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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013**



<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization INTEGRIS HEALTH INC		<b>D</b> Employer identification number  73-1192764
	Doing Business As SEE SCHEDULE O		
	Number and street (or P O box if mail is not delivered to street address) 5300 N INDEPENDENCE AVENUE SUITE 1 Suite	Room/suite	E Telephone number  (405) 951-2747
	City or town, state or country, and ZIP + 4 OKLAHOMA CITY, OK 73112		<b>G</b> Gross receipts \$ 177,059,581
	<b>F</b> Name and address of principal officer C BRUCE LAWRENCE 5300 N INDEPENDENCE AVE OKLAHOMA CITY, OK 73112		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ▶ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW INTEGRIS-HEALTH COM			

## 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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	8
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5	11,284
6 Total number of volunteers (estimate if necessary) . . . . .	6	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	-170,990	
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	-210,426	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) . . . . .	182,315	247,697
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	167,170,943	174,538,281
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,537,081	1,359,051
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	645,724	509,304
		169,536,063	176,654,333
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	17,806,909	31,136,142
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	96,085,912	94,089,653
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	16b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	72,794,634	82,267,507
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	186,687,455	207,493,302
	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-17,151,392	-30,838,969
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16) . . . . .		1,340,306,585	1,373,562,449
21 Total liabilities (Part X, line 26) . . . . .		507,177,706	349,432,534
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .		833,128,879	1,024,129,915

## 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.

<b>Sign Here</b>	***** Signature of officer			2014-04-09 Date	
	DAVID R HADLEY ASSISTANT TREASURER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name 405-239-6411		Preparer's signature		Date
	Firm's name  KPMG LLP			Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address  210 Park Ave Suite 2850 Oklahoma City, OK 73102			Phone no (405) 239-6411	

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

Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE

2

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

YesNo

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

3

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

YesNo

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 125,226,816 including grants of \$ 31,136,142 ) (Revenue \$ 174,538,281 )

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 \$ )

4d

Other program services (Describe in Schedule O )






















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

4e

Total program service expenses 125,226,816

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	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? If "Yes," complete Schedule I, Parts I and III . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	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? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		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? If "Yes," complete Schedule R, Part I . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	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? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1,080	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	11,284	
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	14	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	8	
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OK
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	BARBARA DEAN 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK (405) 951-2747

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

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

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

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

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

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

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

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

[illegible]

## 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>	8,922,524	1,173,393	985,879

\$100,000 of reportable compensation from the organization 92

<b>3</b>	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> . . . . .	<b>3</b>	Yes	
<b>4</b>	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> . . . . .	<b>4</b>	Yes	
<b>5</b>	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> . . . . .	<b>5</b>		No

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GENERAL STATEMENT 1 ,		32,773,861

\$100,000 of compensation from the organization ➡81

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . .	1d	247,697		
	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 \$		4,814		
	h	Total. Add lines 1a-1f . . . . .		247,697		
Program Service Revenue			Business Code			
	2a	AFFILIATED SERVICE REVENUE	900099	167,474,883	167,645,873	-170,990
	b	MANAGEMENT FEES	900099	3,345,500	3,345,500	
	c	CHILDREN'S PLACE	900099	2,121,768		2,121,768
	d	TELEMEDICINE	900099	500,390	500,390	
	e	TELECOMMUNICATION SERVICES	900099	201,267	201,267	
	f	All other program service revenue		894,473	265,307	629,166
	g	Total. Add lines 2a-2f . . . . .		174,538,281		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,698,021		1,698,021
	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)		0	0	
	d	Net rental income or (loss) . . . . .		0		
	7a	(i) Securities				
		(ii) Other				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)		-338,970		
	d	Net gain or (loss) . . . . .		-338,970		-338,970
	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	509,304			509,304
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		509,304			
12	Total revenue. See Instructions . . . . .		176,654,333	171,958,337	-170,990	4,619,289

Part IX

Statement of Functional Expenses

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

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

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.	31,136,142	31,136,142		
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.	7,991,478	4,277,039	3,714,439	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	418,630	224,051	194,579	
7	Other salaries and wages.	63,000,114	33,717,661	29,282,453	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,439,565	3,981,655	3,457,910	
9	Other employee benefits.	10,340,772	5,534,381	4,806,391	
10	Payroll taxes.	4,899,094	2,621,995	2,277,099	
11	Fees for services (non-employees):				
a	Management.	3,000	1,606	1,394	
b	Legal.	133,479	71,438	62,041	
c	Accounting.	958,387	512,929	445,458	
d	Lobbying.	72,000	38,534	33,466	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	15,014,421	8,035,718	6,978,703	0
12	Advertising and promotion.	2,042,259	1,093,017	949,242	
13	Office expenses.	4,568,965	2,445,310	2,123,655	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	3,324,867	1,779,469	1,545,398	
17	Travel.	750,516	401,676	348,840	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	654,307	350,185	304,122	
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	8,123,905	4,347,914	3,775,991	
23	Insurance.	-4,643,127	-2,485,002	-2,158,125	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PURCHASED SERVICES	49,411,026	26,444,781	22,966,245	0
b	EMPLOYEE/MGMT/BOARD FUNCTION	932,225	498,927	433,298	0
c	RIF & RECRUITMENT	491,141	262,859	228,282	0
d	UNRELATED BUS. INCOME TAXES	1,225	1,225	0	0
e	All other expenses	428,911	-66,694	495,605	
25	Total functional expenses. Add lines 1 through 24e.	207,493,302	125,226,816	82,266,486	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		3,703	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		57,248,968	4	83,528,366
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		74,786,082	7	74,156,194
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		9,219,588	9	8,377,934
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a166,301,293			
	b	Less accumulated depreciation	10b139,483,933	24,312,091	10c	26,817,360
	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		1,066,138,682	13	1,062,169,019
	14	Intangible assets		5,847,910	14	5,532,899
	15	Other assets See Part IV, line 11		102,674,561	15	112,905,677
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,340,306,585	16	1,373,562,449
Liabilities	17	Accounts payable and accrued expenses		107,061,770	17	70,884,232
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		59,690,698	20	58,519,747
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		340,425,238	25	220,028,555
	26	Total liabilities. Add lines 17 through 25		507,177,706	26	349,432,534
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		833,128,879	27	1,024,129,915
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <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		833,128,879	33	1,024,129,915
	34	Total liabilities and net assets/fund balances		1,340,306,585	34	1,373,562,449

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	176,654,333
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	207,493,302
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-30,838,969
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	833,128,879
5	Net unrealized gains (losses) on investments . . . . .	5	
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	221,840,005
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,024,129,915

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER DELANEY DIRECTOR	1 0 39 0	X						25,750	0	0
CHARLES H MORGAN MD DIRECTOR	1 0 36 0	X						26,000	87,750	0
ELLIOTT R SCHWARTZ DO DIRECTOR	1 0 0 0	X						29,500	0	0
DAVID THOMPSON DIRECTOR	1 0 0 0	X						27,250	0	0
JAMES R DANIEL DIRECTOR & CHAIR/COMP COMM	1 0 0 0	X		X				31,250	0	0
DENNIS LUCKINBILL DIRECTOR & CHAIR/IT COMM	1 0 2 0	X		X				26,000	0	0
EDMUND O MARTIN DIRECTOR & CHAIR/INVEST COMM	1 0 0 0	X		X				32,000	0	0
MARSHALL SNIPES DIRECTOR & CHAIR/AUDIT COMM	1 0 0 0	X		X				33,750	0	0
GEORGIANNE SNOWDEN MD DIRECTOR & CHAIR/QUALITY COMM	1 0 0 0	X		X				27,250	0	0
CHRISTOPHER TURNER DIRECTOR & SECRETARY	1 0 1 0	X		X				27,750	0	0
C BRUCE LAWRENCE PRESIDENT & CEO	26 0 14 0	X		X				1,194,376	0	339,459
BILL ANOATUBBY DIR & CHAIR/GOV COMM	1 0 0 0	X		X				32,500	0	0
LUKE R CORBETT DIRECTOR	1 0 0 0	X						29,250	0	0
EDWARD A TOWNSEND DIRECTOR & IH BOARD CHAIR	1 0 0 0	X		X				31,500	0	0
PHILIP MOSCA MD DIRECTOR & CHAIR/FINANCE COMM	1 0 19 0	X		X				32,500	7,971	0
WENTZ MILLER ASST TREASURER	30 0 10 0			X				614,959	0	62,644
BETH A PAUCHNIK ASST SECRETARY	28 0 12 0			X				503,259	0	56,573
JOHN R DELANO VICE PRESIDENT	40 0 0 0				X			310,779	0	20,499
GREG A MEYERS VICE PRESIDENT	40 0 0 0				X			331,085	0	21,816
ROBERT K QUIRING VICE PRESIDENT	40 0 0 0				X			294,587	0	21,450
WILLIAM R WANDEL VICE PRESIDENT	40 0 0 0				X			264,818	0	19,255
JAMES P WHITE MG DIR /CHIEF MEDICAL OFFICER	39 0 1 0				X			566,544	0	58,872
SHERMAN R FREDRICKSON MANAGING DIR PHYS INTEGRATION	40 0 0 0				X			592,432	0	24,837
GEORG F LUNDAY SYSTEM ADMIN DIRECTOR PHARMACY	40 0 0 0				X			237,514	0	19,897
JASON ELIOT SYSTEM ADMINISTRATOR DIRECTOR	40 0 0 0				X			182,166	0	17,241

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS HAMMES EXECUTIVE VICE PRESIDENT & COO	40 0 0 0				X			457,162	250,500	69,602
HARTFORD WATKINS VICE PRESIDENT	40 0 0 0				X			203,695	0	22,243
G EDWARD HEINEN MANAGING DIRECTOR	40 0 0 0				X			299,430	0	31,816
ANGELA COSBY VICE PRESIDENT	40 0 0 0				X			296,239	0	20,821
RM KRISHNA PRESIDENT MENTAL HEALTH	40 0 0 0					X		447,422	0	18,943
LINDA L MERKEY CHIEF NURSING OFFICER	39 0 1 0					X		307,710	0	22,114
LYNN HORTON VICE PRESIDENT	40 0 0 0					X		287,506	0	23,933
MARY A BAUMAN MEDICAL DIR & CLINIC PHYSICIAN	39 0 1 0					X		377,598	0	20,044
LEROY SOUTHMAYD III DIRECTOR MEDICAL INFORMATICS	40 0 0 0					X		296,573	0	21,689
REBECCA HUTTON FORMER DIRECTOR	0 0 0 0						X	13,500	0	0
WILLIAM DURRETT FORMER DIRECTOR	0 0 0 0						X	14,750	0	0
CHARLES BETHEA FORMER DIRECTOR	0 0 40 0						X	0	583,404	39,714
STANLEY F HUPFELD FORMER OFFICER/DIR/KEY EMP	21 0 0 0						X	102,697	0	5,705
J STUART MITCHELL III FORMER KEY EMPLOYEE	38 0 2 0						X	306,550	0	10,686
AVILLA T WILLIAMS FORMER KEY EMPLOYEE	0 0 40 0						X	6,923	243,768	16,026

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

2012

Open to Public  
Inspection

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input checked="" type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input checked="" type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input checked="" type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input checked="" type="checkbox"/>
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h		Provide the following information about the supported organization(s)

	Yes	No
11g(i)		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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) SEE PART IV	731034824	03	Yes		Yes		Yes		30,500,000
Total									30,500,000

Part II

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

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

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 30,000,000 CARE CORPORATION GREAT PLAINS 73-1457016 03 YES YES YES NONE MEDICAL FOUNDATION
HOSPICE OF OKLAHOMA 73-1369586 09 YES YES YES NONE COUNTY, INC INTEGRIS REALTY 73-1192750 09 YES YES YES NONE CORPORATION WESTERN VILLAGE 73-1588764 02 YES YES YES 500,000 ACADEMY, INC INTEGRIS HEALTH 45-1027361 03 YES YES YES NONE EDMOND, INC ----- TOTAL AMOUNT OF SUPPORT 30,500,000

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

2012

Open to Public  
Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

- A** Check ☒ if the filing organization belongs to an affiliated group (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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		241,311	241,311												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		241,311	241,311												
<b>d</b> Other exempt purpose expenditures		124,985,505	1,260,754,694												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		125,226,816	1,260,996,005												
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td><b>If the amount on line 1e, column (a) or (b) is:</b></td><td><b>The lobbying nontaxable amount is:</b></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>		<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	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		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>														
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														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-															
<b>j</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	342,044	469,463	229,576	241,311	1,282,394
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total. Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. 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 \$125,226,816. 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)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment. 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		4,227,736	2,700,315	1,527,421
c Leasehold improvements		2,973,148	2,668,339	304,809
d Equipment		156,716,649	133,894,699	22,821,950
e Other		1,872,049	220,580	1,651,469
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				26,817,360

Schedule D (Form 990) 2012



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

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

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

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

**Part XIII Supplemental Information**

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

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
(1) INTEGRIS BAPTIST MED CTR ,INC	596,606,281	F
(2) INTEGRIS AMBULATORY CARE CORP	29,474,010	F
(3) INTEGRIS REALTY CORPORATION	51,098,064	F
(4) INTEGRIS SO OKC HOSP CORP	228,476,702	F
(5) BAPTIST HEALTHCARE OF OKLAHOMA	113,824,512	F
(6) HOSPICE OF OK COUNTY, INC	9,797,824	F
(7) INTEGRIS PROHEALTH, INC	16,829,243	F
(8) QUALITY ALLIANCE ASSURANCE	478,860	F
(9) PROCURE MIDWEST HOLDINGS	2,727,182	F
(10) INTEGRIS HEALTH EDMOND, INC	-12,080,504	F
(11) INTEGRIS HEALTH PARTNERS, LLC	-207,109	F
(12) INTEGRIS CARDIOVASCULAR	3,724,332	F
(13) PHYSICIANS, LLC		F
(14) INTEGRIS HEALTH FDN ,INC	21,419,622	F

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization  
INTEGRIS HEALTH INC

Employer identification number  
73-1192764

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Program Services	CAPTIVE INSURANCE	10,821,000
Central America and the Caribbean			Investments		1,047,000
3a Sub-total					11,868,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					11,868,000

**Part II**

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

## Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTEGRIS HEALTH INC

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

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

OMB No 1545-0047

2012

Open to Public  
Inspection

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. Part II can be duplicated if additional space is needed.

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

2

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

14

3

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

2

Part III

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

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

Part IV

Supplemental Information.

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

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 CORPORATION5300 N INDEPENDENCE AVE OKLA CITY,OK 73112	73-1192765	501(C)(3)	30,000,000				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

(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
HEALTH ALLIANCE FOR THE UNINSURED INC5929 N MAY AVE SUITE 511 OKLAHOMA CITY,OK 73112	26-1789292	501(C)(3)	86,320				GENERAL SUPPORT
OKLAHOMA CITY COMMUNITY FOUNDATION 1000 N BROADWAY AVE OKLAHOMA CITY,OK 73102	23-7024262	501(C)(3)	10,000				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
URBAN LEAGUE OF GREATER OKLAHOMA CITY 3900 N MARTIN LUTHER KING AVE OKLAHOMA CITY,OK 73111	73-0590037	501(C)(3)	10,000				GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY1311 MAMARONECK AVE STE 310 WHITE PLAINS,NY 106055223	13-5644916	501(C)(3)	10,000				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
OKLAHOMA CITY BOATHOUSE FOUNDATION 725 S LINCOLN BLVD OKLAHOMA CITY,OK 73129	20-1837237	501(C)(3)	50,000				GENERAL SUPPORT
OKLAHOMA CITY CHAMBER OF COMMERCE INC123 PARK AVE OKLAHOMA CITY,OK 731029005	73-0381180	501(C)(6)	94,555				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
ACCESS SPORTS INCORPORATED6300 N SANTA FE AVE OKLAHOMA CITY,OK 731187519	26-3163197	501(C)(3)	45,000				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION7272 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

(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 COUNTY MEDICAL SOCIETY313 NE 50TH ST STE 2 OKLAHOMA CITY,OK 731051833	73-0381790	501(C)(6)	31,000				GENERAL SUPPORT
OKLAHOMA INSTITUTE FOR CHILD ADVOCACY 3909 N CLASSEN BLVD OKLAHOMA CITY,OK 731182623	73-1192768	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
BOY SCOUTS OF AMERICA 3031 NW 64TH STREET OKLAHOMA CITY,OK 731163525	23-7161175	501(C)(3)	20,000				GENERAL SUPPORT
OKLAHOMA HERITAGE ASSOCIATION1400 CLASSEN DR OKLAHOMA CITY,OK 731066614	73-0784696	501(C)(3)	15,000				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
SUSAN G KOMEN BREAST CANCER FOUNDATION 4700 N UNIVERSITY ST PEORIA,IL 61614	37-1286285	501(C)(3)	10,000				GENERAL SUPPORT
UNITED WAY OF CENTRAL OKLAHOMA INC1444 NW 28TH ST OKLAHOMA CITY,OK 73106	73-0589829	501(C)(3)	8,759				GENERAL SUPPORT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
INTEGRIS HEALTH INC

Employer identification number  
73-1192764

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE J, PART I, LINE 1A	Officers, Directors, and Board Chairs are invited to attend the once a year board planning session. During that session, charges incurred that relate to personal expenses and that are not reimbursed by the employee are grossed-up for the appropriate taxes and included in the employee's taxable compensation. THE FOLLOWING INDIVIDUALS LISTED IN PART VII OF FORM 990 PARTICIPATED IN THIS PLAN: CHRIS HAMMES, EDMUND O. MARTIN, G. EDWARD HEINEN, CHARLES H. MORGAN, M.D., C. BRUCE LAWRENCE, PHILIP MOSCA, M.D., JAMES P. WHITE, ELLIOTT R. SCHWARTZ, D.O., LUKE R. CORBETT, MARSHALL SNIPES, JAMES R. DANIEL, GEORGIANNE SNOWDEN, M.D., PETER B. DELANEY, EDWARD A. TOWNSEND, DENNIS LUCKIN, BILL CHRIS TURNER.
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: CHRIS HAMMES, BETH A. PAUCHNIK, C. BRUCE LAWRENCE, JAMES P. WHITE, WENTZ MILLER.
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				
REBECCA HUTTON	(i)	13,500	0	0	0	0	13,500	0
	(ii)	0	0	0	0	0	0	0
WENTZ MILLER	(i)	441,153	153,685	20,121	52,987	9,657	677,603	0
	(ii)	0	0	0	0	0	0	0
BETH A PAUCHNIK	(i)	366,355	122,725	14,179	47,182	9,391	559,832	0
	(ii)	0	0	0	0	0	0	0
C BRUCE LAWRENCE	(i)	844,370	330,802	19,204	327,071	12,388	1,533,835	0
	(ii)	0	0	0	0	0	0	0
JOHN R DELANO	(i)	241,558	60,323	8,898	11,660	8,839	331,278	0
	(ii)	0	0	0	0	0	0	0
GREG A MEYERS	(i)	248,164	61,010	21,911	13,208	8,608	352,901	0
	(ii)	0	0	0	0	0	0	0
ROBERT K QUIRING	(i)	222,950	55,540	16,097	12,956	8,494	316,037	0
	(ii)	0	0	0	0	0	0	0
WILLIAM R WANDEL	(i)	201,381	49,776	13,661	10,382	8,873	284,073	0
	(ii)	0	0	0	0	0	0	0
JAMES P WHITE	(i)	410,938	139,615	15,991	50,524	8,348	625,416	0
	(ii)	0	0	0	0	0	0	0
RM KRISHNA	(i)	345,981	85,708	15,733	10,000	8,943	466,365	0
	(ii)	0	0	0	0	0	0	0
LINDA L MERKEY	(i)	235,773	60,644	11,293	13,028	9,086	329,824	0
	(ii)	0	0	0	0	0	0	0
LYNN HORTON	(i)	219,177	55,803	12,526	15,858	8,075	311,439	0
	(ii)	0	0	0	0	0	0	0
SHERMAN R FREDRICKSON	(i)	379,469	195,846	17,117	17,117	7,865	617,414	0
	(ii)	0	0	0	0	0	0	0
STANLEY F HUPFELD	(i)	83,005	8,263	11,429	5,705	0	108,402	0
	(ii)	0	0	0	0	0	0	0
GEORG F LUNDAY	(i)	205,498	30,195	1,821	11,351	8,546	257,411	0
	(ii)	0	0	0	0	0	0	0
J STUART MITCHELL III	(i)	182,152	119,968	4,430	7,500	3,186	317,236	0
	(ii)	0	0	0	0	0	0	0
MARY A BAUMAN	(i)	256,673	116,993	3,932	11,227	8,817	397,642	0
	(ii)	0	0	0	0	0	0	0
AVILLA T WILLIAMS	(i)	6,923	0	0	0	0	6,923	0
	(ii)	180,356	52,651	10,761	9,102	6,924	259,794	0
LEROY SOUTHMAYD III	(i)	249,327	37,003	10,243	13,185	8,504	318,262	0
	(ii)	0	0	0	0	0	0	0
WILLIAM DURRETT	(i)	14,750	0	0	0	0	14,750	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				
JASON ELIOT	(i)	154,048	24,924	3,194	8,889	8,352	199,407	0
	(ii)	0	0	0	0	0	0	0
CHRIS HAMMES	(i)	267,966	182,745	6,451	59,196	10,406	526,764	0
	(ii)	250,500	0	0	0	0	250,500	0
HARTFORD WATKINS	(i)	154,633	39,330	9,732	14,396	7,847	225,938	0
	(ii)	0	0	0	0	0	0	0
G EDWARD HEINEN	(i)	235,572	53,031	10,827	22,950	8,866	331,246	0
	(ii)	0	0	0	0	0	0	0
CHARLES BETHEA	(i)	0	0	0	0	0	0	0
	(ii)	489,491	87,116	6,797	31,411	8,303	623,118	0
ANGELA COSBY	(i)	229,228	56,407	10,604	19,521	1,300	317,060	0
	(ii)	0	0	0	0	0	0	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2012**  
**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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II

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

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

Part III

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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 \$550,227 (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 \$5,865,449 (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 \$52,384 (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 \$10,164,485 (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 OKLAHOMA PUBLISHING CO (B) RELATIONSHIP COMMON MANAGEMENT (C) AMOUNT \$446,912 (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

2012

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 INTEGRIS HEART MIDWEST REGIONAL

Identifier	Return Reference	Explanation
GENERAL STATEMENT 2	PART III, LINE 4A COMMUNITY BENEFIT REPORT	<p>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 RECERTIFICATION FOR NURSING EXCELLENCE. ONE FACILITY IS AMONG THE FEW IN THE NATION TO OFFER THE NEWEST REHABILITATION TECHNOLOGIES, ANOTHER, IN PARTNERSHIP WITH PROCURE, IS THE ONLY PROTON THERAPY CAMPUS IN THE STATE FOR THE TREATMENT OF CANCER. THEN AND NOW, TWO IMAGES ARE NECESSARY TO SHOW WHERE WE WERE, THEN, AND WHERE WE ARE, TODAY. MANY CHANGES HAVE TAKEN PLACE THROUGHOUT THE YEARS TO MAKE INTEGRIS HEALTH WHAT IT IS TODAY. WE LEARNED A LONG TIME AGO THAT WE CAN'T FULLY CARE FOR OUR COMMUNITIES BY STAYING INSIDE THE WALLS OF OUR FACILITIES. OUR PHYSICIANS, EMPLOYEES AND VOLUNTEERS TAKE THEIR EDUCATION AND SKILLS INTO THE COMMUNITY TO MAKE A DIFFERENCE IN THE LIVES OF FELLOW OKLAHOMANS. THEIR DEDICATION, COMBINED WITH OUR RESOURCES, HELPS ACCOMPLISH A VARIETY OF THINGS - FROM PROVIDING FREE CLINICAL SERVICES, SCREENINGS AND EDUCATION PROGRAMS TO PROVIDING ACTIVITIES FOR SENIOR CITIZENS. ALL, TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE. INTEGRIS HEALTH IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS (ABOUT 9,000 EMPLOYEES STATEWIDE), WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, FITNESS CENTERS, INDEPENDENT LIVING CENTERS AND HOME HEALTH AGENCIES THROUGHOUT MUCH OF THE STATE. CORPORATE HEADQUARTERS ARE LOCATED ON THE CAMPUS OF INTEGRIS BAPTIST MEDICAL CENTER IN OKLAHOMA CITY. IT IS A NOT-FOR-PROFIT CORPORATION GOVERNED BY A 15-MEMBER BOARD OF DIRECTORS MADE UP OF BUSINESS, MEDICAL AND COMMUNITY LEADERS FROM ACROSS THE STATE. INTEGRIS IS MANAGED BY PRESIDENT AND CHIEF EXECUTIVE OFFICER BRUCE LAWRENCE, WITH THE ASSISTANCE OF SENIOR STAFF IN THE AREAS OF PHYSICIAN SERVICES, FACILITY OPERATIONS, STRATEGIC SERVICES AND FINANCE. HISTORY FORMED IN 1995, INTEGRIS WAS THE RESULT OF A MERGER THAT SAME YEAR BETWEEN OKLAHOMA HEALTH SYSTEM AND SOUTHWEST MEDICAL CENTER IN OKLAHOMA CITY. OKLAHOMA HEALTH SYSTEM ITSELF WAS A NEW ORGANIZATION FORMED ONE YEAR EARLIER FROM A MERGER BETWEEN OKLAHOMA HEALTHCARE CORPORATION (BAPTIST MEDICAL CENTER'S PARENT COMPANY) AND BAPTIST HEALTHCARE OF OKLAHOMA. THE ENTITIES THAT COMPRISE INTEGRIS HEALTH PROVIDE CARE IN MANY SETTINGS, FROM SOPHISTICATED URBAN MEDICAL CENTERS TO YOUR OWN HOME. SCOPE INTEGRIS HEALTH OPERATES FOUR HOSPITALS IN THE OKLAHOMA CITY METROPOLITAN AREA, LED IN THE METRO AREA BY INTEGRIS BAPTIST MEDICAL CENTER AND INTEGRIS SOUTHWEST MEDICAL CENTER. INTEGRIS HEALTH ALSO MAINTAINS THREE REGIONAL HOSPITALS ACROSS THE STATE AND IS IN A JOINT VENTURE WITH SEVEN OTHERS. THE ORGANIZATION HAS AFFILIATED MENTAL HEALTH PROVIDERS IN 50 OKLAHOMA TOWNS AND CITIES AND OFFERS HOSPICE SERVICES THROUGH HOSPICE OF OKLAHOMA COUNTY. APPROXIMATELY SIX OUT OF EVERY 10 OKLAHOMANS LIVE WITHIN 30 MILES OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS HEALTH ORGANIZATION. COLLECTIVELY, THE ENTITIES WITHIN INTEGRIS HEALTH MAINTAIN MORE THAN 1,900 LICENSED BEDS AND HAVE MEDICAL STAFFS THAT NUMBER MORE THAN 2,500 PHYSICIANS. SERVICES THE ENTITIES THAT COMPRISE INTEGRIS HEALTH OFFER A WIDE RANGE OF HIGHLY DEVELOPED INPATIENT, OUTPATIENT AND ANCILLARY SERVICES. EXCELLENCE IN MEDICAL CARE ALONG WITH RESEARCH, STAFF EDUCATION, SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES, AND EDUCATIONAL PROGRAMS FOR THE COMMUNITY, ALLOWS MEMBERS OF INTEGRIS HEALTH TO ACHIEVE THE ORGANIZATION'S MISSION. SPECIALIZED CENTERS OF EXCELLENCE HAVE BEEN DEVELOPED THROUGH VARIOUS ENTITIES AFFILIATED WITH INTEGRIS HEALTH TO PROVIDE A HIGH STANDARD OF CARE FOR OUR COMMUNITIES. EACH OF THESE ORGANIZATIONS BRINGS A RICH HISTORY OF SERVING OKLAHOMANS. THE LOCATIONS OF INTEGRIS ENTITIES ARE SHOWN ON THE MAP. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * INTEGRIS HEALTH FREE CLINIC * STANLEY F. HUFFELD ACADEMY AT WESTERN VILLAGE * WOMEN'S HEALTH FORUM * INTEGRIS MEN'S HEALTH UNIVERSITY * "YOUNG AT HEART" PROM FOR SENIOR CITIZENS * "ON YOUR OWN" HIGH SCHOOL STUDENT PROGRAM * NATIONAL ALLIANCE ON MENTAL ILLNESS WALK * AMERICAN HEART ASSOCIATION HEART WALK. OWNED FACILITIES: INTEGRIS BAPTIST MEDICAL CENTER - OKC, INTEGRIS CANCER I</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 2	PART III, LINE 4A COMMUNITY BENEFIT REPORT	<p>INSTITUTE OF OKLAHOMA - OKC INTEGRIS MENTAL HEALTH CENTER - SPENCER INTEGRIS BAPTIST REGIONAL HEALTH CENTER - MIAMI INTEGRIS BASS BAPTIST HEALTH CENTER - ENID INTEGRIS BASS MEADOWLAND KE - ENID INTEGRIS BASS PAVILION - ENID INTEGRIS CANADIAN VALLEY HOSPITAL - YUKON INTEGRIS GROVE HOSPITAL - GROVE INTEGRIS SOUTHWEST MEDICAL CENTER - OKC INTEGRIS HEALTH EDMOND - EDMOND JOINT VENTURE FACILITIES INTEGRIS BLACKWELL REGIONAL HOSPITAL - BLACKWELL INTEGRIS CLINTON REGIONAL HOSPITAL - CLINTON INTEGRIS MARSHALL COUNTY MEDICAL CENTER - MADILL INTEGRIS MAYES COUNTY MEDICAL CENTER - PRYOR INTEGRIS SEMINOLE MEDICAL CENTER - SEMINOLE OKLAHOMA CENTER FOR ORTHOPEDIC AND MULTISPECIALTY SURGERY - OKC LAKESIDE WOMEN'S HOSPITAL - OKC 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 CEREROVASCULAR AND STROKE CENTER AT BAPTIST MEDICAL CENTER, INTEGRIS M.J. AND S. ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER OF OKLAHOMA, INTEGRIS NAZIH ZUHDI TRANSPLANT INSTITUTE, INTEGRIS PAUL SILVERSTEIN BURN CENTER, AND THE HOUGH EAR INSTITUTE. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * MEALS ON WHEELS * HISPANIC HEALTH FAIR * INTEGRIS PHARMACEUTICAL ASSISTANCE PROGRAM * ALZHEIMER'S CAREGIVER SUPPORT GROUP * AFRICAN AMERICAN MEN'S HEALTH FORUM * SUSAN G. KOMEN RACE FOR THE CURE INTEGRIS BAPTIST REGIONAL HEALTH CENTER - MIAMI ONE OF THE ORIGINAL CHARTER MEMBERS OF THE OKLAHOMA STATE HOSPITAL ASSOCIATION, INTEGRIS BAPTIST REGIONAL HEALTH CENTER OPENED ON JULY 1, 1919, TO MEET THE NEEDS OF LOCAL LEAD AND ZINC MINERS. THE ORIGINAL STRUCTURE WAS A THREE STORY BUILDING WITH A BASEMENT AND SUN PORCHES ON EACH FLOOR, AND THE BASIC ORIGINAL STRUCTURE IS STILL BEING USED TODAY. INTEGRIS BAPTIST REGIONAL SERVES RESIDENTS OF NORTHEAST OKLAHOMA AND THE ADJACENT BORDER AREAS OF KANSAS AND MISSOURI. LICENSED FOR 117 BEDS, THE HOSPITAL HAS MORE THAN 50 PHYSICIANS ON ITS MEDICAL STAFF. SERVICES INCLUDE CRITICAL CARE AND SURGICAL SERVICES, COMPREHENSIVE REHABILITATION, GERIATRIC BEHAVIORAL HEALTH, SLEEP STUDIES, CARDIAC CATHETERIZATION LAB, HOSPICE, HOME HEALTH CARE, AND HOME MEDICAL EQUIPMENT. INTEGRIS BAPTIST REGIONAL IS ACCREDITED BY THE JOINT COMMISSION AND HAS BEEN RECOGNIZED BY VHA OKLAHOMA FOR PROVIDING QUALITY HEALTH CARE. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING * NURSING STUDENT CLINICAL ROTATIONS * ALZHEIMER'S SUPPORT GROUP * DIABETES EDUCATION CLASS * MEALS ON WHEELS * COMMUNITY HEALTH SCREENINGS * AUTISM SUPPORT GROUP * COMMUNITY HEALTH SCREENINGS * AUTISM SUPPORT GROUP * ALZHEIMER'S SUPPORT GROUP * DIABETES EDUCATION CLASS * MEALS ON WHEELS * COMMUNITY HEALTH SCREENINGS * AUTISM SUPPORT GROUP * DIABETES EDUCATION CLASS * MEALS ON WHEELS * 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: * WALK THIS WAY INITIATIVE * BREAST CANCER SUPPORT GROUP * SENIOR LIFE NETWORK * PARKINSON'S DISEASE SUPPORT GROUP * SUPPORT KETTERMAN NURSING SKILLS LAB AT NORTHWESTERN OKLAHOMA STATE UNIVERSITY. INTEGRIS CANADIAN VALLEY HOSPITAL - YUKON OPENED IN NOVEMBER 2001, INTEGRIS CANADIAN VALLEY HOSPITAL IS A 75-BED PRIMARY CARE FACILITY WITH A FULL RANGE OF SERVICES INCLUDING 57 PRIVATE MEDICAL SURGICAL ROOMS, A 10-BED WOMEN'S UNIT AND AN EIGHT-BED INTENSIVE CARE UNIT. THE HOSPITAL OFFERS A HIGH LEVEL OF TECHNOLOGY IN A SMALL COMMUNITY SETTING. IT HAS A MEDICAL STAFF OF MORE THAN 250 PHYSICIANS IN VARIOUS SPECIALTIES. INTEGRIS CANADIAN VALLEY WAS NAMED ONE OF SOLUCIENT'S TOP 100 HOSPITALS IN 2005 AND MAINTAINS ITS ACCREDITATION STATUS AWARDED BY THE JOINT COMMISSION. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING: * UNITED WAY OF CANADIAN COUNTY * STUDENT GOVERNING BOARD * YUKON HIGH SCHOOL REALITY CHECK * DIABETES SUPPORT GROUP * RESPIRATORY STUDENT CLINICAL ROTATIONS * REGIONAL FOOD BANK OF OKLAHOMA. 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.</p>

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 NORTHEAST OKLAHOMA, NORTHWEST ARKANSAS AND SOUTHWEST MISSOURI. THE NEW INTEGRIS GROVE HOSPITAL FEATURES 58 PRIVATE PATIENT ROOMS AND INCLUDES A MEDICAL SURGICAL UNIT, EMERGENCY DEPARTMENT, CRITICAL CARE UNIT, WOMEN'S HEALTH CENTER AND SURGERY DEPARTMENT. A FULL SPECTRUM OF ANCILLARY SERVICES IS OFFERED INCLUDING RADIOLOGY, RESPIRATORY THERAPY, HOME HEALTH, HOME MEDICAL EQUIPMENT, PHYSICAL THERAPY AND A CARDIAC CATHETERIZATION LAB. INTEGRIS GROVE IS ACCREDITED BY THE JOINT COMMISSION AND HAS RECEIVED NUMEROUS AWARDS AND HONORS FOR PROVIDING QUALITY HEALTH CARE. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"><li>* REGIONAL FOOD BANK</li><li>* SPORTS PHYSICALS CLINIC</li><li>* CAMP BANDAGE AND CAMP BANDAGE JR.</li><li>* FINANCIAL SUPPORT PROVIDED TO LOCAL SCHOOLS</li><li>* FREE HEALTH AND DENTAL SERVICES PROVIDED TO CHILDREN IN NEED</li><li>* SENIOR HEALTH FAIR</li></ul> <p>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:</p> <ul style="list-style-type: none"><li>* WOMEN'S HEALTH FORUM</li><li>* SCHOOL HEALTH FAIR</li><li>* PHYSICIAN COMMUNITY LECTURES</li><li>* SUPPORT LOCAL COMMUNITY AGENCIES</li><li>* SUPPORT EDMOND PUBLIC AND PRIVATE SCHOOLS</li><li>* JIM THORPE ASSOCIATION FOOTBALL GAME SHOWCASE OF NATIVE AMERICAN HIGH SCHOOL SENIORS</li></ul> <p>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:</p> <ul style="list-style-type: none"><li>* COURAGE RUN</li><li>* COURAGE AWARDS GALA</li><li>* SPINAL CORD SUPPORT GROUP</li><li>* BRAIN INJURY SUPPORT GROUP</li><li>* LIMB LOSS SUPPORT GROUP</li><li>* FALL PREVENTION PROGRAM</li></ul> <p>INTEGRIS MENTAL HEALTH SERVICES - SPENCER. INTEGRIS MENTAL HEALTH OFFERS A COMPLETE FAMILY OF SERVICES PROVIDED BY HIGHLY QUALIFIED PROFESSIONALS IN INPATIENT AND OUTPATIENT SETTINGS. SERVICES INCLUDE ADULT AND GERIATRIC INPATIENT SERVICES THROUGH DEACONESS AT BETHANY AND CHILD AND ADOLESCENT PSYCHIATRIC INPATIENT AND RESIDENTIAL PROGRAMS BASED AT INTEGRIS MENTAL HEALTH. ADDITIONAL PROGRAMS INCLUDE DAY AND EVENING PARTIAL HOSPITALIZATION/INTENSIVE OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS FOR ADULTS AND ADOLESCENTS AT INTEGRIS DECISIONS, MOBILE ASSESSMENT TEAM SERVICES THROUGH MANY OF OUR INTEGRIS HOSPITAL EMERGENCY DEPARTMENTS, EMPLOYEE ASSISTANCE SERVICES FROM THE CORPORATE ASSISTANCE PROGRAM, AND MANY SPECIALTY EDUCATION OFFERINGS AT INTEGRIS JAMES L. HALL JR. CENTER FOR MIND, BODY AND SPIRIT. OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"><li>* NATIONAL ALLIANCE FOR THE MENTALLY ILL WALK</li><li>* HEALTH ALLIANCE FOR THE UNINSURED</li><li>* LUNCH AND LEARN COMMUNITY PRESENTATIONS</li><li>* ART OF HAPPY LIVING™ SERIES BY DR. R. MURALI KRISHNA</li><li>* MENTAL ILLNESS AWARENESS WEEK EVENTS</li></ul>

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 * HEAD AND SPINAL CORD INJURY AWARENESS PROGRAM * STROKE AWARENESS CLASSES * CANCER TUMOR REGISTRY * PHYSICIAN COMMUNITY HEALTH LECTURES * BRAIN INJURY SUPPORT GROUP IN 2013, INTEGRIS HEALTH PROVIDED \$37,428,359 IN COMMUNITY BENEFITS THIS INCLUDES OUR RETURNSHIP AND COMMUNITY BUILDING EFFORTS AND UNCOMPENSATED SERVICES RETURNSHIP ----- RETURNSHIP EPITOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNITY IT TAKES THE FORM OF HUNDREDS OF PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA - FREE HEALTH SCREENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE AS REFLECTED IN THE PREVIOUS PAGES OUR RETURNSHIP EFFORTS EQUALED \$6,618,385 COMMUNITY BUILDING ----- COMMUNITY BUILDING IS ANOTHER VITAL WAY WE GIVE BACK THESE EFFORTS ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SOME OF OUR ACTIVITIES IN COMMUNITY BUILDING ARE PHYSICAL IMPROVEMENTS IN HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL ENHANCEMENTS AND ADVOCACY FOR ADVANCEMENTS IN COMMUNITY HEALTH OUR COMMUNITY BUILDING EFFORTS EQUALED \$182,215 UNCOMPENSATED SERVICES ----- UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED-COST CARE AS A SYSTEM OF NOT-FOR-PROFIT HOSPITALS, INTEGRIS HEALTH PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THE ABILITY TO PAY FOR THEIR INSURANCE COVERAGE THUS, WE PROVIDE A MUCH NEEDED SAFETY NET FOR MEMBERS OF OUR COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE CHARITY CARE COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS INTEGRIS HEALTH PROVIDED CHARITY CARE OF \$23,677,505 INTEGRIS HEALTH ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS FOR WHICH THE ORGANIZATION RECEIVES INADEQUATE PAYMENTS UNPAID COSTS OF MEDICAID PROGRAMS REFLECT THE DIFFERENCE BETWEEN COSTS TO PROVIDE PATIENT CARE SERVICES AND THE RATE AT WHICH THE HOSPITAL IS REIMBURSED ESTIMATED COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS UNPAID COSTS OF MEDICAID PROGRAMS EQUALED \$6,950,254 IN ADDITION, INTEGRIS HEALTH INCURRED BAD DEBT WITH AN ESTIMATED COST OF \$27,422,916 BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIO</p>

Identifier	Return Reference	Explanation
GENERAL STATEMENT 6	PART V QUESTION 2A	THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF EMPLOYEES REPORTED ON INTEGRIS HEALTH, INC 'S 2012 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 2012 TAX YEAR, AND THOSE EMPLOYEES ARE ALSO INCLUDED IN THE TOTAL REPORTED ON THE INTEGRIS HEALTH, INC FORM 990, PART V, LINE 2A

Identifier	Return Reference	Explanation
GENERAL STATEMENT 7	PART VI QUESTION 2	RELATED PARTIES TYPE OF RELATIONSHIP ----- DAVID THOMPSON, CHRISTOPHER TURNER, 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 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 \$15,691,328 P O BOX 412702 MAINT AND REMOTE KANSAS CITY, MO 64141 HOSTING ACKERMAN MCQUEEN, INC ADVERTISING \$ 5,553,960 1601 NORTHWEST EXPRESSWAY OKC, OK 73118 PRICEWATERHOUSE COOPER PROFESSIONAL/CONSULTING \$ 4,935,834 P O BOX 952282 SERVICES DALLAS, TX 75395 FPR HOLDINGS LP COPY MACHINE SERVICE \$ 4,612,046 8200 SPRINGWOOD DRIVE AND MAINTENANCE SUITE 230 IRVING, TX 75063 MICROSOFT LICENSING GP ENTERPRISE SERVERS \$ 1,980,693 1950 N STEMMONS FREEWAY SUITE 5010 DALLAS, TX 75207

Identifier	Return Reference	Explanation
GENERAL STATEMENT 13	PART XI RECONCILIATION OF NET ASSETS, LINE 9	ACTUARIAL ADJUSTMENT TO RETIREMENT \$ 138,713,014 PLAN BALANCE INCOME FROM SUBSIDIARIES - EQUITY \$ 52,274,586 METHOD EQUITY TRANSFERS FROM SUBSIDIARIES \$ 30,852,406 ----- TOTAL \$ 221,840,005 =====

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
INTEGRIS HEALTH INC

Employer identification number  
73-1192764

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate 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) DIAGNOSTIC LAB 73-1560760	CLINICAL LAB	NJ	QUEST DIAG	UNRELATED				No			No	
(5) MPI CENTER 73-1283942	MEDICAL	OK	IACC	RELATED				No			No	
(6) HILLCRESTINTEGRIS HEALTH LLC	DORMANT	OK	NA	N/A				No			No	
(7) LAKESIDE 73-1493662	MEDICAL	OK	IACC	RELATED				No			No	

Part IV

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

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

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

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

2

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2012

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]

Software ID:

Software Version:

EIN: 73-1192764

Name: INTEGRIS HEALTH INC

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)

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	
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	
LAKESIDE 73-1493662	MEDICAL	OK	IACC	RELATED				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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
INTEGRIS PROHEALTH INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1046179	RETAIL PHARMACY	OK	IH	C	3,409,251	16,114,908	100 000 %	Yes	
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		Yes	
QUALITY ALLIANCE ASSURANCE CO  PO BOX 10027 GRAND CAYMAN KYI-1001 CJ 98-1060671	INSURANCE	CJ	IH	C	10,820,524	101,254,550	100 000 %	Yes	
BAPTIST HEALTH SYSTEM INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	IH	C	0	0			No
ONE CARE INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	BHO	C	0	0			No
VADOVATIONS INC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 27-0821922	HEALTH CARE	OK	IH	C	871,294	5,144,503	100 000 %		No
INTEGRIS HEALTH PARTNERS LLC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-3482852	HEALTH CARE	OK	IH	C	762	0	100 000 %	Yes	
INTEGRIS CARDIOVASCULAR PHYSICIANS LLC  5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-2867352	HEALTH CARE	OK	IH	C	41,345,547	8,473,851	100 000 %	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
INTEGRIS AMBULATORY CARE CORPORATION	B	30,000,000	COST
INTEGRIS AMBULATORY CARE CORPORATION	L	68,609	COST
INTEGRIS AMBULATORY CARE CORPORATION	M	307,341	COST
INTEGRIS AMBULATORY CARE CORPORATION	P	317,601	COST
INTEGRIS AMBULATORY CARE CORPORATION	Q	110,869,900	COST
BAPTIST HEALTHCARE OF OKLAHOMA INC	L	62,114	COST
BAPTIST HEALTHCARE OF OKLAHOMA INC	Q	5,205,151	COST
HOSPICE OF OKLAHOMA COUNTY INC	Q	5,121,536	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	C	31,750,000	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	L	6,196,925	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	M	547,763	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	P	644,671	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	Q	545,834,767	COST
INTEGRIS RURAL HEALTH INC	L	3,921,305	COST
INTEGRIS RURAL HEALTH INC	P	313,918	COST
INTEGRIS RURAL HEALTH INC	Q	267,604,619	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	C	100,000	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	L	2,720,050	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	M	81,390	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	P	135,043	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	Q	201,707,559	COST
INTEGRIS REALTY CORPORATION	K	1,879,832	COST
INTEGRIS REALTY CORPORATION	L	104,063	COST
INTEGRIS REALTY CORPORATION	Q	5,021,507	COST
GREAT PLAINS MEDICAL FOUNDATION	Q	4,108,523	COST

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
INTEGRIS HEALTH FOUNDATION INC	C	242,882	COST
INTEGRIS HEALTH FOUNDATION INC	Q	3,189,815	COST
MEDCIAL PARKING INC	Q	379,489	COST
WESTERN VILLAGE ACADEMY INC	B	500,000	COST
INTEGRIS HEALTH EDMOND INC	L	413,701	COST
INTEGRIS HEALTH EDMOND INC	Q	24,669,343	COST
BAPTIST MEDICAL PLAZA ASSOCIATES LTD	Q	1,047,422	COST
INTEGRIS PROHEALTH INC	M	197,731	COST
INTEGRIS PROHEALTH INC	Q	10,499,429	COST
INTEGRIS PROHEALTH INC	P	137,278	COST
QUALITY ALLIANCE ASSURANCE COMPANY(CAYMAN)LTD	M	13,247,654	COST
INTEGRIS HEALTH PARTNERS LLC	B	1,000,000	COST
INTEGRIS HEALTH PARTNERS LLC	Q	1,104,415	COST
INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	D	2,850,000	COST
INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	Q	30,710,404	COST
LAKESIDE WOMEN'S HOSPITAL LLC	Q	3,815,367	COST
LAKESIDE WOMEN'S HOSPITAL LLC	L	87,500	COST

Form **990-T**Department of the Treasury  
Internal Revenue Service**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No 1545-0687

**2012**For calendar year 2012 or other tax year beginning 07/01, 2012, and  
ending 06/30, 2013 **See separate instructions****A** ☐ Check box if  
address changed**B** Exempt under section☒ 501(c)(3)  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a)**C** Book value of all assets  
at end of year**Print  
or  
Type**Name of organization ( ☐ Check box if name changed and see instructions )

INTEGRIS HEALTH, INC.

Number, street, and room or suite no. If a P.O. box, see instructions

5300 N. INDEPENDENCE AVENUE SUITE 130

City or town, state, and ZIP code

OKLAHOMA CITY, OK 73112

**D** Employer identification number  
(Employees' trust, see instructions)

73-1192764

**E** Unrelated business activity codes  
(see instructions)

523000

**F** Group exemption number (see instructions) **▶****G** Check organization type **▶** ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity **▶** INVESTMENT IN PARTNERSHIPS**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation **▶****J** The books are in care of **▶** BARBARA DEANTelephone number **▶** (405) 951-2747**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance <b>▶</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
<b>3</b> Gross profit Subtract line 2 from line 1c . . . . .	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D) . . . . .	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4b</b> 588,000.		588,000.
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . .	<b>5</b> -758,990.		-758,990.
<b>6</b> Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b> Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b> Other income (see instructions, attach statement) . . . . .	<b>12</b>		
<b>13</b> Total Combine lines 3 through 12 . . . . .	<b>13</b> -170,990.		-170,990.

**Part II Deductions Not Taken Elsewhere** (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>	
<b>15</b> Salaries and wages . . . . .	<b>15</b>	
<b>16</b> Repairs and maintenance . . . . .	<b>16</b>	
<b>17</b> Bad debts . . . . .	<b>17</b>	
<b>18</b> Interest (attach statement) . . . . .	<b>18</b>	
<b>19</b> Taxes and licenses . . . . .	<b>19</b>	1,262.
<b>20</b> Charitable contributions (see instructions for limitation rules) . . . . .	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion . . . . .	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans . . . . .	<b>24</b>	
<b>25</b> Employee benefit programs . . . . .	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I) . . . . .	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J) . . . . .	<b>27</b>	
<b>28</b> Other deductions (attach statement) . . . . . ATTACHMENT 2	<b>28</b>	38,174.
<b>29</b> Total deductions Add lines 14 through 28 . . . . .	<b>29</b>	39,436.
<b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 . . . . .	<b>30</b>	-210,426.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction Subtract line 31 from line 30 . . . . .	<b>32</b>	-210,426.
<b>33</b> Specific deduction (generally \$1,000, but see line 33 instructions for exceptions) . . . . .	<b>33</b>	1,000.
<b>34</b> Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>	-210,426.

**Part III Tax Computation**

<b>35 Organizations taxable as corporations</b> (see instructions for tax computation) Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> <b>See instructions and</b>	
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ (2) \$ (3) \$	
<b>b</b> Enter organization's share of (1) Additional 5% tax (not more than \$11,750). . . . . \$ (2) Additional 3% tax (not more than \$100,000) . . . . . \$	
<b>c</b> Income tax on the amount on line 34 . . . . . <u>ATTCH. 3</u> ▶	<b>35c</b>
<b>36 Trusts taxable at trust rates</b> (see instructions for tax computation) Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . . ▶	<b>36</b>
<b>37 Proxy tax</b> (see instructions) . . . . . ▶	<b>37</b>
<b>38 Alternative minimum tax</b> . . . . .	<b>38</b>
<b>39 Total</b> Add lines 37 and 38 to line 35c or 36, whichever applies. . . . .	<b>39</b>

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . . . . .	<b>40a</b>	
<b>b</b> Other credits (see instructions). . . . .	<b>40b</b>	
<b>c</b> General business credit Attach Form 3800 (see instructions) . . . . .	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827). . . . .	<b>40d</b>	
<b>e</b> <b>Total credits</b> Add lines 40a through 40d . . . . .	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39. . . . .	<b>41</b>	
<b>42</b> Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement). . . . .	<b>42</b>	
<b>43</b> <b>Total tax</b> Add lines 41 and 42 . . . . .	<b>43</b>	0
<b>44 a</b> Payments A 2011 overpayment credited to 2012 . . . . .	<b>44a</b>	
<b>b</b> 2012 estimated tax payments . . . . .	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868. . . . .	<b>44c</b>	
<b>d</b> Foreign organizations Tax paid or withheld at source (see instructions) . . . . .	<b>44d</b>	
<b>e</b> Backup withholding (see instructions) . . . . .	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) . . . . .	<b>44f</b>	
<b>g</b> Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	<b>44g</b>	
<b>45</b> <b>Total payments</b> Add lines 44a through 44g . . . . .	<b>45</b>	
<b>46</b> Estimated tax penalty (see instructions) Check if Form 2220 is attached. . . . . ▶ <input type="checkbox"/>	<b>46</b>	
<b>47</b> <b>Tax due</b> If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . ▶	<b>47</b>	
<b>48</b> <b>Overpayment</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . . ▶	<b>48</b>	
<b>49</b> Enter the amount of line 48 you want <b>Credited to 2013 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>49</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ <u>CAYMAN ISLANDS</u>	<b>Yes</b>	<b>No</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If "Yes," see instructions for other forms the organization may have to file	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ <u>31.</u>		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold</b> Subtract line 6 from line 5. Enter here and in Part I, line 2. . . . .	<b>7</b>	
<b>3</b> Cost of labor . . . . .	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>
<b>4 a</b> Additional section 263A costs (attach statement). . . . .	<b>4a</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Other costs (attach statement). . . . .	<b>4b</b>				
<b>5</b> <b>Total</b> Add lines 1 through 4b . . . . .	<b>5</b>				

**Sign Here**

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

Signature of officer	Date	ASST. TREASURER	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
DEBRA C. COOK		03/11/14		P00031689
Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
Firm's address ▶ 210 PARK AVE., SUITE 2850	Phone no 405-239-6411			

OKLAHOMA CITY, OK 73102

Form **990-T** (2012)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1 Description of property**(1)  
(2)  
(3)  
(4)**2 Rent received or accrued****(a)** From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)(1)  
(2)  
(3)  
(4)

Total

Total

**(c) Total income** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶**(b) Total deductions** Enter here and on page 1, Part I, line 6, column (B) ▶**Schedule E - Unrelated Debt-Financed Income** (see instructions)**1 Description of debt-financed property****2 Gross income from or allocable to debt-financed property****3 Deductions directly connected with or allocable to debt-financed property****(a)** Straight line depreciation (attach statement)**(b)** Other deductions (attach statement)(1)  
(2)  
(3)  
(4)**4** Amount of average acquisition debt on or allocable to debt-financed property (attach statement)**5** Average adjusted basis of or allocable to debt-financed property (attach statement)**6** Column 4 divided by column 5**7** Gross income reportable (column 2 x column 6)**8** Allocable deductions (column 6 x total of columns 3(a) and 3(b))(1)  
(2)  
(3)  
(4)

Enter here and on page 1, Part I, line 7, column (A)

Enter here and on page 1, Part I, line 7, column (B)

**Totals** . . . . . ▶**Total dividends-received deductions** included in column 8 . . . . . ▶**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)**1 Name of controlled organization****2 Employer identification number****Exempt Controlled Organizations****3** Net unrelated income (loss) (see instructions)**4** Total of specified payments made**5** Part of column 4 that is included in the controlling organization's gross income**6** Deductions directly connected with income in column 5(1)  
(2)  
(3)  
(4)**Nonexempt Controlled Organizations****7** Taxable income**8** Net unrelated income (loss) (see instructions)**9** Total of specified payments made**10** Part of column 9 that is included in the controlling organization's gross income**11** Deductions directly connected with income in column 10(1)  
(2)  
(3)  
(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)

**Totals** . . . . . ▶

JSA

Form **990-T** (2012)

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b> . . . . . ▶				

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals</b> . . . . . ▶						

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

Department of the Treasury  
Internal Revenue Service▶ **Attach to the corporation's tax return.**▶ **Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).****2012**

Name

Employer identification number

INTEGRIS HEALTH, INC.

73-1192764

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)

<b>1</b>	Taxable income or (loss) before net operating loss deduction . . . . .	<b>1</b>	-210,426.00
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property . . . . . FROM PARTNERSHIPS	<b>2a</b>	-63,217.00
<b>b</b>	Amortization of certified pollution control facilities . . . . .	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs . . . . .	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) . . . . .	<b>2d</b>	
<b>e</b>	Adjusted gain or loss . . . . . FROM PARTNERSHIPS	<b>2e</b>	-7,409.00
<b>f</b>	Long-term contracts . . . . .	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds . . . . .	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . .	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only) . . . . .	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) . . . . .	<b>2j</b>	
<b>k</b>	Loss limitations . . . . .	<b>2k</b>	
<b>l</b>	Depletion . . . . .	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds . . . . .	<b>2m</b>	
<b>n</b>	Intangible drilling costs . . . . .	<b>2n</b>	
<b>o</b>	Other adjustments and preferences . . . . . FROM PARTNERSHIPS	<b>2o</b>	-22,882.00
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o . . . . .	<b>3</b>	-303,934.00
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions . . . . .	<b>4a</b>	-303,934.00
<b>b</b>	Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) . . . . .	<b>4b</b>	
<b>c</b>	Multiply line 4b by 75% ( 75) Enter the result as a positive amount . . . . .	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions) <b>Note:</b> You <i>must</i> enter an amount on line 4d (even if line 4b is positive). . . . .	<b>4d</b>	
<b>e</b>	ACE adjustment • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount } . . . . .	<b>4e</b>	
<b>5</b>	Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT . . . . .	<b>5</b>	-303,934.00
<b>6</b>	Alternative tax net operating loss deduction (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5 If the corporation held a residual interest in a REMIC, see instructions. . . . .	<b>7</b>	-303,934.00
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions) If zero or less, enter -0- . . . . .	<b>8a</b>	0.00
<b>b</b>	Multiply line 8a by 25% ( 25) . . . . .	<b>8b</b>	
<b>c</b>	Exemption Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions) If zero or less, enter -0- . . . . .	<b>8c</b>	NONE
<b>9</b>	Subtract line 8c from line 7 If zero or less, enter -0- . . . . .	<b>9</b>	
<b>10</b>	Multiply line 9 by 20% ( 20) . . . . .	<b>10</b>	NONE
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) . . . . .	<b>11</b>	
<b>12</b>	Tentative minimum tax Subtract line 11 from line 10. . . . .	<b>12</b>	
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit . . . . .	<b>13</b>	
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . .	<b>14</b>	NONE

For Paperwork Reduction Act Notice, see separate instructions

Form **4626** (2012)

# Adjusted Current Earnings (ACE) Worksheet

Keep for Your Records

► See ACE Worksheet Instructions

<b>1</b>	Pre-adjustment AMTI Enter the amount from line 3 of Form 4626	<b>1</b>	-303,934.00
<b>2</b>	ACE depreciation adjustment		
<b>a</b>	AMT depreciation	<b>2a</b>	
<b>b</b>	ACE depreciation		
(1)	Post-1993 property	<b>2b(1)</b>	
(2)	Post-1989, pre-1994 property	<b>2b(2)</b>	
(3)	Pre-1990 MACRS property	<b>2b(3)</b>	
(4)	Pre-1990 original ACRS property	<b>2b(4)</b>	
(5)	Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>	
(6)	Other property	<b>2b(6)</b>	
(7)	Total ACE depreciation Add lines 2b(1) through 2b(6)	<b>2b(7)</b>	
<b>c</b>	ACE depreciation adjustment Subtract line 2b(7) from line 2a	<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P)		
<b>a</b>	Tax-exempt interest income	<b>3a</b>	
<b>b</b>	Death benefits from life insurance contracts	<b>3b</b>	
<b>c</b>	All other distributions from life insurance contracts (including surrenders)	<b>3c</b>	
<b>d</b>	Inside buildup of undistributed income in life insurance contracts	<b>3d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	<b>3e</b>	
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e	<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P		
<b>a</b>	Certain dividends received	<b>4a</b>	
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	<b>4b</b>	
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>	
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>	
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e	<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P		
<b>a</b>	Intangible drilling costs	<b>5a</b>	
<b>b</b>	Circulation expenditures	<b>5b</b>	
<b>c</b>	Organizational expenditures	<b>5c</b>	
<b>d</b>	LIFO inventory adjustments	<b>5d</b>	
<b>e</b>	Installment sales	<b>5e</b>	
<b>f</b>	Total other E&P adjustments Combine lines 5a through 5e	<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools	<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts	<b>7</b>	
<b>8</b>	Depletion	<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	<b>9</b>	
<b>10</b>	Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of Form 4626	<b>10</b>	-303,934.00

**SCHEDULE O  
(Form 1120)**(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service**Consent Plan and Apportionment Schedule  
for a Controlled Group**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC  
▶ Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120)

OMB No. 1545-0123

Name <b>INTEGRIS HEALTH, INC.</b>	Employer identification number <b>73-1192764</b>
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**Part I Apportionment Plan Information**

- 1 Type of controlled group
- a ☒ Parent-subsidiary group
- b ☐ Brother-sister group
- c ☐ Combined group
- d ☐ Life insurance companies only
- 2 This corporation has been a member of this group
- a ☒ For the entire year
- b ☐ From \_\_\_\_\_, until \_\_\_\_\_
- 3 This corporation consents and represents to
- a ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.
- b ☐ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, and for all succeeding tax years.
- c ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d ☒ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on 06/30/2013, and for all succeeding tax years.
- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was
- a ☒ Elected by the component members of the group
- b ☐ Required for the component members of the group
- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions)
- a ☐ No apportionment plan is in effect and none is being adopted
- b ☐ An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, and for all succeeding tax years.
- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?  
See instructions
- a ☐ Yes
- (i) ☐ The statute of limitations for this year will expire on \_\_\_\_\_
- (ii) ☐ On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_
- b ☐ No. The members may not adopt or amend an apportionment plan.
- 7 Required information and elections for component members. Check the applicable box(es) (see instructions)
- a ☐ The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b ☐ The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c ☐ The corporation has a short tax year that does not include December 31.

**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
1	INTEGRITY HEALTH, INC.	12-31-12	0.00	0.00	0.00	0.00	0.00
2	INTEGRITY HEALTH MEDICAL CENTER, INC.	12-31-12	1,000	5,401	1,500,000	0.00	7,901,401
3	INTEGRITY HEALTH MEDICAL CENTER, INC.	12-31-12	1,000	5,400	1,500,000	0.00	7,900,400
4	INTEGRITY HEALTH, INC.	12-31-12	0.00	0.00	0.00	0.00	0.00
5	INTEGRITY HEALTH FOUNDATION, INC.	12-31-12	0.00	0.00	0.00	0.00	0.00
6	INTEGRITY HEALTH, INC.	12-31-12	1,000	5,400	1,500,000	0.00	7,901,400
7	INTEGRITY HEALTH PARTNER, LLC	12-31-12	0.00	0.00	0.00	0.00	0.00
8	INTEGRITY HEALTH PARTNER, LLC	12-31-12	0.00	0.00	0.00	0.00	0.00
9	INTEGRITY HEALTH PARTNER, LLC	12-31-12	0.00	0.00	0.00	0.00	0.00
10							
Total			2,000	10,801	3,000,000	0.00	6,002,801

Schedule O (Form 1120) (Rev. 12-2012)

**Part III** Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
<b>1</b> INTEGRITY HEALTH, INC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>2</b> INTEGRITY HEALTH MEDICAL ENTER, INC	0.00	0.11	1,100.00	0.00	0.00	0.00	1,100.11
<b>3</b> INTEGRITY HEALTH MEDICAL ENTER, INC	0.00	0.11	0.00	0.00	0.00	0.00	0.11
<b>4</b> INTEGRITY HEALTH, INC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>5</b> INTEGRITY HEALTH FOUNDATION, INC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>6</b> INTEGRITY HEALTH, INC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>7</b> INTEGRITY HEALTH PARTNER, LLC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>8</b> INTEGRITY HEALTH PARTNER, LLC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>9</b> INTEGRITY HEALTH PARTNER, LLC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>10</b>							
<b>Total</b>	0.00	0.11	1,100.00	0.00	0.00	0.00	1,100.11

Schedule O (Form 1120) (Rev 12-2012)

**Part IV Other Apportionments** (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
<b>1</b> INTEGRITY HEALTH, INC.	250,000	40,000	150,000	0.00	0.00
<b>2</b> INTEGRITY HEALTH MEDICAL ENTERPRISES, INC.	0.00	0.00	0.00	0.00	0.00
<b>3</b> INTEGRITY HEALTH MEDICAL ENTERPRISES, INC.	0.00	0.00	0.00	200,000	0.00
<b>4</b> INTEGRITY HEALTH, INC.	0.00	0.00	0.00	500,000	0.00
<b>5</b> INTEGRITY HEALTH FOUNDATION, INC. (S-CORP)	0.00	0.00	0.00	200,000	0.00
<b>6</b> INTEGRITY PUBLIC HEALTH, INC.	0.00	0.00	0.00	100,000	0.00
<b>7</b> INTEGRITY HEALTH PARTNERS, LLC	0.00	0.00	0.00	0.00	0.00
<b>8</b> INTEGRITY HEALTH FOUNDATION, INC., LLC	0.00	0.00	0.00	0.00	0.00
<b>9</b> INTEGRITY HEALTH PARTNERS, LLC	0.00	0.00	0.00	0.00	0.00
<b>10</b>					
<b>Total</b>	250,000	40,000	150,000	1,000,000	0.00

Schedule O (Form 1120) (Rev. 12-2012)

ATTACHMENT 1FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME (LOSS) FROM PARTNERSHIPS	-758,990.
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INCOME (LOSS) FROM PARTNERSHIPS	<u>-758,990.</u>
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ATTACHMENT 2FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX RETURN PREPARATION FEES

38,174.

PART II - LINE 28 - OTHER DEDUCTIONS

38,174.

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T .....	-210,426.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	-210,426.
3	SUBTRACT LINE 2 FROM LINE 1 .....	
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	
5	SUBTRACT LINE 4 FROM LINE 3 .....	
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	
7	SUBTRACT LINE 6 FROM LINE 5 .....	
8	ENTER 15 OF LINE 2 .....	
9	ENTER 25 OF LINE 4 .....	
10	ENTER 34 OF LINE 6 .....	
11	ENTER 35 OF LINE 7 .....	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5 OF THE EXCESS OVER \$100,000 OR (B) \$11,750 .....	
13	MEMBER'S SHARE OF ADDITONAL TAX: (A) 3 OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000 .....	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T .....	

INTEGRIS HEALTH, INC  
SECTION 751 GAIN FROM PARTNERSHIP INVESTMENTS  
EIN 73-1192764  
6/30/2013

DESCRIPTION	SECTION 751 GAIN
Sale of Partnership Interests*	588,000
<b>TOTAL</b>	<b>588,000</b>

\*Please see Internal Revenue Code §751 Statement for each respective partnership investment in Attachment 7

INTEGRIS HEALTH, INC  
NET OPERATING LOSS DETAIL  
EIN 73-1192764  
06/30/2013

FORM 990-T, PART II, LINE 31 FEDERAL NET OPERATING LOSS DEDUCTION SCHEDULE

<b>Year Ending</b>	<b>Generated</b>	<b>Utilized</b>	<b>Remaining Carryover</b>
6/30/2007	2.586		2.586
6/30/2008	267.483		267.483
6/30/2009	287.575		287.575
6/30/2010	4,342.914		4,342.914
6/30/2011	737.182		737.182
6/30/2012	397.846		397.846
6/30/2013	210.426		210.426
	<u>6,246.012</u>	<u>-</u>	<u>6,246.012</u>

**Carryover available to 06/30/2014:** **6,246,012**

INTEGRIS HEALTH, INC  
AMT NET OPERATING LOSS DETAIL  
EIN 73-1192764  
06/30/2013

**AMT FEDERAL NET OPERATING LOSS DEDUCTION SCHEDULE**

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<b>Year Ending</b>	<b>Generated</b>	<b>Utilized</b>	<b>Remaining Carryover</b>
6/30/2008	227.006		227.006
6/30/2009	230.737		230.737
6/30/2010	4,118.117		4,118.117
6/30/2011	512.406		512.406
6/30/2012	339.159		339.159
6/30/2013	303.934		303.934
	<u>5,731.359</u>	<u>-</u>	<u>5,731.359</u>

**Carryover available to 06/30/2014:** **5,731,359**

**INTERNAL REVENUE CODE §751 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , has reported ordinary income, as detailed below, upon the disposition of units in Enterprise Products Partners, LP (EIN 76-0568219) as provided by the General Partner. The amount was determined in accordance with Internal Revenue Code Section 751. Detailed information is available in the office of the General Partner upon request.

<u>Date of the Sale or Exchange</u>	<u>Amount of §751 Gains/ (Loss)</u>
05/09/2012	\$ 82.358
05/10/2012	\$ 22.827
06/01/2012	\$ 8.101
06/04/2012	\$ 8.101
	=====
Total	\$ 121.387

**INTERNAL REVENUE CODE §751 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , has reported ordinary income, as detailed below, upon the disposition of units in Niska Gas Storage Partners, LLC (EIN 27-1855740) as provided by the Tax Matters General Partner. The amount was determined in accordance with Internal Revenue Code Section 751. The detailed information is available in the offices of the Tax Matters General Partner upon request.

<u>Date of the Sale or Exchange</u>	<u>Amount of §751 Gains/ (Loss)</u>
02/17/2012	\$ 6
02/28/2012	\$ 1
03/12/2012	\$ 1
03/16/2012	\$ 3
03/19/2012	\$ 2
04/25/2012	\$ 567
04/27/2012	\$ 610
04/30/2012	\$ 2,263
	<hr/>
Total	\$ 3,453

**INTERNAL REVENUE CODE §751 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , has reported ordinary income, as detailed below, upon the disposition of units in Inergy, LP (EIN 43-1918951) as provided by the General Partner. The amount was determined in accordance with Internal Revenue Code Section 751. The detailed information is available in the offices of the General Partner upon request.

<u>Date of the Sale or Exchange</u>	<u>Amount of §751 Gains/ (Loss)</u>
01/19/2012	\$ 23.777
02/02/2012	\$ 101.772
04/05/2012	\$ 21.977
04/09/2012	\$ 2.975
04/10/2012	\$ 3.259
04/12/2012	\$ 28.193
04/23/2012	\$ 13.047
	=====
Total	\$195.000

**INTERNAL REVENUE CODE §751 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , has reported ordinary income, as detailed below, upon disposition of units in Crestwood Midstream Partners, LP (EIN 56-2639586) as provided by the General Partner. The amount was determined in accordance with Internal Revenue Code Section 751 and the detailed information is available in the offices of the General Partner upon request.

<u>Date of the Sale or Exchange</u>	<u>Amount of §751 Gains/ (Loss)</u>
01/10/2012	\$ 30,574
01/11/2012	\$ 1,578
01/12/2012	\$ 702
	=====
Total	\$ 32,854

**INTERNAL REVENUE CODE §751 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , has reported ordinary income, as detailed below, upon disposition of units in Sunoco Logistics Partners, LP (EIN 23-3096839) as provided by the General Partner. The amount was determined in accordance with Internal Revenue Code Section 751 and the detailed information is available in the offices of the General Partner upon request.

<u>Date of the Sale or Exchange</u>	<u>Amount of §751 Gains/ (Loss)</u>
07/18/2012	\$ 6.302
07/19/2012	\$ 8.130
07/20/2012	\$ 2.134
07/23/2012	\$ 8.334
08/15/2012	\$11.633
08/31/2012	\$32.279
09/04/2012	\$ 1.735
11/28/2012	\$17.464
11/29/2012	\$ 7.023
	=====
Total	\$95.034

**INTERNAL REVENUE CODE §751 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , has reported ordinary income, as detailed below, upon disposition of units in PVR Partners, LP (EIN 23-3087517) as provided by the Partnership. The amount was determined in accordance with Internal Revenue Code Section 751 and the detailed information is available in the offices of the Partnership upon request.

<u>Date of the Sale or Exchange</u>	<u>Amount of §751 Gains/ (Loss)</u>
02/21/2012	\$ 4.819
02/22/2012	\$ 7.457
02/23/2012	\$ 4.361
07/23/2012	\$10.924
07/27/2012	\$10.792
12/19/2012	\$28.435
	=====
Total	\$66.788

**INTERNAL REVENUE CODE §751 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , has reported ordinary income, as detailed below, upon the disposition of units in TC Pipelines, LP (EIN 52-2135448) as provided by the General Partner. The amount was determined in accordance with Internal Revenue Code Section 751. Detailed information is available in the offices of the General Partner upon request.

<u>Date of the Sale or Exchange</u>	<u>Amount of §751 Gains/ (Loss)</u>
10/09/2012	\$ 3.808
10/10/2012	\$21.360
10/11/2012	\$ 402
10/15/2012	\$ 2.819
10/16/2012	\$13.893
10/17/2012	\$ 7.852
10/18/2012	\$ 6.041
10/25/2012	\$ 6.041
11/15/2012	\$ 2.056
	=====
Total	\$64.272

**INTERNAL REVENUE CODE §751 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , has reported ordinary income, as detailed below, upon the disposition of units in Western Gas Partners, LP (EIN 26-1075808) as provided by the General Partner The amount was determined in accordance with Internal Revenue Code Section 751 and additional information is available in the offices of the General Partner upon request

<u>Date of the Sale or Exchange</u>	<u>Amount of §751 Gains/ (Loss)</u>
11/28/2012	\$ 3.825
11/29/2012	\$ 5.387
	=====
Total	\$ 9.212

**INTERNAL REVENUE CODE §754 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , is a transferee partner in Access Midstream Partners, LP (EIN 80-0534394), who has a special adjustment under Internal Revenue Code (IRC) Section 743(b) pursuant to the IRC Section 754 election made by Access Midstream Partners, LP. The special basis adjustment was made in accordance with the rules provided in IRC Section 743 and 755 and the Regulations thereunder. Detailed information is available in the office of the General Partner upon request.

**INTERNAL REVENUE CODE §754 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , is a transferee partner in Atlas Pipeline Partners, LP (EIN 23-3011077), who has a special adjustment under Internal Revenue Code (IRC) Section 743(b) pursuant to the IRC Section 754 election made by Atlas Pipeline Partners, LP The special basis adjustment was made in accordance with the rules provided in IRC Section 743 and 755 and the Regulations thereunder Detailed information is available in the office of the General Partner upon request

**INTERNAL REVENUE CODE §754 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , is a transferee partner in DCP Midstream Partners, LP (EIN 03-0567133), who has a special adjustment under Internal Revenue Code (IRC) Section 743(b) pursuant to the IRC Section 754 election made by DCP Midstream Partners, LP The special basis adjustment was made in accordance with the rules provided in IRC Section 743 and 755 and the Regulations thereunder Detailed information is available in the office of the General Partner upon request

**INTERNAL REVENUE CODE §754 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , is a transferee partner in Markwest Energy Partners, LP (EIN 27-0005456), who has a special adjustment under Internal Revenue Code (IRC) Section 743(b) pursuant to the IRC Section 754 election made by Markwest Energy Partners, LP The special basis adjustment was made in accordance with the rules provided in IRC Section 743 and 755 and the Regulations thereunder Detailed information is available in the office of the General Partner upon request

**INTERNAL REVENUE CODE §754 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , is a transferee partner in PAA Natural Gas Storage, LP (EIN 27-1679071), who has a special adjustment under Internal Revenue Code (IRC) Section 743(b) pursuant to the IRC Section 754 election made by PAA Natural Gas Storage, LP. The special basis adjustment was made in accordance with the rules provided in IRC Section 743 and 755 and the Regulations thereunder. Detailed information is available in the office of the General Partner upon request.

**INTERNAL REVENUE CODE §754 STATEMENT**

INTEGRIS Health, Inc

EIN 73-1192764

06/30/2013

The taxpayer, INTEGRIS Health, Inc , is a transferee partner in Summit Midstream Partners, LP (EIN 45-5200503), who has a special adjustment under Internal Revenue Code (IRC) Section 743(b) pursuant to the IRC Section 754 election made by Summit Midstream Partners, LP. The special basis adjustment was made in accordance with the rules provided in IRC Section 743 and 755 and the Regulations thereunder. Detailed information is available in the office of the General Partner upon request.