0	0	0
JOHN R DELANO	(i)	217,101	47,808	16,330	10,423	15,219	306,881	0
	(ii)	0	0	0	0	0	0	0
CAROLYN L HESTER	(i)	171,748	38,402	14,675	10,862	8,350	244,037	0
	(ii)	0	0	0	0	0	0	0
GREG A MEYERS	(i)	228,214	49,331	19,578	14,435	12,957	324,515	0
	(ii)	0	0	0	0	0	0	0
ROBERT K QUIRING	(i)	195,219	43,338	19,665	12,268	12,911	283,401	0
	(ii)	0	0	0	0	0	0	0
WILLIAM R WANDEL	(i)	187,829	40,255	20,659	10,953	14,974	274,670	0
	(ii)	0	0	0	0	0	0	0
JAMES P WHITE	(i)	352,876	114,094	28,310	33,005	13,778	542,063	0
	(ii)	0	0	0	0	0	0	0
RM KRISHNA	(i)	321,734	85,171	22,881	15,925	13,586	459,297	0
	(ii)	0	0	0	0	0	0	0
LINDA L MERKEY	(i)	231,222	60,268	16,612	15,374	15,344	338,820	0
	(ii)	0	0	0	0	0	0	0
LYNN HORTON	(i)	206,769	44,918	19,844	12,804	15,304	299,639	0
	(ii)	0	0	0	0	0	0	0
SHERMAN R FREDRICKSON	(i)	161,363	24,874	6,061	14,846	5,253	212,397	0
	(ii)	0	0	0	0	0	0	0
STANLEY F HUPFELD	(i)	449,360	178,605	47,973	15,925	8,723	700,586	0
	(ii)	0	0	0	0	0	0	0
GEORG F LUNDAY	(i)	140,587	33,322	234	8,404	8,041	190,588	0
	(ii)	48,328	0	0	0	0	48,328	0
JAMES S MITCHELL	(i)	361,558	95,459	29,034	34,097	13,596	533,744	0
	(ii)	0	0	0	0	0	0	0
MARY A BAUMAN	(i)	245,073	67,584	13,445	15,925	13,556	355,583	0
	(ii)	0	0	0	0	0	0	0
G EDWARD HEINEN	(i)	192,894	41,555	21,196	12,120	15,164	282,929	0
	(ii)	0	0	0	0	0	0	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  
**2010**  
Open to Public Inspection

Name of the organization  
INTEGRIS HEALTH INC

Employer identification number  
73-1192764

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

1	(a) Name of disqualified person	(b) 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.  
Complete if the organization 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.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

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

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

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

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON LUCKINBILL MECHANICAL CONTRACTORS, INC (B) RELATIONSHIP COMMON BOARD MEMBER (C) AMOUNT \$378,749 (D) DESCRIPTION OF TRANSACTION FACILITY MAINTENANCE (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON ACKERMAN MCQUEEN, INC (B) RELATIONSHIP COMMON BOARD MEMBER (C) AMOUNT \$4,416,665 (D) DESCRIPTION OF TRANSACTION ADVERTISING SERVICES (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON M MARTIN (B) RELATIONSHIP DAUGHTER-IN-LAW OF BOARD MEMBER (C) AMOUNT \$85,462 (D) DESCRIPTION OF TRANSACTION EMPLOYMENT SERVICES (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS PROHEALTH, INC (B) RELATIONSHIP COMMON BOARD MEMBER (C) AMOUNT \$175,206 (D) DESCRIPTION OF TRANSACTION PURCHASE OF SERVICES (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON BANK OF OKLAHOMA (B) RELATIONSHIP MUTUAL DIRECTORS (C) AMOUNT \$1,325,199 (D) DESCRIPTION OF TRANSACTION BANK FEES (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON OKLAHOMA PUBLISHING CO (B) RELATIONSHIP COMMON MANAGEMENT (C) AMOUNT \$374,566 (D) DESCRIPTION OF TRANSACTION ADVERTISING (E) SHARING OF ORGANIZATION'S REVENUES NO

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization INTEGRIS HEALTH INC	Employer identification number 73-1192764
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Identifier	Return Reference	Explanation
GENERAL STATEMENT 1	FORM 990, BOX C DOING BUSINESS AS	OKLAHOMA BUSINESS HEALTH INSTITUTE PARTNERS IN OKLAHOMA PARTNERS IN PRACTICE CARELINE INTEGRIS INTEGRIS HEALTH INTEGRIS HEALTHCARE INTEGRIS HEALTHCARE SYSTEM MISSION OF PREVENTION WORKING TOGETHER FOR A QUALITY LIFE INTEGRIS HEART CENTER LIFESPAN TELEREHAB MOVE FOR LIFE MAN CARD THE MOST DEDICATED PEOPLE HRANYTIME INTEGRIS CANCER INSTITUTE OF OKLAHOMA THE INTEGRIS PROTON CAMPUS INTEGRIS ONE CALL INTEGRIS ONE CALL TRANSFER CENTER INTEGRIS LEADERSHIP INSTITUTE & DESIGN INTEGRIS SLEEP DISORDERS CENTER OF OKLAHOMA THE CHILDREN'S PLACE AT INTEGRIS SOUTHWEST MEDICAL CENTER FUN AND FIT FUN AND FIT KIRKLAND THE MOST CHALLENGING HEALING INTEGRIS FAMILY OF FOUNDATIONS INTEGRIS TELESTROKE NETWORK OF OKLAHOMA TELESTROKE NETWORK OF OKLAHOMA INSTITUTE FOR ADVANCED THERAPEUTICS AND RESEARCH INTEGRIS HEALTH AFFILIATES

Identifier	Return Reference	Explanation
GENERAL STATEMENT 2	PART III, LINE 4A COMMUNITY BENEFIT REPORT	<p>MY COMMUNITY - PEOPLE MAKING A DIFFERENCE "TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE " AS WE INDICATE BY OUR MISSION STATEMENT, INTEGRIS HEALTH WORKS DILIGENTLY TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE ACROSS OKLAHOMA WE BELIEVE THAT WELLNESS AND ACCESS TO HEALTH CARE IS THE CORNERSTONE FOR MAKING OUR STATE HEALTHIER AND THE PRACTICE OF MEDICINE EVEN BETTER THIS IS THE REASON THAT MUCH OF THE WORK WE DO IN THE COMMUNITY FOCUSES ON HELPING PEOPLE WITH THE CARE THEY NEED, AND EDUCATING THEM ON THE IMPORTANCE OF TAKING CARE OF THEIR HEALTH TO IMPROVE THEIR QUALITY OF LIFE OUR HEALTH SYSTEM IS OPERATED FOR THE BENEFIT OF EACH COMMUNITY WHERE WE ARE LOCATED EACH HOSPITAL HAS A GOVERNING BOARD OF DIRECTORS COMPRISED OF REPRESENTATIVES FROM THE COMMUNITY WHO UNDERSTAND OUR MISSION, AND THAT WE ARE RESPONSIBLE TO OUR COMMUNITIES FOR PROVIDING QUALITY AND COMPASSIONATE HEALTH CARE SERVICES THE SCOPE OF SERVICES WE PROVIDE WITHIN OUR HOSPITAL WALLS IS JUST A PART OF OUR COMMITMENT TO CARING FOR OKLAHOMA OUR COMMUNITY OUTREACH INCLUDES HEALTH SCREENINGS, WELLNESS PROMOTIONS, HEALTH EDUCATION, SUPPORT GROUPS FOR A VARIETY OF HEALTH ISSUES, MENTORING PROGRAMS FOR AT-RISK CHILDREN, NUTRITION EDUCATION AND SERVICES FOR SENIOR CITIZENS, JUST TO NAME A FEW OF THE PROGRAMS WE PROVIDE IN ADDITION, INTEGRIS HEALTH EMPLOYEES VOLUNTEER THOUSANDS OF HOURS IN COMMUNITY SERVICES AND SUPPORT A VARIETY OF COMMUNITY ACTIVITIES AND HEALTH INITIATIVES ACROSS THE STATE OUR EMPLOYEES' COMMITMENT OF TIME, TALENT AND RESOURCES TO SERVE THEIR COMMUNITIES HELPS MAKE FOR A BETTER AND HEALTHIER PLACE TO LIVE AND WORK THANK YOU FOR ALLOWING INTEGRIS HEALTH THE OPPORTUNITY TO SERVE YOU AND YOUR COMMUNITY IT IS OUR MISSION WE BELIEVE IT WE STRIVE TO LIVE IT EVERY DAY SINCERELY, BRUCE LAWRENCE PRESIDENT AND CEO, INTEGRIS HEALTH WHY WE DO WHAT WE DO "NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD INDEED, IT IS THE ONLY THING THAT EVER HAS " THE WORLD HAS ALWAYS BEEN CHANGED BY SMALL GROUPS OF PEOPLE WHO ARE WILLING TO GET INVOLVED FOR EXAMPLE, THE CIVIL RIGHTS MOVEMENT BEGAN AS A SERIES OF SMALL GROUPS CARRYING OUT SMALL ACTIONS THE DEDICATION OF EACH INDIVIDUAL WITHIN THE SMALL GROUPS BROUGHT ABOUT MUCH NEEDED CHANGE IN OUR COUNTRY HABITAT FOR HUMANITY BEGAN WITH A FEW PEOPLE BUILDING HOUSES FOR THE POOR IN A SMALL TOWN IN GEORGIA, AND HAS SINCE BUILT MORE THAN 175,000 HOUSES IN COUNTRIES ROUND THE WORLD IN THE BIG SCHEME OF THINGS, WE AT INTEGRIS HEALTH ARE A SMALL GROUP OF DEDICATED INDIVIDUALS DOING WHAT WE CAN TO CHANGE THE WORLD OR AT LEAST OUR PART OF IT WE CREATE CHANGE BY GIVING BACK THROUGH OUR COMMUNITY BENEFIT PROGRAMS WE ARE NOT ALONE IN OUR QUEST THE VOLUNTEERS WHO SERVE TIRELESSLY IN OUR COMMUNITIES ARE OUR "BACKBONE FOR SUCCESS" AND TOGETHER WE ARE A TEAM COMMITTED TO CREATE THE CHANGES NEEDED TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE INTEGRIS HEALTH IS THE LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS WE HAVE HOSPITALS, REHABILITATION CENTERS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, FITNESS CENTERS, INDEPENDENT LIVING CENTERS AND HOME HEALTH AGENCIES THROUGHOUT THE STATE APPROXIMATELY SIX OF EVERY 10 OKLAHOMANS LIVE WITHIN 30 MILES OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS HEALTH ORGANIZATION INTEGRIS HEALTH HELPS ACCOMPLISH A VARIETY OF THINGS IN OUR COMMUNITIES - FROM PROVIDING FREE CLINICAL SERVICES, SCREENINGS AND EDUCATION PROGRAMS, TO ACTIVITIES FOR SENIOR CITIZENS BIG CHANGES START WITH SMALL ACTIONS BY PEOPLE WHO SEE A NEED AND HAVE A DESIRE TO MAKE A DIFFERENCE INTEGRIS HEALTH HAS THE DESIRE TO SEE GREAT CHANGES IN THE HEALTH AND LIVES OF THE CITIZENS OF OKLAHOMA AND THAT IS WHY WE PROVIDE OPPORTUNITIES FOR CHANGE THROUGH OUR MANY COMMUNITY BENEFIT PROGRAMS INTEGRIS HEALTH IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS (ABOUT 9,000 EMPLOYEES STATEWIDE), WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, FITNESS CENTERS, INDEPENDENT LIVING CENTERS AND HOME HEALTH AGENCIES THROUGHOUT MUCH OF THE STATE CORPORATE HEADQUARTERS ARE LOCATED ON THE CAMPUS OF INTEGRIS BAPTIST MEDICAL CENTER IN OKLAHOMA CITY IT IS A NOT-FOR-PROFIT CORPORATION GOVERNED BY A 19-MEMBER BOARD OF DIRECTORS MADE UP OF BUSINESS, MEDICAL AND COMMUNITY LEADERS FROM ACROSS THE STATE INTEGRIS IS MANAGED BY PRESIDENT AND CHIEF EXECUTIVE OFFICER BRUCE LAWRENCE, WITH THE ASSISTANCE OF SENIOR STAFF IN THE AREAS OF PHYSICIAN SERVICES, FACILITY OPERATIONS, STRATEGIC SERVICES AND FINANCE HISTORY FORMED IN 1995, INTEGRIS WAS THE RESULT OF A MERGER THAT SAME YEAR BETWEEN OKLAHOMA HEALTH SYSTEM AND SOUTHWEST MEDICAL CENTER IN OKLAHOMA CITY OKLAHOMA HEALTH SYSTEM ITSELF WAS A NEW ORGANIZATION FORMED ONE YEAR EARLIER FROM A MERGER BETWEEN OKLAHOMA HEALTHCARE CORPORATION (BAPTIST MEDICAL CENTER) AND SOUTHWEST MEDICAL CENTER</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 2	PART III, LINE 4A COMMUNITY BENEFIT REPORT	<p>L CENTER'S PARENT COMPANY) AND BAPTIST HEALTHCARE OF OKLAHOMA THE ENTITIES THAT COMPRISE INTEGRIS HEALTH PROVIDE CARE IN MANY SETTINGS, FROM SOPHISTICATED URBAN MEDICAL CENTERS TO YOUR OWN HOME SCOPE THROUGH ITS AFFILIATES, INTEGRIS HEALTH OPERATES 15 HOSPITALS, LED I N THE OKLAHOMA CITY AREA BY INTEGRIS BAPTIST MEDICAL CENTER AND INTEGRIS SOUTHWEST MEDICAL CENTER 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 PHY SICIA N 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 PHY SICIA NS SERVICES THE ENTITIES THAT COMPRISE INTEGRIS HEALTH OFFER A WIDE RANGE OF HIGHLY DEVEL OPED INPATIENT, OUTPATIENT AND ANCILLARY SERVICES EXCELLENCE IN MEDICAL CARE ALONG WITH R ESEARCH, STAFF EDUCATION, SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES, AND EDUCATIONAL PROGRAMS FOR THE COMMUNITY, ALLOWS MEMBERS OF INTEGRIS HEALTH TO ACHIEVE THE ORGANIZATION' S MISSION SPECIALIZED CENTERS OF EXCELLENCE HAVE BEEN DEVELOPED THROUGH VARIOUS ENTITIES AFFILIATED WITH INTEGRIS HEALTH TO PROVIDE A HIGH STANDARD OF CARE FOR OUR COMMUNITIES EA CH OF THESE ORGANIZATIONS BRINGS A RICH HISTORY OF SERVING OKLAHOMANS THE LOCATIONS OF IN TEGRIS ENTITIES ARE SHOWN ON THE MAP OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOW ING * INTEGRIS MEN'S HEALTH UNIVERSITY * "ON YOUR OWN" HIGH SCHOOL STUDENT PROGRAM * "YOU NG AT HEART" SENIOR PROM FOR SENIOR CITIZENS * STANLEY F HUPFELD ACADEMY AT WESTERN VILLA GE * WOMEN'S HEALTH FORUM * NATIONAL ALLIANCE ON MENTAL ILLNESS WALK * HISPANIC HEALTH FA I R * INTEGRIS HEALTH FREE CLINIC * NIGERIAN MISSION TRIP INTEGRIS BAPTIST MEDICAL CENTER - OKLAHOMA CITY INTEGRIS BAPTIST MEDICAL CENTER OPENED ITS DOORS ON EASTER SUNDAY 1959 AS A 200 BED HOSPITAL TODAY, THE ONLY OKLAHOMA-OWNED DESIGNATED MAGNET HOSPITAL FOR EXCELLENCE IN NURSING SERVICES IS A CENTER OF LEADING EDGE MEDICINE, AND THE HOME OF A FULL SERVICE HEART HOSPITAL, A COMPREHENSIVE TRANSPLANT INSTITUTE AND A REGIONAL BURN CENTER INTEGRIS BAPTIST ALSO OFFERS A FULL RANGE OF DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE SERVICES AN D IS LICENSED FOR MORE THAN 500 BEDS CENTERS OF EXCELLENCE INCLUDE THE INTEGRIS CANCER IN STITUTE OF OKLAHOMA AT BAPTIST MEDICAL CENTER, INTEGRIS HEART HOSPITAL, INTEGRIS HENRY G BENNETT JR FERTILITY INSTITUTE, INTEGRIS JAMES R DANIEL CEREBROVASCULAR AND STROKE CENTE R AT BAPTIST MEDICAL CENTER, INTEGRIS M J AND S ELIZABETH SCHWARTZ SLEEP DISORDERS CENTE R OF OKLAHOMA, INTEGRIS NAZIH ZUHDI TRANSPLANT INSTITUTE, INTEGRIS PAUL SILVERSTEIN BURN C ENTER, AND THE HOUGH EAR INSTITUTE INTEGRIS BAPTIST REGIONAL HEALTH CENTER - MIAMI ONE OF THE ORIGINAL CHARTER MEMBERS OF THE OKLAHOMA STATE HOSPITAL ASSOCIATION, INTEGRIS BAPTIST REGIONAL HEALTH CENTER OPENED ON JULY 1, 1919, TO MEET THE NEEDS OF LOCAL LEAD AND ZINC M INERS THE ORIGINAL STRUCTURE WAS A THREE STORY BUILDING WITH A BASEMENT AND SUN PORCHES O N EACH FLOOR THROUGH THE YEARS A NUMBER OF BUILDING ADDITIONS AND RENOVATIONS HAVE BEEN M ADE, AND THE BASIC ORIGINAL STRUCTURE IS STILL BEING USED TODAY IN ADDITION TO OTTAWA COU NTY, INTEGRIS BAPTIST REGIONAL SERVES NORTHEAST OKLAHOMA AND THE ADJACENT BORDER AREAS OF KANSAS AND MISSOURI MORE THAN 59,000 PEOPLE LIVE IN THE TOTAL SERVICE AREA OF THE HOSPITA L INTEGRIS BAPTIST REGIONAL CONTINUES TO INVEST MILLIONS IN THE 117-BED FACILITY EACH YEA R TO ADD TECHNOLOGY AND EXPAND SERVICES RECENT EXPANSIONS AND RENOVATIONS INCLUDE A NEW E R, A NEW WOMEN'S CENTER, AN EXPANDED LABORATORY AND DIAGNOSTIC IMAGING OUR COMMUNITY OUTR EACH ACTIVITIES INCLUDE THE FOLLOWING * GREEN COUNTRY BENEFIT 5K RUN * WY ANDOTTE DAY S HEA LTH FAIR * BACK TO SCHOOL FAIR * OTTAWA COUNTY FAIR * ANNUAL CUSTOMER APPRECIATION DAY</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 3	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED	<p>INTEGRIS BASS BAPTIST HEALTH CENTER - ENID INTEGRIS BASS BAPTIST HEALTH CENTER, LOCATED IN ENID IN NORTH CENTRAL OKLAHOMA, ENJOYS THE DISTINCTION OF HAVING SERVED THE ENID AREA LONGER THAN ANY OTHER GENERAL HOSPITAL. FOUNDED IN 1910, IT WAS FIRST OPERATED FROM INSIDE A SIX-BEDROOM HOME. IT IS THE ONLY NON-PROFIT HOSPITAL AND THE ONLY OKLAHOMA-OWNED HOSPITAL IN THE COMMUNITY. THE GARFIELD COUNTY CAMPUS NOW ENCOMPASSES A TOTAL OF 207 LICENSED BEDS THROUGHOUT THREE FACILITIES: THE ACUTE CARE HOSPITAL, MEADOWLAKE AND INTEGRIS NORTHWEST SPECIALTY HOSPITAL. INTEGRIS BASS BAPTIST HAS MADE A COMMITMENT TO EXCELLENCE. THE OPEN HEART SURGERY PROGRAM COMBINED WITH THE NEW STATE-OF-THE-ART HEART AND VASCULAR INSTITUTE PROVIDES THE BEST CARDIAC CARE IN NORTHWEST OKLAHOMA. ALONG WITH THE HEART INSTITUTE, INTEGRIS BASS BAPTIST OFFERS ACUTE CARE AND DIAGNOSTIC SERVICES, SKILLED NURSING, A CANCER CENTER, GERIATRIC BEHAVIORAL HEALTH SERVICES, A STATE-OF-THE-ART WOMEN'S CENTER, HOME HEALTH SERVICES AND OCCUPATIONAL HEALTH SERVICES. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * HEALTH CARE CAREERS "SCRUB CAMP" FOR HIGH SCHOOL STUDENTS * FREE COMMUNITY HEALTH FAIR SCREENINGS AND FLU SHOTS * MEALS FOR POOH'S CORNER DAY CARE FOR TEEN MOMS AND MOTHERS IN CRISIS * PROJECT SEARCH WORKFORCE TRAINING FOR STUDENTS WITH DISABILITIES * SUPPORT KETTERMAN NURSING SKILLS LAB AT NORTHWESTERN OKLAHOMA STATE UNIVERSITY. INTEGRIS BLACKWELL REGIONAL HOSPITAL - BLACKWELL 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 IN KAY COUNTY TO INCLUDE THE OKLAHOMA COMMUNITIES OF NARDIN, TONKAWA, LAMONT, MEDFORD AND DEER CREEK, AND SOUTH HAVEN, KAN. FOR MORE THAN 50 YEARS, INTEGRIS BLACKWELL HAS BROUGHT THE BEST IN MEDICAL SERVICES TO THESE COMMUNITIES 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 JOINT COMMISSION. INTEGRIS BLACKWELL IS A MEMBER OF THE OKLAHOMA HOSPITAL ASSOCIATION. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * BLACKWELL COMMUNITY HEALTH FAIR * COMMUNITY LUNCH &amp; LEARN SERIES * BLACKWELL/TONKAWA RELAY FOR LIFE SURVIVOR'S BANQUET * STUDENT GOVERNING BOARD * MENTORING PROGRAM AT BLACKWELL ELEMENTARY SCHOOL. INTEGRIS CANADIAN VALLEY HOSPITAL - YUKON OPENED IN NOVEMBER 2001, INTEGRIS CANADIAN VALLEY HOSPITAL IS A 75-BED PRIMARY CARE FACILITY WITH A FULL RANGE OF SERVICES INCLUDING 57 PRIVATE MEDICAL SURGICAL ROOMS, A 10-BED WOMEN'S UNIT AND AN EIGHT-BED INTENSIVE CARE UNIT. THE HOSPITAL OFFERS A HIGH LEVEL OF TECHNOLOGY IN A SMALL COMMUNITY SETTING. IT HAS A MEDICAL STAFF OF MORE THAN 250 PHYSICIANS IN VARIOUS SPECIALTIES. INTEGRIS CANADIAN VALLEY WAS NAMED ONE OF SOLUCIENT'S TOP 100 HOSPITALS IN 2005 AND MAINTAINS ITS ACCREDITATION STATUS AWARDED BY THE JOINT COMMISSION. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * UNITED WAY OF CANADIAN COUNTY * STUDENT GOVERNING BOARD * FESTIVAL OF THE CHILD * CZECH FEST * RELAY FOR LIFE * YUKON SENIOR HEALTH AND SAFETY FAIR * YUKON HIGH SCHOOL ATHLETICS NUTRITION SEMINAR * YUKON PUBLIC SCHOOLS INITIATIVE * MUSTANG NEWS NEWSPAPERS IN EDUCATION PROGRAM * INDEPENDENCE MIDDLE SCHOOL HEALTHY LIFESTYLES FAIR * CLINICAL EDUCATION ROTATIONS * YUKON PARKS AND RECREATION NATIONAL SENIORS HEALTH AND FITNESS DAY. INTEGRIS CANCER INSTITUTE OF OKLAHOMA - OKLAHOMA CITY THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA OFFERS ONE OF THE FOREMOST COLLECTIONS OF PHYSICIANS AND COMPREHENSIVE PATIENT CARE IN THE SOUTHWEST OFFERING THE MOST ADVANCED EQUIPMENT, THERAPY AND SUPPORT TO PATIENTS AND THEIR LOVED ONES, OUR PHYSICIANS WORK CLOSELY WITH PATIENTS, THEIR FAMILIES AND THE MEDICAL TEAM TO ENHANCE QUALITY OF LIFE THROUGHOUT THEIR JOURNEY WITH CANCER. THE INTEGRIS CANCER INSTITUTE IS MORE THAN A CANCER TREATMENT FACILITY. IT'S A CANCER TREATMENT PHILOSOPHY. TREATING THE WHOLE PERSON, NOT JUST THE DISEASE. WITH SIX CAMPUSES STATEWIDE, THE PROTON CAMPUS, IN CONJUNCTION WITH PROCURE PROTON THERAPY CENTERS, WAS THE FIRST COMMUNITY-BASED PROTON THERAPY CANCER CAMPUS IN THE UNITED STATES. IT REMAINS ONE OF LESS THAN A DOZEN PROTON CENTERS IN NORTH AMERICA. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * COMMUNITY CANCER SCREENINGS * CELEBRATION OF LIFE NATIONAL CANCER SURVIVORS DAY * FIRESIDE CHATS COMMUNITY EDUCATION SERIES * CELEBRATION OF LIFE ART SHOW * SUSAN G. KOMEN RACE FOR THE CURE. INTEGRIS CLINTON REGIONAL HOSPITAL - CLINTON INTEGRIS CLINTON REGIONAL HOSPITAL IS A 56-BED ACUTE CARE FACILITY LOCATED IN THE HEART OF WESTERN OKLAHOMA. IT'S IN CUSTER COUNTY, 90 MILES WEST OF OKLAHOMA CITY AND 140 MILES EAST OF AMARILLO, TEXAS. THE HOSPITAL BEGAN OPERATING IN 1909 AND M</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 3	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED	<p>MOVED TO ITS CURRENT LOCATION IN 1976 THE HOSPITAL IS FREQUENTLY RECOGNIZED WITH AWARDS AND CERTIFICATIONS FOR OUTSTANDING CARE AND QUALITY SERVICES SUCH AS CONSECUTIVELY WINNING THE VHA LEADERSHIP AWARD FOR CLINICAL EXCELLENCE INTEGRIS CLINTON REGIONAL HAS ONE OF THE FEW STROKE CENTERS IN WESTERN OKLAHOMA, AND ITS JIM THORPE REHABILITATION UNIT IS THE ONLY INPATIENT ACUTE CARE REHABILITATION FACILITY IN THE AREA INTEGRIS CLINTON OFFERS STATE-OF-THE-ART CANCER TREATMENT METHODS INCLUDING IMRT, DELIVERING HIGH DOSES OF RADIATION DIRECTLY TO CANCER CELLS IN A VERY TARGETED WAY THAT IS MUCH MORE PRECISE THAN CONVENTIONAL RADIOTHERAPY OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * HEALTH CARE STUDENT SCHOLARSHIP * GRIEF SUPPORT GROUP * PARTNERS FOR COMMUNITY BLOOD DRIVES * SPEAKERS BUREAU FOR COMMUNITY * SUPPORT LOCAL/AREA YOUTH ACTIVITIES INTEGRIS GROVE HOSPITAL - GROVE SINCE 1963, INTEGRIS GROVE HOSPITAL HAS DELIVERED THE BEST IN MEDICAL CARE SERVICES TO RESIDENTS OF NORTHEAST OKLAHOMA IN 2010, A NEW \$56 MILLION STATE-OF-THE-ART FACILITY BROUGHT ADVANCES IN THE DELIVERY OF PATIENT CARE LOCATED ON GRAND LAKE OF THE CHEROKEES, THE HOSPITAL SERVES AS A BEACON FOR QUALITY HEALTH CARE FOR NORTHEAST OKLAHOMA, NORTHWEST ARKANSAS AND SOUTHWEST MISSOURI THE NEW INTEGRIS GROVE HOSPITAL FEATURES 58 PRIVATE PATIENT ROOMS AND INCLUDES A MEDICAL SURGICAL UNIT, EMERGENCY DEPARTMENT, CRITICAL CARE UNIT, WOMEN'S HEALTH CENTER AND SURGERY DEPARTMENT A FULL SPECTRUM OF ANCILLARY SERVICES IS OFFERED INCLUDING RADIOLOGY, RESPIRATORY THERAPY, HOME HEALTH, HOME MEDICAL EQUIPMENT, PHYSICAL THERAPY AND A CARDIAC CATHETERIZATION LAB INTEGRIS GROVE IS ACCREDITED BY THE JOINT COMMISSION AND HAS RECEIVED NUMEROUS AWARDS AND HONORS FOR PROVIDING QUALITY HEALTH CARE OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * STUDENT GOVERNING BOARD * SPORTS PHYSICALS CLINIC * CAMP BANDAGE AND CAMP BANDAGE JR * FINANCIAL SUPPORT PROVIDED TO LOCAL SCHOOLS * FREE HEALTH AND DENTAL SERVICES PROVIDED TO CHILDREN IN NEED * COMMUNITY BLOOD DRIVE INTEGRIS HEALTH EDMOND - EDMOND THE LATEST ADDITION TO INTEGRIS HEALTH IS INTEGRIS HEALTH EDMOND LOCATED ON THE I-35 CORRIDOR IN EDMOND, THE HOSPITAL FEATURES "GREEN" CONCEPTS COMBINED WITH A HOME ENVIRONMENT FEEL TO ENHANCE THE HEALING EXPERIENCE THE INITIAL PHASE OF THE FACILITY FEATURES 40 INPATIENT BEDS, FOUR SURGICAL SUITES, 17 EMERGENCY DEPARTMENT ROOMS, AND A 45,000 SQUARE FOOT MEDICAL OFFICE BUILDING INTEGRIS HEALTH EDMOND BROUGHT LABOR AND DELIVERY SERVICES BACK TO THE CITY OF EDMOND, AND IS A LEADER IN WOMEN'S CARE THREE INTEGRIS FAMILY CARE CLINICS ARE LOCATED IN EDMOND TO SERVE THE COMMUNITY IN PARTNERSHIP WITH THE HOSPITAL THE CLINICS' PHYSICIANS SPECIALIZE IN OBSTETRICS AND GYNECOLOGY, INTERNAL MEDICINE, PEDIATRICS AND FAMILY MEDICINE OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * WOMEN'S HEALTH FORUM * SCHOOL HEALTH FAIR * PHYSICIAN COMMUNITY LECTURES * SUPPORT LOCAL COMMUNITY AGENCIES * SUPPORT EDMOND PUBLIC AND PRIVATE SCHOOLS INTEGRIS JIM THORPE REHABILITATION OKLAHOMA'S FOREMOST COLLECTION OF INPATIENT, OUTPATIENT, HOME AND COMMUNITY-BASED TREATMENT FOR ADOLESCENTS AND ADULTS NEEDING TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, STROKE, AMPUTEE OR ORTHOPEDIC CARE A NETWORK OF OUTPATIENT SERVICES AND FACILITIES IS IN PLACE TO SERVE PATIENTS ACROSS OKLAHOMA THROUGH TEAM-BASED PERSONAL CARE, PATIENTS BENEFIT FROM THE EXPERTISE OF PHYSICIANS, THERAPISTS, NURSES, PSYCHOLOGISTS, CASE MANAGERS, SOCIAL WORKERS AND OTHERS SPECIALLY TRAINED IN REHABILITATION OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * COURAGE RUN * COURAGE AWARDS GALA * SPINAL CORD SUPPORT GROUP * BRAIN INJURY SUPPORT GROUP * LVAD SUPPORT GROUP * LIMB LOSS SUPPORT GROUP * FALL PREVENTION PROGRAM * CHILDREN'S CHALLENGE AT OKC SCHOOLS * EMPLOYEE PARTICIPATION IN POSITIVE DIRECTIONS MENTORING PROGRAM</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 4	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED	<p>INTEGRIS MARSHALL COUNTY MEDICAL CENTER - MADILL 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. A FEW YEARS AGO, THE FACILITY ADDED 25,000 SQUARE FEET OF NEW SPACE, TOTALLY REMODELED THE ORIGINAL HOSPITAL BUILDING AND ADDED NEW PHYSICIANS ALONG WITH UPGRADING AND ADDING NEW EQUIPMENT. INTEGRIS MARSHALL COUNTY IS CONSIDERED A CRITICAL ACCESS HOSPITAL. DIAGNOSTIC IMAGING - MRI, ULTRASOUND, CT SCAN - AND BONE DENSITY TESTING ARE PROVIDED ON SITE. RADIOLOGISTS ARE AVAILABLE 24 HOURS DAILY TO INTERPRET IMAGES FOR ATTENDING PHYSICIANS. PHYSICAL 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. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * NATIONAL SAND BASS FESTIVAL * ANNUAL RUELL LITTLE CLASSIC RUN * AMERICAN CANCER SOCIETY RELAY FOR LIFE * ANNUAL HEALTH FAIR * "HANGING OF THE GREEN" CHRISTMAS PROJECT.</p> <p>INTEGRIS MAYES COUNTY MEDICAL CENTER - PRIOR INTEGRIS MAYES COUNTY MEDICAL CENTER IS A LICENSED 52-BED ACUTE CARE HOSPITAL IN THE HEART OF THE BEAUTIFUL OKLAHOMA GREEN COUNTRY REGION. BUILT IN 1954, THE HOSPITAL IS A VALUABLE RESOURCE TO THE RESIDENTS OF MAYES COUNTY AND SURROUNDING AREAS. IN ADDITION TO INPATIENT SERVICES SUCH AS WOMEN'S HEALTH AND A MEDICAL SURGICAL UNIT, INTEGRIS MAYES COUNTY PROVIDES CARE IN THE AREAS OF HOSPICE, HOME HEALTH, PHYSICAL THERAPY, DIGITAL MAMMOGRAPHY, RADIOLOGY AND MORE. INTEGRIS MAYES COUNTY MEDICAL CENTER OFFERS A GROUP OF HIGHLY TRAINED PHYSICIANS AND MEDICAL EXPERTS COMMITTED TO PROVIDING THE VERY BEST CARE TO THEIR PATIENTS. THE HOSPITAL CONTINUES TO INVEST IN UPDATING THE FACILITY WITH STATE-OF-THE-ART EQUIPMENT AND EXPANDING CLINICAL AND ANCILLARY SERVICES, AND CONTINUALLY FOCUSES ON RECRUITMENT OF NEW PHYSICIANS. 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. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * COUNTY-WIDE FREE SCHOOL SPORTS PHYSICALS * MAYES COUNTY AMERICAN CANCER SOCIETY'S RELAY FOR LIFE * 14TH ANNUAL MAYES COUNTY FREE WOMEN'S HEALTH FAIR * DIAGNOSTIC IMAGING AND LAB SUPPORT TO FREE CLINIC OF MAYES COUNTY * AMERICAN RED CROSS HEROES CAMPAIGN * MAYES COUNTY WELLNESS FESTIVAL.</p> <p>INTEGRIS MENTAL HEALTH SERVICES - SPENCER INTEGRIS MENTAL HEALTH OFFERS A COMPLETE FAMILY OF SERVICES PROVIDED BY HIGHLY QUALIFIED PROFESSIONALS IN INPATIENT AND OUTPATIENT SETTINGS. SERVICES INCLUDE ADULT AND GERIATRIC INPATIENT SERVICES THROUGH DEACONESS AT BETHANY AND CHILD AND ADOLESCENT PSYCHIATRIC INPATIENT AND RESIDENTIAL PROGRAMS BASED AT INTEGRIS MENTAL HEALTH. ADDITIONAL PROGRAMS INCLUDE DAY AND EVENING PARTIAL HOSPITALIZATION/INTENSIVE OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS FOR ADULTS AND ADOLESCENTS AT INTEGRIS DECISIONS, MOBILE ASSESSMENT TEAM SERVICES THROUGH MANY OF OUR INTEGRIS HOSPITAL EMERGENCY DEPARTMENTS, EMPLOYEE ASSISTANCE SERVICES FROM THE CORPORATE ASSISTANCE PROGRAM, AND MANY SPECIALTY EDUCATION OFFERINGS AT INTEGRIS JAMES L. HALL JR. CENTER FOR MIND, BODY AND SPIRIT. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * NATIONAL ALLIANCE FOR THE MENTALLY ILL WALK * HEALTH ALLIANCE FOR THE UNINSURED * PHYSICIAN FORUM SPONSOR FOR CHESAPEAKE'S YOUR LIFE MATTERS SYMPOSIUM * ART OF HAPPY LIVING SERIES BY DR. R. MURALI KRISHNA * SPENCER COMMUNITY HEALTH FAIR.</p> <p>INTEGRIS SEMINOLE MEDICAL CENTER - SEMINOLE INTEGRIS SEMINOLE MEDICAL CENTER HAS SERVED THE COMMUNITY SINCE THE 1940S, NOW IN A 32-BED, 64,000 SQUARE FOOT FACILITY THAT WAS BUILT IN 1998. A FAMILY MEDICAL CENTER CLINIC IS LOCATED IN THE HOSPITAL ALONG WITH PHYSICIAN OFFICES AND A SPECIALTY CLINIC. ALL PATIENT ROOMS ARE PRIVATE AND DESIGNED TO PROVIDE A HOME-LIKE ATMOSPHERE SO RECOVERY CAN BE MADE EASIER. STAFFED BY QUALIFIED PHYSICIANS AND PHYSICIAN ASSISTANTS, THE EMERGENCY ROOM IS OPEN AROUND THE CLOCK EACH DAY OF THE YEAR. 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 SEMINOLE SERVES APPROXIMATELY 30,000 RESIDENTS IN SEMINOLE COUNTY AND IS A MODEL FOR RURAL HEALTH CARE IN OKLAHOMA. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * MOVE FOR LIFE * FOURTH OF JULY FESTIVAL * POSITIVE DIRECTIONS MENTORING PROGRAM * COMMUNITY HEALTH FAIRS * AMERICAN HEART WALK * WELLNESS SCREENINGS FOR AREA BUSINESSES * MARCH OF DIMES SUPPORT * CARE FUNDS INDIGENT PRESCRIPTIONS, EQUIPMENT, TRANSPORTATION * BLOOD DRIVES * TRAINING FOR PA, RT AND NURSING STUDENTS * TICKLED PINK BREAST CANCER AWARENESS EVENT.</p> <p>INTEGRIS SOUTHWEST MEDICAL CENTER - OKLA</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 4	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED	<p>HOMA CITY 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 MORE THAN 400 BEDS. INTEGRIS SOUTHWEST CENTERS OF EXCELLENCE INCLUDE THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA AT SOUTHWEST MEDICAL CENTER, INTEGRIS JAMES R. DANIEL STROKE CENTER OF OKLAHOMA AT SOUTHWEST MEDICAL CENTER, INTEGRIS JIM THORPE REHABILITATION, INTEGRIS NEUROMUSCULAR CENTER, AND THE INTEGRIS M.J. AND S. ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER OF OKLAHOMA. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * MEALS ON WHEELS * COMMUNITY DIABETES EDUCATION PROGRAM * STROKE SUPPORT GROUP * PHYSICIAN COMMUNITY HEALTH LECTURES * JIM THORPE REHABILITATION SPINAL CORD INJURY SUPPORT GROUP. WHERE DOES THE INTEGRIS DOLLAR GO? ----- FISCAL YEAR 2011 BILLED CHARGE \$1.00 EXPENSES: *DISCOUNTS TAKEN BY MEDICARE, MEDICAID, MANAGED CARE COMPANIES AND OTHER INSURERS 0.63 *FREE SERVICE/CHARITY CARE 0.02 *BAD DEBT EXPENSE FROM PATIENTS NOT PAYING THEIR BILLS 0.05 *EMPLOYEE SALARIES 0.12 *EMPLOYEE HEALTH INSURANCE EXPENSE 0.01 *EMPLOYEE RETIREMENT EXPENSE 0.01 *MEDICAL, SURGICAL AND DRUGS SUPPLIES 0.05 *OTHER GENERAL SUPPLIES 0.01 *PURCHASED SERVICES FOR MAINTENANCE, LAB AND OTHER SERVICES 0.04 *TELEPHONE, UTILITY AND RENTAL EXPENSES 0.01 *OTHER OPERATIONAL EXPENSES 0.03 *TOTAL EXPENSES 0.98 *FUNDS AVAILABLE FOR NEW EQUIPMENT, CONSTRUCTION AND CLINICAL PROGRAM IMPROVEMENT 0.02. PLEASE NOTE THAT INTEGRIS HEALTH IS A NOT-FOR-PROFIT COMPANY AND AS SUCH IS 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.</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 5	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED	IN 2011, INTEGRIS HEALTH PROVIDED \$61,033,151 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 OUR RETURNSHIP EFFORTS EQUALED \$5,738,529 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 \$25,909,858 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 \$29,384,764 IN ADDITION, INTEGRIS HEALTH WROTE OFF \$201,786,321 IN PATIENT CHARGES AS BAD DEBTS

Identifier	Return Reference	Explanation
GENERAL STATEMENT 6	PART VI QUESTION 2	RELATED PARTIES TYPE OF RELATIONSHIP ----- JIM DAVIES BUSINESS AND EDMUND O MARTIN PETER DELANEY AND BUSINESS LUKE R CORBETT THE FILING ORGANIZATION IS THE CONTROLLING MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM) THE FOLLOWING OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF THEIR POSITIONS AS OFFICERS, DIRECTORS, EMPLOYEES, OR INDEPENDENT CONTRACTORS OF RELATED ENTITIES WITHIN THE SYSTEM C BRUCE LAWRENCE WENTZ MILLER BETH PAUCHNIK STANLEY F HUPFELD CHARLES H MORGAN, M D PHILIP MOSCA, M D

Identifier	Return Reference	Explanation
GENERAL STATEMENT 7	PART VI SECTION B POLICIES	PART VI QUESTION 11B - THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (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

Identifier	Return Reference	Explanation
GENERAL STATEMENT 8	PART VI SECTION B POLICIES	PART VI QUESTION 12C - THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM) CONFLICT OF INTEREST IS ADDRESSED IN THE SYSTEM 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 SYSTEMS'S COMPLIANCE OFFICER OR THROUGH THE ANONYMOUS INTEGRITY LINE ALL NEW MANAGERS RECEIVE ADDITIONAL TRAINING ON CONFLICT OF INTEREST POLICIES DURING LEADERSHIP TRAINING LEGAL SERVICES REVIEWS ALL CONTRACTS FOR CONFLICTS OF INTEREST INTERNAL AUDIT CONDUCTS AUDITS FOR POSSIBLE CONFLICTS OF INTEREST BASED ON THEIR ANNUAL RISK ASSESSMENT CORPORATE COMPLIANCE INCLUDES ASSESSMENTS FOR CONFLICTS OF INTEREST IN ITS ANNUAL WORK PLAN AND CONDUCTS SPECIALIZED TRAINING FOR HIGH RISK AREAS THE GOVERNANCE COMMITTEE, A COMMITTEE OF THE SYSTEM'S BOARD COMPRISED OF INDEPENDENT BOARD MEMBERS, REVIEWS AND APPROVES ANY AND ALL PROPOSED BUSINESS TRANSACTIONS BETWEEN ANY ENTITY OF THE SYSTEM AND A DISQUALIFIED PERSON

Identifier	Return Reference	Explanation
GENERAL STATEMENT 9	PART VI SECTION B POLICIES	PART VI QUESTION 15A AND 15B - THE FILING ORGANIZATION IS THE CONTROLLING MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM (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 FILING ORGANIZATION'S 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

Identifier	Return Reference	Explanation
GENERAL STATEMENT 10	PART VI SECTION C DISCLOSURE	PART VI QUESTION 19 - THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM) THE SYSTEM DOES NOT MAKE ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC HOWEVER, THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED FINANCIALS FOR THE SYSTEM THESE CONSOLIDATED FINANCIALS ARE DISCLOSED FOR BOND COMPLIANCE PURPOSES USING DIGITAL ASSURANCE CERTIFICATION

Identifier	Return Reference	Explanation
GENERAL STATEMENT 11	PART VII SECTION B INDEPENDENT CONTRACTORS	CERNER CORPORATION SOFTWARE LICENCE & \$11,332,948 P O BOX 412702 MAINT AND REMOTE KANSAS CITY , MO 64141 HOSTING ACKERMAN MCQUEEN ADVERTISING \$ 5,647,626 1601 NORTHWEST EXPRESSWAY OKC, OK 73118-1438 FPR HOLDINGS LP COPY MACHINE SERVICE \$ 3,429,821 8200 SPRINGWOOD DRIVE AND MANINTENANCE SUITE 230 IRVING, TX 75063 SIEMENS MEDICAL SOLUTIONS SOFTWARE LICENCE AND \$ 2,744,383 USA, INC MAINTENANCE P O BOX 120001, DEPT 0733 DALLAS TX, 75312-0733 AVAYA, INC TELEPHONE MAINTENANCE \$ 1,442,578 P O BOX 5125 CAROL STREAM, IL 60197

Identifier	Return Reference	Explanation
GENERAL STATEMENT 12	PART XI RECONCILIATION OF NET ASSETS, LINE 5	UNREALIZED GAIN ON INVESTMENTS \$ 51,948,257 INCOME FROM SUBSIDIARIES - EQUITY \$ 85,419,626 METHOD EQUITY TRANSFERS TO SUBSIDIARIES \$ 10,500,000 ----- ----- TOTAL \$147,867,883

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME C JOSEPH CHOUTEAU, M D TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REBECCA HUTTON TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES H MORGAN, M D TITLE DIRECTOR HOURS 36

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DENNIS LUCKINBILL TITLE DIRECTOR & CHAIR/IT COMM HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHRISTOPHER TURNER TITLE DIRECTOR & SECRETARY HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME C BRUCE LAWRENCE TITLE PRESIDENT & CEO HOURS 11

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWARD A TOWNSEND TITLE DIRECTOR & IH BOARD CHAIR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PHILIP MOSCA, M D TITLE DIRECTOR & CHAIR/FINANCE COMM HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WENTZ MILLER TITLE ASST TREASURER HOURS 9

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BETH PAUCHNIK TITLE ASST SECRETARY HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES P WHITE TITLE MG DIR /CHIEF MEDICAL OFFICER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STANLEY F HUPFELD TITLE CHAIRMAN FAMILY OF FOUNDATIONS HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES S MITCHELL TITLE MANAGING DIRECTOR HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARY A BAUMAN TITLE MEDICAL DIR & CLINIC PHYSICIAN HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME G EDWARD HEINEN TITLE VICE PRESIDENT HOURS 1

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
INTEGRIS HEALTH INC

Employer identification number  
73-1192764

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BMPA LTD 73-1228665	MED OFFICE BLDG	OK	NA	N/A				No			No	
(2) GRAND LAKE 73-1622843	MEDICAL	OK	IRH	N/A				No			No	
(3) QC-III 20-8723857	MEDICAL	OK	IBMC	N/A				No			No	
(4) INTEGRIS HEART CTR 73-1576694	MANAGEMENT	OK	IBMC	N/A				No			No	
(5) DIAGNOSTIC LAB 73-1560760	CLINICAL LAB	NJ	NA	N/A				No			No	
(6) MPI CENTER 73-1283942	MEDICAL	OK	NA	N/A				No			No	
(7) HILLCRESTINTEGRIS HEALTH LLC	DORMANT	OK	NA	N/A				No			No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) INTEGRIS PROHEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112 73-1046179	RETAIL PHARMACY	OK	NA	C	3,200,953	3,787,897	100 000 %
(2) THE STANLEY F HUPFELD CHAR REMAIN TRUST 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112 26-6238051	FINANCIAL	OK	IBMC FDN	T	0	0	0 %
(3) QUALITY ALLIANCE ASSURANCE CO PO BOX 10027 GRAND CAYMAN KYI-1001 CJ 73-1192764	INSURANCE	CJ	NA	C	12,086,097	90,107,450	100 000 %
(4) INTEGRIS PHYSICIAN SERVICES INC 3500 NW 56TH ST STE 200 OKLA CITY, OK73112 73-1477468	MGMT SERVICES	OK	PROHEALTH	C	0	0	0 %
(5) BAPTIST HEALTH SYSTEM INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112	DORMANT	OK	NA	C	0	0	100 000 %
(6) ONE CARE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112	DORMANT	OK	BHO	C	0	0	0 %
(7) VADOVATIONS INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112 27-0821922	HEALTH CARE	OK	NA	C	36	3,617,852	100 000 %

Part V

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

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)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

No

No

Yes

Yes

Yes

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	PART III AND PART IV DIRECT CONTROLLING ENTITY	THE ABBREVIATIONS SHOWN BELOW HAVE BEEN UTILIZED IN THE RETURN FOR THE FOLLOWING ENTITIES INTEGRIS RURAL HEALTH HEALTH, INC (IRH) INTEGRIS BAPTIST MEDICAL CENTER, INC (IBMC) INTEGRIS BAPTIST MEDICAL CENTER FOUNDATION, INC (IBMC FDN ) INTEGRIS PROHEALTH, INC (PROHEALTH)

Software ID:

Software Version:

EIN: 73-1192764

Name: INTEGRIS HEALTH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
INTEGRIS AMBULATORY CARE CORPORATION  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192765	HEALTH CARE	OK	501(C)(3)	LINE 3	NA		
BAPTIST HEALTHCARE OF OKLAHOMA INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 23-7456301	HEALTH CARE	OK	501(C)(3)	LINE 3	NA		
HOSPICE OF OKLAHOMA COUNTY INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 9	NA		
INTEGRIS BAPTIST MEDICAL CENTER INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1034824	HEALTH CARE	OK	501(C)(3)	LINE 3	NA		
INTEGRIS RURAL HEALTH INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	NA		
INTEGRIS SOUTHWEST MEDICAL CENTER INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	NA		
INTEGRIS SOUTHWEST MED CTR FDN INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1295820	FUNDRAISING	OK	501(C)(3)	LINE 7	NA		
INTEGRIS REALTY CORPORATION  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192750	PROPERTY MGMT	OK	501(C)(3)	LINE 9	NA		
GREAT PLAINS MEDICAL FOUNDATION  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1457016	MED RES PROG	OK	501(C)(3)	LINE 3	IBMC		
INTEGRIS BAPTIST MEDICAL CTR FDN INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IBMC		
INTEGRIS RURAL HEALTH FOUNDATION INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1523096	FUNDRAISING	OK	501(C)(3)	LINE 7	IRH		
MEDICAL PARKING INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1210537	PARKING FAC	OK	501(C)(3)	LINE 11 -II	REALTY		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
WESTERN VILLAGE ACADEMY INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC		
INTEGRIS HEALTH EDMOND INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	NA		
INTEGRIS MENTAL HEALTH INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-0738716	HEALTH CARE	OK	501(C)(3)	LINE 3	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BMPA LTD 73-1228665	MED OFFICE BLDG	OK	NA	N/A				No			No	
GRAND LAKE 73-1622843	MEDICAL	OK	IRH	N/A				No			No	
QC-III 20-8723857	MEDICAL	OK	IBMC	N/A				No			No	
INTEGRIS HEART CTR 73-1576694	MANAGEMENT	OK	IBMC	N/A				No			No	
DIAGNOSTIC LAB 73-1560760	CLINICAL LAB	NJ	NA	N/A				No			No	
MPI CENTER 73-1283942	MEDICAL	OK	NA	N/A				No			No	
HILLCRESTINTEGRIS HEALTH LLC	DORMANT	OK	NA	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
INTEGRIS PROHEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112 73-1046179	RETAIL PHARMACY	OK	NA	C	3,200,953	3,787,897	100 000 %
THE STANLEY F HUPFELD CHAR REMAIN TRUST 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112 26-6238051	FINANCIAL	OK	IBMC FDN	T	0	0	0 %
QUALITY ALLIANCE ASSURANCE CO PO BOX 10027 GRAND CAYMAN KYI-1001 CJ 73-1192764	INSURANCE	CJ	NA	C	12,086,097	90,107,450	100 000 %
INTEGRIS PHYSICIAN SERVICES INC 3500 NW 56TH ST STE 200 OKLA CITY, OK73112 73-1477468	MGMT SERVICES	OK	PROHEALTH	C	0	0	0 %
BAPTIST HEALTH SYSTEM INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112	DORMANT	OK	NA	C	0	0	100 000 %
ONE CARE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112	DORMANT	OK	BHO	C	0	0	0 %
VADOVATIONS INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK73112 27-0821922	HEALTH CARE	OK	NA	C	36	3,617,852	100 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	INTEGRIS AMBULATORY CARE CORPORATION	B	10,000,000	
(2)	INTEGRIS AMBULATORY CARE CORPORATION	K	76,241	
(3)	INTEGRIS AMBULATORY CARE CORPORATION	L	334,798	
(4)	INTEGRIS AMBULATORY CARE CORPORATION	P	82,387,006	
(5)	BAPTIST HEALTHCARE OF OKLAHOMA INC	K	3,235,365	
(6)	BAPTIST HEALTHCARE OF OKLAHOMA INC	P	84,720,617	
(7)	HOSPICE OF OKLAHOMA COUNTY INC	P	5,508,745	
(8)	INTEGRIS BAPTIST MEDICAL CENTER INC	G	1,008,807	
(9)	INTEGRIS BAPTIST MEDICAL CENTER INC	K	5,097,971	
(10)	INTEGRIS BAPTIST MEDICAL CENTER INC	L	533,700	
(11)	INTEGRIS BAPTIST MEDICAL CENTER INC	O	294,025	
(12)	INTEGRIS BAPTIST MEDICAL CENTER INC	P	504,648,991	
(13)	INTEGRIS BAPTIST MEDICAL CENTER INC	Q	23,334,500	
(14)	INTEGRIS RURAL HEALTH INC	G	72,403	
(15)	INTEGRIS RURAL HEALTH INC	K	6,222,969	
(16)	INTEGRIS RURAL HEALTH INC	O	95,402	
(17)	INTEGRIS RURAL HEALTH INC	P	243,622,582	
(18)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	G	90,124	
(19)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	K	2,636,994	
(20)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	L	115,817	
(21)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	O	66,700	
(22)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	P	181,812,372	
(23)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	Q	11,665,500	
(24)	INTEGRIS SOUTHWEST MED CTR FDN INC	P	294,398	
(25)	INTEGRIS REALTY CORPORATION	J	1,848,960	
(26)	INTEGRIS REALTY CORPORATION	P	57,440,101	
(27)	GREAT PLAINS MEDICAL FOUNDATION	P	4,098,776	
(28)	INTEGRIS BAPTIST MEDICAL CTR FDN INC	P	1,332,150	
(29)	INTEGRIS RURAL HEALTH FOUNDATION INC	C	158,424	
(30)	INTEGRIS RURAL HEALTH FOUNDATION INC	P	143,522	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(31)	MEDCIAL PARKING INC	P	382,557	
(32)	WESTERN VILLAGE ACADEMY INC	B	500,000	
(33)	BAPTIST MEDICAL PLAZA ASSOCIATES LP	P	1,478,140	
(34)	OKLAHOMA HEART CENTER LLC	P	4,847,129	
(35)	INTEGRIS PROHEALTH INC	L	175,361	
(36)	INTEGRIS PROHEALTH INC	P	8,781,989	
(37)	QUALITY ALLIANCE ASSURANCE COMPANY(CAYMAN)LTD	L	16,961,894	