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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

INTEGRIS HEALTH INC

Doing Business As

SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address)

5300 N INDEPENDENCE AVE STE 130

Room/suite

City or town, state or country, and ZIP + 4

OKLAHOMA CITY, OK 73112

F Name and address of principal officer

C BRUCE LAWRENCE

5300 N INDEPENDENCE AVE

OKLAHOMA CITY,OK 73112

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW INTEGRIS-HEALTH COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1983

M State of legal domicile

OK

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11,182
	6	Total number of volunteers (estimate if necessary)	6	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-367,786
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-397,846
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	254,543	182,315
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147,034,350	167,170,943
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,653,865	1,537,081
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,693	645,724
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	149,041,451	169,536,063
	14	Benefits paid to or for members (Part IX, column (A), line 4)	10,500,000	17,806,909
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	80,148,772	96,085,912
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	0	0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	68,890,271	72,794,634
	19	Revenue less expenses Subtract line 18 from line 12	159,539,043	186,687,455
			-10,497,592	-17,151,392
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,228,737,887	1,340,306,585
	21	Total liabilities (Part X, line 26)	312,592,467	507,177,706
	22	Net assets or fund balances Subtract line 21 from line 20	916,145,420	833,128,879

Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

2013-04-18

Date

WENTZ MILLER ASSISTANT TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

405-239-6411

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

KPMG LLP

210 Park Ave Suite 2850

Oklahoma City, OK 73102

EIN

Phone no (405) 239-6411

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part IIISTatement 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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 100,288,168 including grants of \$ 17,806,909 ) (Revenue \$ 167,170,943 )

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 \$ 100,288,168

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		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? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	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? If "Yes," complete Schedule F, Part II and IV.		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? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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 questions 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
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	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		<b>Yes</b>	<b>No</b>			
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	1,100			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes			
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	11,182			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes			
<b>4a</b>	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 or securities account)?	<b>4a</b>	Yes			
<b>b</b>	If "Yes," enter the name of the foreign country: <u>CJ</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>				No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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?	<b>7a</b>				No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>				
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>				
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>				

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
15b	Other officers or key employees of the organization . . . . . If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	Yes
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> OK
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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 made 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 <input checked="" type="checkbox"/> 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 organizations compensated any current or former officer, director, or trustee

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	8,346,623	374,240	606,616

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 91

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GENERAL STATEMENT 1		24,218,877
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>71</b>		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d	182,315				
	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 \$ _____						
	h	Total. Add lines 1a-1f . . . . .		182,315				
Program Service Revenue			Business Code					
	2a	AFFILIATED SERVICE REVENUE	900099	159,500,848	159,868,634	-367,786		
	b	MANAGEMENT FEES	900099	4,443,000	4,443,000			
	c	CHILDREN'S PLACE	900099	2,101,982			2,101,982	
	d	TELEMEDICINE	900099	338,232	338,232			
	e	TELECOMMUNICATION SERVICES	900099	212,926	212,926			
	f	All other program service revenue		573,955	195,578		378,377	
	g	Total. Add lines 2a-2f . . . . .		167,170,943				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,688,479			1,688,479	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties . . . . .		0				
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		126,090						
		277,488						
		-151,398						
	d	Net gain or (loss) . . . . .		-151,398			-151,398	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a							
	b	Less direct expenses . . . . .						
	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 . . . . .						
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 . . . . .							
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue		Business Code						
11a	DISCOUNTS ON PURCHASES		900099	645,724			645,724	
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			645,724				
12	Total revenue. See Instructions . . . . .			169,536,063	165,058,370	-367,786	4,663,164	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	17,806,909	17,806,909		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,225,824	3,529,092	3,696,732	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	773,427	377,742	395,685	
7	Other salaries and wages	66,443,662	32,451,085	33,992,577	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,355,317	3,592,337	3,762,980	
9	Other employee benefits	9,437,213	4,609,135	4,828,078	
10	Payroll taxes	4,850,469	2,368,969	2,481,500	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	301,997	147,495	154,502	
c	Accounting	937,025	457,643	479,382	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	4,040,980	1,973,615	2,067,365	
12	Advertising and promotion	1,612,905	787,743	825,162	
13	Office expenses	4,156,200	2,029,888	2,126,312	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,333,112	1,627,892	1,705,220	
17	Travel	948,467	463,231	485,236	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	831,451	406,081	425,370	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,516,745	3,671,178	3,845,567	
23	Insurance	-1,062,261	-518,808	-543,453	
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	45,497,384	22,220,922	23,276,462	
b	TELEPHONE	1,658,857	810,186	848,671	
c	EMPLOYEE/MGMT/BOARD FUNCTION	1,096,823	535,688	561,135	
d	UNRELATED BUS INCOME TAXES	1,504	1,504	0	
e					
f	All other expenses	1,923,445	938,641	984,804	
25	Total functional expenses. Add lines 1 through 24f	186,687,455	100,288,168	86,399,287	0
26	Joint costs. Check here <input 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 . . . . .			0	1	0
	2	Savings and temporary cash investments . . . . .			31,488,583	2	3,703
	3	Pledges and grants receivable, net . . . . .			0	3	0
	4	Accounts receivable, net . . . . .			54,697,772	4	57,248,968
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			71,886,485	7	74,786,082
	8	Inventories for sale or use . . . . .			0	8	0
	9	Prepaid expenses and deferred charges . . . . .			5,276,858	9	9,219,588
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	156,182,843	21,023,024	10c	24,312,091
	b	Less—accumulated depreciation . . . . .	10b	131,870,752			
	11	Investments—publicly traded securities . . . . .			0	11	0
	12	Investments—other securities. See Part IV, line 11 . . . . .			75,000	12	75,000
	13	Investments—program-related. See Part IV, line 11 . . . . .			1,011,768,752	13	1,066,138,682
	14	Intangible assets . . . . .			0	14	5,847,910
	15	Other assets. See Part IV, line 11 . . . . .			32,521,413	15	102,674,561
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,228,737,887	16	1,340,306,585	
Liabilities	17	Accounts payable and accrued expenses . . . . .			46,877,260	17	107,061,770
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			60,569,373	20	59,690,698
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			205,145,834	25	340,425,238
	26	Total liabilities. Add lines 17 through 25 . . . . .			312,592,467	26	507,177,706
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 . . . . .			916,145,420	27	833,128,879
	28	Temporarily restricted net assets . . . . .			0	28	0
	29	Permanently restricted net assets . . . . .			0	29	0
	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 . . . . .			916,145,420	33	833,128,879
	34	Total liabilities and net assets/fund balances . . . . .			1,228,737,887	34	1,340,306,585

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	169,536,063
2	Total expenses (must equal Part IX, column (A), line 25)	2	186,687,455
3	Revenue less expenses Subtract line 2 from line 1	3	-17,151,392
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	916,145,420
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-65,865,149
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	833,128,879

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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

2011

Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

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

☒

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

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other
- e

☒

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

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

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

(i)

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

(ii)

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

(iii)

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

Provide the following information about the supported organization(s)

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

(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		17,000,000
Total									17,000,000

Part II

Support Schedule for Organizations Described in IRC 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or 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 NONE OKLAHOMA CITY HOSPITAL CORPORATION INTEGRIS AMBULATORY 73-1192765 03 YES YES YES 16,500,000 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 INTEGRIS HEALTH 45-1027361 03 YES YES YES NONE EDMOND, INC TOTAL AMOUNT OF SUPPORT 17,000,000

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

2011

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, line 35c (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
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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 on behalf of or in opposition to candidates for public office 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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	229,576	229,576												
c	Total lobbying expenditures (add lines 1a and 1b)	229,576	229,576												
d	Other exempt purpose expenditures	100,058,592	1,287,159,149												
e	Total exempt purpose expenditures (add lines 1c and 1d)	100,288,168	1,287,388,725												
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-														
i	Subtract line 1f from line 1c If zero or less, enter -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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	338,282	342,044	469,463	229,576	1,379,365
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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to 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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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 \$99,875,353 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

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

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

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>Yes</div> <div>No</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>Yes</div> <div>No</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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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?

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

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

Cat No 52283D

Schedule D (Form 990) 2011

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

	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)

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		511,711		511,711
b Buildings . . . . .		4,162,525	2,650,225	1,512,300
c Leasehold improvements . . . . .		2,973,148	2,592,882	380,266
d Equipment . . . . .		147,577,969	126,411,643	21,166,326
e Other . . . . .		957,490	216,002	741,488
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				24,312,091



Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. 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	533,063,043	F
INTEGRIS AMBULATORY CARE CORP	12,494,960	F
INTEGRIS REALTY CORPORATION	49,710,535	F
INTEGRIS SO OKC HOSP CORP	217,764,767	F
BAPTIST HEALTHCARE OF OKLAHOMA	204,220,284	F
HOSPICE OF OK COUNTY, INC	9,377,894	F
INTEGRIS PROHEALTH, INC	20,233,526	F
QUALITY ALLIANCE ASSURANCE	478,860	F
PROCURE MIDWEST HOLDINGS	2,855,619	F
INTEGRIS HEALTH EDMOND, INC	-9,061,113	F
INTEGRIS HEALTH PARTNERS, LLC	1,105,120	F
INTEGRIS CARDIOVASCULAR	3,724,332	F
PHYSICIANS, LLC		F
INTEGRIS HEALTH FDN ,INC	20,170,855	F

OMB No 1545-0047

**Open to Public Inspection**

73-1192764

**3** Activities per Region (Use Part V if additional space is needed )

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2011

**1**

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

## Part III

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
---------------------------------	------------	--------------------------	--------------------------	---------------------------------	-----------------------------------	--	---

**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, 2012

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
INTEGRIS HEALTH INC

Employer identification number  
73-1192764

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

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

2

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

16

3

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

6

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 AS PART OF ITS COMMITMENT TO THE COMMUNITIES IT SERVES, INTEGRIS HEALTH, INC MAKES GRANTS TO OTHER CHARITABLE AND CIVIC ORGANIZATIONS THAT BENEFIT THOSE COMMUNITIES GRANTS ARE REVIEWED AND APPROVED THROUGH THE ANNUAL BUDGETARY PROCESS BY THE CEO AND THE BOARD OF DIRECTORS OF INTEGRIS HEALTH SEE SCHEDULE O, GENERAL STATEMENTS 2 THROUGH 5 FOR A FULL COPY OF THE INTEGRIS HEALTH SYSTEM COMMUNITY BENEFIT REPORT, WHICH PROVIDES GREATER DETAIL WITH RESPECT TO INTEGRIS HEALTH'S RETURNSHIP AND COMMUNITY BUILDING EFFORTS



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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTEGRIS AMBULATORY CARE CORPORATION 5300 N INDEPENDENCE AVE OKLA CITY,OK 73112	73-1192765	501(C)(3)	16,500,000				TO FUND OPERATIONS
WESTERN VILLAGE ACADEMY INC5300 N INDEPENDENCE AVE OKLA CITY,OK 73112	73-1588764	501(C)(3)	500,000				TO FUND OPERATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLIED ARTS FOUNDATION1015 N BROADWAY AVE OKLAHOMA CITY, OK 731025848	73-0804291	501(C)(3)	37,500				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	13-5613797	501(C)(3)	35,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALM WATERS CTR FOR CHILDREN & FAMILIESINC4334 NW EXPRESSWAY ST SUITE 101 OKLAHOMA CITY, OK 731161515	73- 1561707	501(C)(3)	25,000				GENERAL SUPPORT
EDMOND CHAMBER OF COMMERCE825 E 2ND ST STE 100 EDMOND, OK 730345375	73- 0544087	501(C)(6)	8,245				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER OKLAHOMA CITY CHAMBER OF COMMERCE123 PARK AVE OKLAHOMA CITY, OK 731029005	73-0381180	501(C)(6)	139,250				GENERAL SUPPORT
HEALTH ALLIANCE FOR THE UNINSURED INC 5929 N MAY AVE SUITE 511 OKLAHOMA CITY, OK 731123961	26-1789292	501(C)(3)	86,320				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA LAST FRONTIER COUNCIL3031 NW 64TH ST OKLAHOMA CITY, OK 73116	73-0580263	501(C)(3)	20,000				GENERAL SUPPORT
HEATHER HARKNESS MEMORIAL VOLLEYBALL1901 W 15TH ST EDMOND,OK 73013	000000000	STATE OF OK	10,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARCH OF DIMES FOUNDATION1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	13-1846366	501(C)(3)	11,500				GENERAL SUPPORT
OKLAHOMA ACADEMY OF FAMILY PHYSICIANS1900 NW EXPRESSWAY ST SUITE 501 OKLAHOMA CITY, OK 73118	73-0612930	501(C)(6)	15,280				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATIONINC 5225 N SHARTEL AVE STE 201 OKLAHOMA CITY, OK 731186035	73-1222182	501(C)(3)	25,000				GENERAL SUPPORT
OKLAHOMA CITY UNIVERSITY2501 N BLACKWELDER AVE OKLAHOMA CITY, OK 731061402	73-0579265	501(C)(3)	12,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA INSTITUTE FOR CHILD ADVOCACY 3909 N CLASSEN BLVD OKLAHOMA CITY, OK 731182623	73-1192768	501(C)(3)	50,000				GENERAL SUPPORT
OKLAHOMA LIONS SERVICE FOUNDATION INC 4123 NW 10TH ST OKLAHOMA CITY, OK 731075801	23-7396135	501(C)(3)	25,000				GENERAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH OKLAHOMA CITY CHAMBER OF COMMERCE701 SW 74TH ST OKLAHOMA CITY, OK 731394641	73-0172385	501(C)(6)	21,005				GENERAL SUPPORT
OK ST CHAMBER OF COMMERCE & ASSOC INDUST 330 NE 10TH ST OKLAHOMA CITY, OK 731043220	73-1270209	501(C)(6)	49,141				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION4700 N UNIVERSITY ST SPC 92 PEORIA,IL 616145849	37-1286285	501(C)(3)	12,020				GENERAL SUPPORT
UNITED WAY OF CENTRAL OKLAHOMA INC 1444 NW 28TH ST OKLAHOMA CITY, OK 731063430	73-0589829	501(C)(3)	88,673				GENERAL SUPPORT

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VARIETY CARE FOUNDATION INC PO BOX 2098 OKLAHOMA CITY, OK 731012098	73-0580273	501(C)(3)	10,000				GENERAL SUPPORT
YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY AVE STE 500 OKLAHOMA CITY, OK 731026208	73-0579270	501(C)(3)	6,000				GENERAL SUPPORT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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
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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 type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input 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 checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<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?	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	

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

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

[illegible]

Part IIISupplemental 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 THREE OFFICERS, TWO HIGHLY COMPENSATED EMPLOYEE AND A FORMER OFFICER/DIRECTOR/KEY EMPLOYEE. THIS ITEM REPRESENTS TAXABLE COMPENSATION TO THESE INDIVIDUALS: STANLEY F. HUPFELD, C.; BRUCE LAWRENCE WENTZ; MILLER, BETH A.; PAUCHNIK, J.; STUART MITCHELL, III; JAMES P. WHITE.
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, BETH A.; PAUCHNIK, JAMES P.; WHITE.
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. IN THE SECOND PLAN, CERTAIN EMPLOYED PHYSICIANS ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION PURSUANT TO THEIR WRITTEN EMPLOYMENT AGREEMENTS. ALL INCENTIVE COMPENSATION IS SUBJECT TO A CAP AND DOES NOT EXCEED 50% OF THE PHYSICIAN'S TOTAL COMPENSATION. THERE ARE A VARIETY OF METHODS USED TO CALCULATE INCENTIVE COMPENSATION BASED ON THE PHYSICIAN'S PERSONAL PRODUCTION, RANGING FROM (I) A SPECIFIED PERCENTAGE OF NET INCOME LESS EXPENSES, (II) A SPECIFIED PERCENTAGE OF TOTAL COLLECTIONS LESS EXPENSES, (III) A SPECIFIED PERCENTAGE OF BASE SALARY BASED ON COMPLIANCE WITH CERTAIN QUALITY, PATIENT SATISFACTION, PRODUCTION AND FINANCIAL INDICATORS, (IV) A SPECIFIED PERCENTAGE OF BASE SALARY BASED ON COMPLIANCE WITH QUALITY, GUIDING VALUES, PATIENT SATISFACTION AND PRODUCTION CRITERIA, (V) A SPECIFIED PERCENTAGE OF FEE-BASED COLLECTIONS AND CAPITATION COLLECTIONS, IF APPLICABLE, IN EXCESS OF QUARTERLY SALARY, (VI) QUARTERLY BONUSES MEASURED BY RVUS THAT EXCEED A SPECIFIED TARGET PER QUARTER, AND (VII) PRO RATA SHARE OF ANNUAL INCENTIVE POOLS BASED UPON PRODUCTION, COMPLIANCE WITH CLINICAL GUIDELINES, QUALITY AND PATIENT SATISFACTION CRITERIA.

**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)	27,391	0	0	0	0	27,391	0
	(ii)	135,914	0	0	0	0	135,914	0
WENTZ MILLER	(i)	436,966	127,315	24,882	46,166	8,849	644,178	0
	(ii)	0	0	0	0	0	0	0
BETH A PAUCHNIK	(i)	341,656	99,495	18,597	39,953	7,819	507,520	0
	(ii)	0	0	0	0	0	0	0
C BRUCE LAWRENCE	(i)	772,957	248,339	18,542	105,190	9,137	1,154,165	0
	(ii)	0	0	0	0	0	0	0
JOHN R DELANO	(i)	234,931	51,426	9,522	7,500	8,341	311,720	0
	(ii)	0	0	0	0	0	0	0
CAROLYN L HESTER	(i)	129,046	90,115	12,913	7,733	5,818	245,625	0
	(ii)	0	0	0	0	0	0	0
GREG A MEYERS	(i)	247,175	53,064	16,017	15,430	7,439	339,125	0
	(ii)	0	0	0	0	0	0	0
ROBERT K QUIRING	(i)	213,448	46,504	15,859	14,452	7,552	297,815	0
	(ii)	0	0	0	0	0	0	0
WILLIAM R WANDEL	(i)	199,740	43,097	14,207	12,619	7,891	277,554	0
	(ii)	0	0	0	0	0	0	0
JAMES P WHITE	(i)	402,305	114,533	21,376	43,987	8,361	590,562	0
	(ii)	0	0	0	0	0	0	0
RM KRISHNA	(i)	346,706	64,979	16,397	13,848	8,336	450,266	0
	(ii)	0	0	0	0	0	0	0
LINDA L MERKEY	(i)	239,501	53,398	11,974	15,731	8,388	328,992	0
	(ii)	0	0	0	0	0	0	0
LYNN HORTON	(i)	219,053	47,290	13,350	15,542	8,263	303,498	0
	(ii)	0	0	0	0	0	0	0
SHERMAN R FREDRICKSON	(i)	421,064	155,328	16,810	13,475	8,148	614,825	0
	(ii)	0	0	0	0	0	0	0
STANLEY F HUPFELD	(i)	290,357	7,003	29,592	15,946	500	343,398	0
	(ii)	0	0	0	0	0	0	0
GEORG F LUNDAY	(i)	206,997	24,846	408	12,927	8,111	253,289	0
	(ii)	0	0	0	0	0	0	0
J STUART MITCHELL III	(i)	405,115	111,234	21,310	13,475	8,135	559,269	0
	(ii)	0	0	0	0	0	0	0
MARY A BAUMAN	(i)	273,593	84,404	14,453	16,125	13,454	402,029	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(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				
AVILLA T WILLIAMS	(i) (ii)	173,923 0	42,874 0	9,245 0	10,233 0	6,111 0	242,386 0	0 0
LEROY SOUTHMAYD III	(i) (ii)	236,390 0	30,594 0	9,020 0	13,750 0	6,708 0	296,462 0	0 0
C JOSEPH CHOUTEAU MD	(i) (ii)	11,250 0	0 0	0 0	0 0	0 0	11,250 0	0 0
E CAREY JOULLIAN IV	(i) (ii)	20,250 0	0 0	0 0	0 0	0 0	20,250 0	0 0
WILLIAM DURRETT	(i) (ii)	30,146 0	0 0	0 0	0 0	0 0	30,146 0	0 0
CHARLES F BETHEA MD	(i) (ii)	0 193,632	0 0	0 1,644	0 0	0 1,492	0 196,768	0 0
JIM N BRIGGS	(i) (ii)	203,655 0	40,475 0	9,999 0	15,506 0	8,175 0	277,810 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

2011

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 IVBusiness 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 VSupplemental 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 BOARD MEMBER HAS AN OWNERSHIP INTEREST IN LUCKINBILL MECHANICAL CONTRACTORS, INC (C) AMOUNT \$508,087 (D) DESCRIPTION OF TRANSACTION FACILITY MAINTENANCE (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON ACKERMAN MCQUEEN, INC (B) RELATIONSHIP BOARD MEMBER IS BOTH A BOARD MEMBER AND OWNER OF ACKERMAN MCQUEEN, INC (C) AMOUNT \$4,154,445 (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 \$117,969 (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 \$9,304,939 (D) DESCRIPTION OF TRANSACTION INTEGRIS PROHEALTH, INC IS A CONTROLLED SUBSIDIARY OF INTEGRIS HEALTH, INC SEE SCHEDULE R, PART V FOR TRANSACTION DETAIL (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON BANK OF OKLAHOMA (B) RELATIONSHIP COMMON BOARD MEMBER (C) AMOUNT \$1,341,102 (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 \$485,775 (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

2011

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 SY STEM 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 - COMMUNITIES MAKING A DIFFERENCE "SERVING OUR COMMUNITIES IN THE PAST, PRESENT AND FUTURE" THE FIRST SEEDS WERE PLANTED IN THE EARLY 1900S WHEN THE DOORS OF CLINTON REGIONAL HOSPITAL, LOCATED IN THE HEART OF WESTERN OKLAHOMA, OPENED IN 1909 TO SERVE THE CITIZENS OF CUSTER COUNTY. THE HOSPITAL STARTED INSIDE THE JETTED BUILDING ON FRISCO AVE. ONE YEAR LATER, IN 1910, BASS BAPTIST HEALTH CENTER, LOCATED IN ENID IN NORTH CENTRAL OKLAHOMA, BEGAN OPERATION IN A SIX-BEDROOM HOME. SOON TO FOLLOW, THE DOORS OF MIAMI BAPTIST HOSPITAL OPENED, DEDICATED TO IMPROVING THE HEALTH OF THE MINERS AND THEIR FAMILIES IN THE LARGEST LEAD AND ZINC AREA IN THE WORLD AT THE TIME, WITH A 62-BED HOSPITAL HOUSED IN A THREE-STORY BUILDING IN EASTERN OKLAHOMA. AS TIME MARCHED ON AND OUR STATE GREW IN POPULATION AND PROSPERITY, MORE HOSPITALS DOTTED OUR HORIZONS. TECHNOLOGY GREW, EDUCATIONAL OPPORTUNITIES GREW AND THE NEEDS OF OUR POPULATION GREW AS WELL. IN 1995, INTEGRIS HEALTH WAS BORN OUT OF A DESIRE TO PROVIDE STATE-OF-THE-ART MEDICAL CARE FOR THE PEOPLE OF OUR STATE. IN THE FOLLOWING PAGES, YOU WILL SEE THE MANY WAYS OUR INTEGRIS HEALTH HOSPITALS DISTINGUISH THEMSELVES, FROM RECOGNITION BY NATIONAL ASSOCIATIONS AND PUBLICATIONS, TO THE COVETED MAGNET RE-CERTIFICATION FOR NURSING EXCELLENCE. ONE FACILITY IS AMONG THE FEW IN THE NATION TO OFFER THE NEWEST REHABILITATION TECHNOLOGIES, ANOTHER, IN PARTNERSHIP WITH PROCURE, IS THE ONLY PROTON THERAPY CAMPUS IN THE STATE FOR THE TREATMENT OF CANCER. THEN AND NOW, TWO IMAGES ARE NECESSARY TO SHOW WHERE WE WERE, THEN, AND WHERE WE ARE, TODAY. MANY CHANGES HAVE TAKEN PLACE THROUGHOUT THE YEARS TO MAKE INTEGRIS HEALTH WHAT IT IS TODAY. WE LEARNED A LONG TIME AGO THAT WE CAN'T FULLY CARE FOR OUR COMMUNITIES BY STAYING INSIDE THE WALLS OF OUR FACILITIES. OUR PHYSICIANS, EMPLOYEES AND VOLUNTEERS TAKE THEIR EDUCATION AND SKILLS INTO THE COMMUNITY TO MAKE A DIFFERENCE IN THE LIVES OF FELLOW OKLAHOMANS. THEIR DEDICATION, COMBINED WITH OUR RESOURCES, HELPS ACCOMPLISH A VARIETY OF THINGS - FROM PROVIDING FREE CLINICAL SERVICES, SCREENINGS AND EDUCATION PROGRAMS TO PROVIDING ACTIVITIES FOR SENIOR CITIZENS. ALL, TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE. SINCERELY, BRUCE LAWRENCE, PRESIDENT AND CEO, INTEGRIS HEALTH. 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 15-MEMBER BOARD OF DIRECTORS MADE UP OF BUSINESS, MEDICAL AND COMMUNITY LEADERS FROM ACROSS THE STATE. INTEGRIS IS MANAGED BY PRESIDENT AND CHIEF EXECUTIVE OFFICER BRUCE LAWRENCE, WITH THE ASSISTANCE OF SENIOR STAFF IN THE AREAS OF PHYSICIAN SERVICES, FACILITY OPERATIONS, STRATEGIC SERVICES AND FINANCE. HISTORY FORMED IN 1995, INTEGRIS WAS THE RESULT OF A MERGER THAT SAME YEAR BETWEEN OKLAHOMA HEALTH SYSTEM AND SOUTHWEST MEDICAL CENTER IN OKLAHOMA CITY. OKLAHOMA HEALTH SYSTEM ITSELF WAS A NEW ORGANIZATION FORMED ONE YEAR EARLIER FROM A MERGER BETWEEN OKLAHOMA HEALTHCARE CORPORATION (BAPTIST MEDICAL CENTER'S PARENT COMPANY) AND BAPTIST HEALTHCARE OF OKLAHOMA. THE ENTITIES THAT COMPRISE INTEGRIS HEALTH PROVIDE CARE IN MANY SETTINGS, FROM SOPHISTICATED URBAN MEDICAL CENTERS TO YOUR OWN HOME. SCOPE INTEGRIS HEALTH OPERATES FOUR HOSPITALS IN THE OKLAHOMA CITY METROPOLITAN AREA, LED IN THE METRO AREA BY INTEGRIS BAPTIST MEDICAL CENTER AND INTEGRIS SOUTHWEST MEDICAL CENTER. INTEGRIS HEALTH ALSO MAINTAINS THREE REGIONAL HOSPITALS ACROSS THE STATE AND IS IN A JOINT VENTURE WITH FIVE OTHERS. THE ORGANIZATION HAS AFFILIATED MENTAL HEALTH PROVIDERS IN 50 OKLAHOMA TOWNS AND CITIES AND OFFERS HOSPICE SERVICES THROUGH HOSPICE OF OKLAHOMA COUNTY. APPROXIMATELY SIX OUT OF EVERY 10 OKLAHOMANS LIVE WITHIN 30 MILES OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS HEALTH ORGANIZATION. COLLECTIVELY, THE ENTITIES WITHIN INTEGRIS HEALTH MAINTAIN MORE THAN 1,900 LICENSED BEDS AND HAVE MEDICAL STAFFS THAT NUMBER MORE THAN 2,500 PHYSICIANS. SERVICES THE ENTITIES THAT COMPRISE INTEGRIS HEALTH OFFER A WIDE RANGE OF HIGHLY DEVELOPED INPATIENT, OUTPATIENT AND ANCILLARY SERVICES. EXCELLENCE IN MEDICAL CARE ALONG WITH RESEARCH, STAFF EDUCATION, SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES, AND EDUCATIONAL PROGRAMS FOR THE COMMUNITY, ALLOWS MEMBERS OF INTEGRIS HEALTH TO ACHIEVE THE ORGANIZATION'S MISSION. SPECIALIZED CENTERS OF EXCELLENCE HAVE BEEN DEVELOPED THROUGH VARIOUS ENTITIES AFFILIATED WITH INTEGRIS HEALTH TO PROVIDE A HIGH STANDARD OF CARE FOR OUR COMMUNITIES. EACH OF THESE ORGANIZATIONS BRINGS A RICH HISTORY OF SERVING OKLAHOMANS. THE LOCATIONS OF INTEGRIS ENTITIES ARE SHOWN ON THE MAP.</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 2	PART III, LINE 4A COMMUNITY BENEFIT REPORT	<p>UR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * INTEGRIS HEALTH FREE CLINIC * ST ANLEY F HUPFELD ACADEMY AT WESTERN VILLAGE * WOMEN'S HEALTH FORUM * INTEGRIS MEN'S HEALTH UNIVERSITY * "YOUNG AT HEART" SENIOR PROM FOR SENIOR CITIZENS * "ON YOUR OWN" HIGH SCHOOL STUDENT PROGRAM * NATIONAL ALLIANCE ON MENTAL ILLNESS WALK * HISPANIC HEALTH FAIR OWNED FACILITIES INTEGRIS BAPTIST MEDICAL CENTER - OKC INTEGRIS CANCER INSTITUTE OF OKLAHOMA - OKC INTEGRIS MENTAL HEALTH CENTER - SPENCER INTEGRIS BAPTIST REGIONAL HEALTH CENTER - MIAMI INTEGRIS BASS BAPTIST HEALTH CENTER - ENID INTEGRIS BASS MEADOWLAKE - ENID INTEGRIS N W SPECIALITY HOSPITAL (LTACH) - ENID INTEGRIS CANADIAN VALLEY HOSPITAL - YUKON INTEGRIS GROVE HOSPITAL - GROVE INTEGRIS SOUTHWEST MEDIAL CENTER - OKC INTEGRIS HEALTH EDMOND - EDMOND JOINT VENTURE FACILITIES INTEGRIS BLACKWELL REGIONAL HOSPITAL - BLACKWELL INTEGRIS CLINTON REGIONAL HOSPITAL - CLINTON INTEGRIS MARSHALL COUNTY MEDICAL CENTER - MADILL INTEGRIS MAYES COUNTY MEDICAL CENTER - PRYOR INTEGRIS SEMINOLE MEDICAL CENTER - SEMINOLE OKLAHOMA CENTER FOR ORTHOPEDIC AND MULTISPECIALITY SURGERY - OKC INTEGRIS BAPTIST MEDICAL CENTER - OKLAHOMA CITY INTEGRIS BAPTIST MEDICAL CENTER OPENED ITS DOORS ON EASTER SUNDAY 1959 AS A 200 BED HOSPITAL TODAY, THE ONLY OKLAHOMA-OWNED DESIGNATED MAGNET HOSPITAL FOR EXCELLENCE IN NURSING SERVICES IS A CENTER OF LEADING EDGE MEDICINE, AND THE HOME OF A FULL SERVICE HEART HOSPITAL, A COMPREHENSIVE TRANSPLANT INSTITUTE, AND A REGIONAL BURN CENTER INTEGRIS BAPTIST ALSO OFFERS A FULL RANGE OF DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE SERVICES AND IS LICENSED FOR MORE THAN 500 BEDS CENTERS OF EXCELLENCE INCLUDE THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA AT BAPTIST MEDICAL CENTER, INTEGRIS HEART HOSPITAL, INTEGRIS HENRY G BENNETT JR FERTILITY INSTITUTE, INTEGRIS JAMES R DANIEL CEREBROVASCULAR AND STROKE CENTER AT BAPTIST MEDICAL CENTER, INTEGRIS MJ AND S ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER OF OKLAHOMA, INTEGRIS NAZIH ZUHDI TRANSPLANT INSTITUTE, INTEGRIS PAUL SILVERSTEIN BURN CENTER, AND THE HOUGH EAR INSTITUTE OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * NATIONAL ALLIANCE FOR THE MENTALLY ILL * THE LEUKEMIA &amp; LYMPHOMA SOCIETY * OKLAHOMA CITY MEMORIAL MARATHON * REGIONAL FOOD BANK * AFRICAN AMERICAN WOMEN'S HEALTH SUMMIT * SUSAN G KOMEN RACE FOR THE CURE INTEGRIS BAPTIST REGIONAL HEALTH CENTER - MIAMI ONE OF THE ORIGINAL CHARTER MEMBERS OF THE OKLAHOMA STATE HOSPITAL ASSOCIATION, INTEGRIS BAPTIST REGIONAL HEALTH CENTER OPENED ON JULY 1, 1919, TO MEET THE NEEDS OF LOCAL LEAD AND ZINC MINERS THE ORIGINAL STRUCTURE WAS A THREE STORY BUILDING WITH A BASEMENT AND SUN PORCHES ON EACH FLOOR, AND THE BASIC ORIGINAL STRUCTURE IS STILL BEING USED TODAY INTEGRIS BAPTIST REGIONAL SERVES RESIDENTS OF NORTHEAST OKLAHOMA AND THE ADJACENT BORDER AREAS OF KANSAS AND MISSOURI LICENSED FOR 117 BEDS, THE HOSPITAL HAS MORE THAN 50 PHYSICIANS ON ITS MEDICAL STAFF SERVICES INCLUDE CRITICAL CARE AND SURGICAL SERVICES, COMPREHENSIVE REHABILITATION, GERIATRIC BEHAVIORAL HEALTH, SLEEP STUDIES, CARDIAC CATHETERIZATION LAB, HOSPICE, HOME HEALTH CARE, AND HOME MEDICAL EQUIPMENT INTEGRIS BAPTIST REGIONAL IS ACCREDITED BY THE JOINT COMMISSION AND HAS BEEN RECOGNIZED BY VHA OKLAHOMA FOR PROVIDING QUALITY HEALTH CARE OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * BACK TO SCHOOL FAIR * ALZHEIMER'S SUPPORT GROUP * DIABETES EDUCATION CLASS * OTTAWA COUNTY FAIR * COMMUNITY HEALTH SCREENINGS * AUTISM SUPPORT GROUP</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. 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 * DIABETES SUPPORT GROUP * YUKON MIDDLE SCHOOL HEALTHY LIFESTYLE AND SAFETY FAIR * YUKON SENIOR HEALTH AND SAFETY FAIR. INTEGRIS CANCER INSTITUTE OF OKLAHOMA - OKLAHOMA CITY THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA OFFERS ONE OF THE FOREMOST COLLECTIONS OF PHYSICIANS AND COMPREHENSIVE PATIENT CARE IN THE SOUTHWEST. OFFERING THE MOST ADVANCED EQUIPMENT, THERAPY AND SUPPORT TO PATIENTS AND THEIR LOVED ONES, OUR PHYSICIANS WORK CLOSELY WITH PATIENTS, THEIR FAMILIES AND THE MEDICAL TEAM TO ENHANCE QUALITY OF LIFE THROUGHOUT THEIR JOURNEY WITH CANCER. THE INTEGRIS CANCER INSTITUTE IS MORE THAN A CANCER TREATMENT FACILITY. IT'S A CANCER TREATMENT PHILOSOPHY. TREATING THE WHOLE PERSON, NOT JUST THE DISEASE. WITH SIX CAMPUSES STATEWIDE, THE PROTON CAMPUS, IN CONJUNCTION WITH PROCURE PROTON THERAPY CENTER, WAS THE FIRST COMMUNITY-BASED PROTON THERAPY CANCER CAMPUS IN THE UNITED STATES. IT REMAINS ONE OF LESS THAN A DOZEN PROTON CENTERS IN NORTH AMERICA. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * COMMUNITY CANCER SCREENINGS * CELEBRATION OF LIFE NATIONAL CANCER SURVIVORS DAY * FIRESIDE CHATS COMMUNITY EDUCATION SERIES * CELEBRATION OF LIFE ART SHOW * SUSAN G KOMEN RACE FOR THE CURE. 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 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 IN</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 3	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED	TEGRIS 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.

Identifier	Return Reference	Explanation
GENERAL STATEMENT 4	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED	<p>INTEGRIS GROVE HOSPITAL - GROVE SINCE 1963, INTEGRIS GROVE HOSPITAL HAS DELIVERED THE BEST IN MEDICAL CARE SERVICES TO RESIDENTS OF NORTHEAST OKLAHOMA. IN 2010, A NEW \$56 MILLION STATE-OF-THE-ART FACILITY BROUGHT ADVANCES IN THE DELIVERY OF PATIENT CARE. LOCATED ON GRAND LAKE O' THE CHEROKEES, THE HOSPITAL SERVES AS A BEACON FOR QUALITY HEALTH CARE FOR NORTH EAST 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 THE STATE OF THE ART INTEGRIS HEALTH EDMOND. LOCATED ON 40 WOODED ACRES ON THE I-35 CORRIDOR IN EDMOND, THE HOSPITAL FEATURES THE LATEST IN "GREEN CONCEPTS" AND ARCHITECTURAL ELEMENTS DESIGNED TO "BRING THE OUTSIDE IN" TO CREATE A TRUE HEALING ENVIRONMENT. INTEGRIS HEALTH EDMOND IS A FULL SERVICE HOSPITAL FEATURING BOTH INPATIENT AND OUTPATIENT CARE INCLUDING EDMOND'S LARGEST EMERGENCY ROOM, WOMEN'S SERVICES, DIAGNOSTIC IMAGING, SURGERY, ORTHOPEDICS, PHYSICAL THERAPY AND A MEDICAL OFFICE BUILDING WITH PHYSICIANS REPRESENTING PRIMARY CARE ALONG WITH THE MOST REQUESTED SPECIALTIES. INTEGRIS HEALTH EDMOND BROUGHT LABOR AND DELIVERY SERVICES BACK TO EDMOND ENABLING FAMILIES TO STAY WITHIN THE COMMUNITY TO HAVE THEIR BABIES. THREE INTEGRIS FAMILY CARE CLINICS ARE LOCATED IN EDMOND TO SERVE THE COMMUNITY IN PARTNERSHIP WITH THE HOSPITAL. THE CLINICS SPECIALIZE IN FAMILY MEDICINE, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY AND PEDIATRICS. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * WOMEN'S HEALTH FORUM * SCHOOL HEALTH FAIR * PHYSICIAN COMMUNITY LECTURES * SUPPORT LOCAL COMMUNITY AGENCIES * SUPPORT EDMOND PUBLIC AND PRIVATE SCHOOLS * JIM THORPE ASSOCIATION FOOTBALL GAME SHOWCASE OF NATIVE AMERICAN HIGH SCHOOL SENIORS. INTEGRIS JIM THORPE REHABILITATION - OKLAHOMA CITY OKLAHOMA'S FOREMOST COLLECTION OF INPATIENT, OUTPATIENT, HOME AND COMMUNITY-BASED TREATMENT FOR ADOLESCENTS AND ADULTS NEEDING TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, STROKE, AMPUTEE OR ORTHOPEDIC CARE. A NETWORK OF OUTPATIENT SERVICES AND FACILITIES IS IN PLACE TO SERVE PATIENTS ACROSS OKLAHOMA. THROUGH TEAM-BASED PERSONAL CARE, PATIENTS BENEFIT FROM THE EXPERTISE OF PHYSICIANS, THERAPISTS, NURSES, PSYCHOLOGISTS, CASE MANAGERS, SOCIAL WORKERS AND OTHERS SPECIALLY TRAINED IN REHABILITATION. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * COURAGE RUN * COURAGE AWARDS GALA * SPINAL CORD SUPPORT GROUP * BRAIN INJURY SUPPORT GROUP * LIMB LOSS SUPPORT GROUP * FALL PREVENTION PROGRAM. 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 GREENS" CHRISTMAS PROJECT. INTEGRIS MAYES COUNTY MEDICAL CENTER - PRYOR 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 HIGH</p>



Identifier	Return Reference	Explanation
GENERAL STATEMENT 4	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED	<p>LY TRAINED PHYSICIANS AND MEDICAL EXPERTS COMMITTED TO PROVIDING THE VERY BEST CARE TO THE IR 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 RE CRUITMENT OF NEW PHY SICIANS THE HOSPITAL IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND IS ACCREDITED BY THE JOINT COMMISSION IT IS A MEMBER OF THE OKLAHOMA HOSPITAL ASSOCI ATION, 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 * DIAGNOSTIC IMAGING AND LAB SUPPORT TO FREE CLINIC OF MAYES COUNTY * AMERICAN RED CROSS HEROES CAMPAIGN * MAYES COUNTY WELLNES S FESTIVAL INTEGRIS MENTAL HEALTH SERVICES - SPENCER INTEGRIS MENTAL HEALTH OFFERS A COMPL ETE FAMILY OF SERVICES PROVIDED BY HIGHLY QUALIFIED PROFESSIONALS IN INPATIENT AND OUTPATI ENT 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 HOSPITALIZATIO N/INTENSIVE OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS FOR ADULTS AND ADOLESCEN TS AT INTEGRIS DECISIONS, MOBILE ASSESSMENT TEAM SERVICES THROUGH MANY OF OUR INTEGRIS HOS PITAL EMERGENCY DEPARTMENTS, EMPLOYEE ASSISTANCE SERVICES FROM THE CORPORATE ASSISTANCE PR OGRAM, AND MANY SPECIALTY EDUCATION OFFERINGS AT INTEGRIS JAMES L HALL JR CENTER FOR MIN D, BODY AND SPIRIT OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * NATIONAL AL LIANCE FOR THE MENTALLY ILL WALK * HEALTH ALLIANCE FOR THE UNINSURED * PHY SICIAN FORUM SPO NSOR FOR CHESAPEAKE'S YOUR LIFE MATTERS SYMPOSIUM * ART OF HAPPY LIVING SERIES BY DR R M URALI KRISHNA * SPENCER COMMUNITY HEALTH FAIR 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 LO CATED IN THE HOSPITAL ALONG WITH PHY SICIAN OFFICES AND A SPECIALTY CLINIC ALL PATIENT ROO MS ARE PRIVA TE AND DESIGNED TO PROVIDE A HOME-LIKE ATMOSPHERE SO RECOVERY CAN BE MADE EASI ER STAFFED BY QUALIFIED PHY SICIANS AND PHY SICIAN ASSISTANTS, THE EMERGENCY ROOM IS OPEN A ROUND THE CLOCK EACH DAY OF THE YEAR WITH TWO LARGE OPERATING SUITES, A POST-ANESTHESIA R ECOVERY SUITE AND ENDOSCOPY SERVICES, THE HIGHLY SKILLED SURGICAL STAFF IS DEDICATED TO CA RING FOR ALL SURGICAL NEEDS INTEGRIS SEMINOLE SERVES APPROXIMATELY 30,000 RESIDENTS IN SE MINOLE COUNTY AND IS A MODEL FOR RURAL HEALTH CARE IN OKLAHOMA OUR COMMUNITY OUTREACH ACT IVITIES INCLUDE THE FOLLOWING * FOURTH OF JULY FESTIVAL * POSITIVE DIRECTIONS MENTORING P ROGRAM * COMMUNITY HEALTH FAIRS * AMERICAN HEART WALK * WELLNESS SCREENINGS FOR AREA BUSIN ESSES</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 5	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED	<p>INTEGRIS SOUTHWEST MEDICAL CENTER - OKLAHOMA CITY INTEGRIS SOUTHWEST MEDICAL CENTER HAS BEEN A PART OF THE SOUTHWEST OKLAHOMA CITY COMMUNITY SINCE 1965, FIRST AS SOUTH COMMUNITY HOSPITAL 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 IN 2012, INTEGRIS HEALTH PROVIDED \$28,493,230 IN COMMUNITY BENEFITS THIS INCLUDES OUR RETURNSHIP AND COMMUNITY BUILDING EFFORTS AND UNCOMPENSATED SERVICES RETURNSHIP ----- RETURNSHIP EPI TOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNITY IT TAKES THE FORM OF HUNDREDS OF PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA - FREE HEALTH SCREENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE AS REFLECTED IN THE PREVIOUS PAGES OUR RETURNSHIP EFFORTS EQUALED \$5,890,590 COMMUNITY BUILDING ----- COMMUNITY BUILDING IS ANOTHER VITAL WAY WE GIVE BACK THESE EFFORTS ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SOME OF OUR ACTIVITIES IN COMMUNITY BUILDING ARE PHYSICAL IMPROVEMENTS IN HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL ENHANCEMENTS AND ADVOCACY FOR ADVANCEMENTS IN COMMUNITY HEALTH OUR COMMUNITY BUILDING EFFORTS EQUALED \$528,058 UNCOMPENSATED SERVICES ----- UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED-COST CARE AS A SY STEM OF NOT-FOR-PROFIT HOSPITALS, INTEGRIS HEALTH PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THE ABILITY TO PAY FOR THEIR INSURANCE COVERAGE THUS, WE PROVIDE A MUCH NEEDED SAFETY NET FOR MEMBERS OF OUR COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE CHARITY CARE COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS INTEGRIS HEALTH PROVIDED CHARITY CARE OF \$22,074,582 INTEGRIS HEALTH ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS FOR WHICH THE ORGANIZATION RECEIVES INADEQUATE PAYMENTS UNPAID COSTS OF MEDICAID PROGRAMS REFLECT THE DIFFERENCE BETWEEN COSTS TO PROVIDE PATIENT CARE SERVICES AND THE RATE AT WHICH THE HOSPITAL IS REIMBURSED ESTIMATED COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS UNPAID COSTS OF MEDICAID PROGRAMS EQUALED \$10,116,406 IN ADDITION, INTEGRIS HEALTH WROTE OFF \$98,085,075 IN PATIENT CHARGES AS BAD DEBTS</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 6	PART V QUESTION 2A	<p>THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF EMPLOYEES REPORTED ON INTEGRIS HEALTH, INC 'S 2011 FORM W-3. INTEGRIS HEALTH, INC, AS THE PARENT ENTITY OF THE INTEGRIS HEALTH SYSTEM, ACTS AS THE PAYROLL AGENT FOR ALL OF THE SYSTEM ENTITIES AND ALL SYSTEM EMPLOYEES ARE INCLUDED ON ITS FORM W-3 AND ITS FORM 941, EMPLOYER'S QUARTERLY FEDERAL TAX RETURN. THE SALARIES ARE REIMBURSED TO INTEGRIS HEALTH, INC BY INDIVIDUAL ENTITIES WITHIN THE SYSTEM, AND REPORTED ON THEIR RESPECTIVE FORMS 990 PARTS VII, IX, AND SCHEDULE J AS APPROPRIATE. THE AMOUNTS REPORTED ON PART V, LINE 2A OF THE FORMS 990 OF THE INDIVIDUAL ENTITIES WITHIN THE SYSTEM REPRESENT THE NUMBER OF FULL TIME EMPLOYEES, AS DETERMINED BY FTE HOURS WORKED, FOR THE RESPECTIVE FILING ORGANIZATIONS DURING THE 2011 TAX YEAR, AND THOSE EMPLOYEES ARE ALSO INCLUDED IN THE TOTAL REPORTED ON THE INTEGRIS HEALTH, INC FORM 990, PART V, LINE 2A.</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 7	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 A PAUCHNIK CHARLES H MORGAN, M D PHILIP MOSCA, M D DENNIS LUCKINBILL CHRISTOPHER TURNER JAMES P WHITE J STUART MITCHELL, III AVILLA T WILLIAMS MARY A BAUMAN LINDA MERKEY

Identifier	Return Reference	Explanation
GENERAL STATEMENT 8	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 9	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 10	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 11	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 12	PART VII SECTION B INDEPENDENT CONTRACTORS	CERNER CORPORATION SOFTWARE LICENSE \$12,261,927 P O BOX 412702 MAINT AND REMOTE KANSAS CITY , MO 64141 HOSTING ACKERMAN MCQUEEN, INC ADVERTISING \$ 5,075,648 1601 NORTHWEST EXPRESSWAY OKC, OK 73118 FPR HOLDINGS LP COPY MACHINE SERVICE \$ 3,437,981 8200 SPRINGWOOD DRIVE AND MAINTENANCE SUITE 230 IRVING, TX 75063 MICROSOFT LICENSING GP ENTERPRISE SERVERS \$ 1,794,183 1950 N STEMMONS FREEWAY SUITE 5010 DALLAS, TX 75207 SIEMENS MEDICAL SOLUTIONS USA SOFTWARE LICENSE AND \$ 1,649,138 P O BOX 120001, DEPT 0733 MAINTENANCE DALLAS, TX 75312

Identifier	Return Reference	Explanation
GENERAL STATEMENT 13	PART XI RECONCILIATION OF NET ASSETS, LINE 5	ACTUARIAL ADJUSTMENT TO RETIREMENT (\$ 133,738,590) PLAN BALANCE INCOME FROM SUBSIDIARIES - EQUITY \$ 50,873,441 METHOD EQUITY TRANSFERS TO SUBSIDIARIES \$ 17,000,000 ----- TOTAL (\$ 65,865,149)

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 14

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PHILIP MOSCA, M D TITLE DIRECTOR & CHAIR/FINANCE COMM HOURS 19

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WENTZ MILLER TITLE ASST TREASURER HOURS 10



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.BETH A PAUCHNIK TITLE.ASST SECRETARY HOURS 12

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 J STUART MITCHELL, III TITLE MANAGING DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME AVILLA T WILLIAMS TITLE PRESIDENT IH EDMOND HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LINDA L. MERKEY TITLE CHIEF NURSING OFFICER HOURS 1

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 CHARLES F BETHEA, M D TITLE FORMER DIRECTOR HOURS 40

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

2011

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) Disproporrtionate 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	PROHEALTH	EXCLUDED				No			No	
(2) GRAND LAKE 73-1622843	MEDICAL	OK	IRH	RELATED				No			No	
(3) QC-III 20-8723857	MEDICAL	OK	IBMC	RELATED				No			No	
(4) INTEGRIS HEART CTR 73-1576694	MANAGEMENT	OK	IBMC	RELATED				No			No	
(5) DIAGNOSTIC LAB 73-1560760	CLINICAL LAB	NJ	QUEST DIAG	UNRELATED				No			No	
(6) MPI CENTER 73-1283942	MEDICAL	OK	IACC	RELATED				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
See Additional Data Table							

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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

Yes

No

Yes

Yes

No

No

Yes

Yes

Yes

No

No

Yes

Yes

Yes

Yes

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

(a) Name of 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)			

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 HEALTH FOUNDATION, INC (IH FDN ) INTEGRIS HEALTH, INC (IH) 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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
INTEGRIS AMBULATORY CARE CORPORATION  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192765	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
BAPTIST HEALTHCARE OF OKLAHOMA INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 23-7456301	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
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	IH	Yes	
INTEGRIS BAPTIST MEDICAL CENTER INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1034824	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
INTEGRIS RURAL HEALTH INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
INTEGRIS SOUTHWEST MEDICAL CENTER INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
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	IH	Yes	
INTEGRIS REALTY CORPORATION  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192750	PROPERTY MGMT	OK	501(C)(3)	LINE 9	IH	Yes	
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	Yes	
INTEGRIS HEALTH FOUNDATION INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IBMC	Yes	
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	Yes	
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	Yes	
WESTERN VILLAGE ACADEMY INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC	Yes	
INTEGRIS HEALTH EDMOND INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
INTEGRIS MENTAL HEALTH INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-0738716	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	

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	PROHEALTH	EXCLUDED				No			No	
GRAND LAKE 73-1622843	MEDICAL	OK	IRH	RELATED				No			No	
QC-III 20-8723857	MEDICAL	OK	IBMC	RELATED				No			No	
INTEGRIS HEART CTR 73-1576694	MANAGEMENT	OK	IBMC	RELATED				No			No	
DIAGNOSTIC LAB 73-1560760	CLINICAL LAB	NJ	QUEST DIAG	UNRELATED				No			No	
MPI CENTER 73-1283942	MEDICAL	OK	IACC	RELATED				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, OK 73112 73-1046179	RETAIL PHARMACY	OK	IH	C	3,856,919	18,748,797	100 000 %
THE STANLEY F HUPFELD CHAR REMAIN TRUST 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 26-6238051	FINANCIAL	OK	IH FDN	T	0	0	
QUALITY ALLIANCE ASSURANCE CO PO BOX 10027 GRAND CAYMAN KYI- 1001 CJ 98-1060671	INSURANCE	CJ	IH	C	16,642,272	96,239,338	100 000 %
INTEGRIS PHYSICIAN SERVICES INC 3500 NW 56TH ST STE 200 OKLA CITY, OK 73112 73-1477468	MGMT SERVICE	OK	PROHEALTH	C	0	0	
BAPTIST HEALTH SYSTEM INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	IH	C	0	0	100 000 %
ONE CARE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	BHO	C	0	0	
VADOVATIONS INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 27-0821922	HEALTH CARE	OK	IH	C	167	3,205,526	100 000 %
INTEGRIS HEALTH PARTNERS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-3482852	HEALTH CARE	OK	IH	C	0	122,662	100 000 %
INTEGRIS CARDIOVASCULAR PHYSICIANS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-2867352	HEALTH CARE	OK	IH	C	13,544,007	8,963,977	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	16,500,000	COST
(2) INTEGRIS AMBULATORY CARE CORPORATION	K	77,799	COST
(3) INTEGRIS AMBULATORY CARE CORPORATION	L	304,882	COST
(4) INTEGRIS AMBULATORY CARE CORPORATION	O	401,306	COST
(5) INTEGRIS AMBULATORY CARE CORPORATION	P	100,362,615	COST
(6) BAPTIST HEALTHCARE OF OKLAHOMA INC	K	2,522,914	COST
(7) BAPTIST HEALTHCARE OF OKLAHOMA INC	O	75,219	COST
(8) BAPTIST HEALTHCARE OF OKLAHOMA INC	P	74,896,972	COST
(9) BAPTIST HEALTHCARE OF OKLAHOMA INC	R	17,979,301	COST
(10) BAPTIST HEALTHCARE OF OKLAHOMA INC	Q	161,645	COST
(11) HOSPICE OF OKLAHOMA COUNTY INC	P	5,460,572	COST
(12) INTEGRIS BAPTIST MEDICAL CENTER INC	C	34,750,000	COST
(13) INTEGRIS BAPTIST MEDICAL CENTER INC	K	5,672,132	COST
(14) INTEGRIS BAPTIST MEDICAL CENTER INC	L	577,772	COST
(15) INTEGRIS BAPTIST MEDICAL CENTER INC	O	311,520	COST
(16) INTEGRIS BAPTIST MEDICAL CENTER INC	P	542,317,395	COST
(17) INTEGRIS BAPTIST MEDICAL CENTER INC	R	16,449,250	COST
(18) INTEGRIS RURAL HEALTH INC	K	3,662,468	COST
(19) INTEGRIS RURAL HEALTH INC	O	212,066	COST
(20) INTEGRIS RURAL HEALTH INC	P	258,093,042	COST



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

<b>(a)</b> Name of other organization		<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(21)</b>	INTEGRIS SOUTHWEST MEDICAL CENTER INC	C	100,000	COST
<b>(22)</b>	INTEGRIS SOUTHWEST MEDICAL CENTER INC	K	2,743,790	COST
<b>(23)</b>	INTEGRIS SOUTHWEST MEDICAL CENTER INC	L	84,838	COST
<b>(24)</b>	INTEGRIS SOUTHWEST MEDICAL CENTER INC	O	109,701	COST
<b>(25)</b>	INTEGRIS SOUTHWEST MEDICAL CENTER INC	P	199,314,930	COST
<b>(26)</b>	INTEGRIS SOUTHWEST MEDICAL CENTER INC	R	3,333,000	COST
<b>(27)</b>	INTEGRIS SOUTHWEST MED CTR FDN INC	P	186,340	COST
<b>(28)</b>	INTEGRIS REALTY CORPORATION	G	15,754,702	COST
<b>(29)</b>	INTEGRIS REALTY CORPORATION	J	1,901,500	COST
<b>(30)</b>	INTEGRIS REALTY CORPORATION	K	60,760	COST
<b>(31)</b>	INTEGRIS REALTY CORPORATION	P	29,546,336	COST
<b>(32)</b>	GREAT PLAINS MEDICAL FOUNDATION	P	4,096,668	COST
<b>(33)</b>	INTEGRIS HEALTH FOUNDATION INC	P	1,186,947	COST
<b>(34)</b>	INTEGRIS RURAL HEALTH FOUNDATION INC	C	53,208	COST
<b>(35)</b>	INTEGRIS RURAL HEALTH FOUNDATION INC	P	721,041	COST
<b>(36)</b>	MEDCIAL PARKING INC	P	357,746	COST
<b>(37)</b>	WESTERN VILLAGE ACADEMY INC	B	500,000	COST
<b>(38)</b>	INTEGRIS HEALTH EDMOND INC	F	15,754,702	COST
<b>(39)</b>	INTEGRIS HEALTH EDMOND INC	K	72,344	COST
<b>(40)</b>	INTEGRIS HEALTH EDMOND INC	P	20,763,341	COST

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
(41)	BAPTIST MEDICAL PLAZA ASSOCIATES LTD	P	1,222,155	COST
(42)	INTEGRIS HEART CENTER LLC	P	4,048,443	COST
(43)	INTEGRIS PROHEALTH INC	B	16,500,000	COST
(44)	INTEGRIS PROHEALTH INC	L	220,510	COST
(45)	INTEGRIS PROHEALTH INC	P	10,824,849	COST
(46)	INTEGRIS PROHEALTH INC	Q	15,219,069	COST
(47)	QUALITY ALLIANCE ASSURANCE COMPANY(CAYMAN)LTD	L	15,638,597	COST
(48)	INTEGRIS HEALTH PARTNERS LLC	B	1,000,000	COST
(49)	INTEGRIS HEALTH PARTNERS LLC	P	645,530	COST
(50)	INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	D	2,850,000	COST
(51)	INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	P	16,012,546	COST
(52)	INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	Q	9,782,250	COST

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			
PETER DELANEY DIRECTOR	1 0	X						25,195	0	0
REBECCA HUTTON DIRECTOR	1 0	X						24,585	0	0
CHARLES H MORGAN MD DIRECTOR	1 0	X						27,391	135,914	0
ELLIOTT R SCHWARTZ DO DIRECTOR	1 0	X						29,392	0	0
DAVID THOMPSON DIRECTOR	1 0	X						25,000	0	0
JAMES R DANIEL DIRECTOR & CHAIR/COMP COMM	1 0	X		X				31,473	0	0
DENNIS LUCKINBILL DIRECTOR & CHAIR/IT COMM	1 0	X		X				27,252	0	0
EDMUND O MARTIN DIRECTOR & CHAIR/INVEST COMM	1 0	X		X				32,436	0	0
MARSHALL SNIPES DIRECTOR & CHAIR/AUDIT COMM	1 0	X		X				30,218	0	0
GEORGIANNE SNOWDEN MD DIRECTOR & CHAIR/QUALITY COMM	1 0	X		X				28,411	0	0
CHRISTOPHER TURNER DIRECTOR & SECRETARY	1 0	X		X				29,409	0	0
C BRUCE LAWRENCE PRESIDENT & CEO	26 0	X		X				1,039,838	0	114,327
BILL ANOATUBBY DIR & CHAIR/GOV COMM	1 0	X		X				32,500	0	0
LUKE R CORBETT DIRECTOR	1 0	X						27,500	0	0
EDWARD A TOWNSEND DIRECTOR & IH BOARD CHAIR	1 0	X		X				39,750	0	0
PHILIP MOSCA MD DIRECTOR & CHAIR/FINANCE COMM	1 0	X		X				39,101	43,050	0
WENTZ MILLER ASST TREASURER	30 0			X				589,163	0	55,015
BETH A PAUCHNIK ASST SECRETARY	28 0			X				459,748	0	47,772
JOHN R DELANO VICE PRESIDENT	40 0				X			295,879	0	15,841
CAROLYN L HESTER VICE PRESIDENT	40 0				X			232,074	0	13,551
GREG A MEYERS VICE PRESIDENT	40 0				X			316,256	0	22,869
ROBERT K QUIRING VICE PRESIDENT	40 0				X			275,811	0	22,004
WILLIAM R WANDEL VICE PRESIDENT	40 0				X			257,044	0	20,510
JAMES P WHITE MG DIR /CHIEF MEDICAL OFFICER	39 0				X			538,214	0	52,348
SHERMAN R FREDRICKSON MANAGING DIR PHYS INTEGRATION	40 0				X			593,202	0	21,623

**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			
GEORG F LUNDAY SYSTEM ADMIN DIRECTOR PHARMACY	40 0				X			232,251	0	21,038
J STUART MITCHELL III MANAGING DIRECTOR	38 0				X			537,659	0	21,610
AVILLA T WILLIAMS PRESIDENT IH EDMOND	39 0				X			226,042	0	16,344
RM KRISHNA PRESIDENT MENTAL HEALTH	40 0					X		428,082	0	22,184
LINDA L MERKEY CHIEF NURSING OFFICER	39 0					X		304,873	0	24,119
LYNN HORTON VICE PRESIDENT	40 0					X		279,693	0	23,805
MARY A BAUMAN MEDICAL DIR & CLINIC PHYSICIAN	39 0					X		372,450	0	29,579
LEROY SOUTHMAYD III DIRECTOR MEDICAL INFORMATICS	40 0					X		276,004	0	20,458
C JOSEPH CHOUTEAU MD FORMER DIRECTOR							X	11,250	0	0
E CAREY JOULLIAN IV FORMER DIRECTOR							X	20,250	0	0
WILLIAM DURRETT FORMER DIRECTOR							X	30,146	0	0
CHARLES F BETHEA MD FORMER DIRECTOR							X	0	195,276	1,492
STANLEY F HUPFELD FORMER OFFICER/DIR/KEY EMP	21 0						X	326,952	0	16,446
JIM N BRIGGS FORMER KEY EMPLOYEE	40 0						X	254,129	0	23,681