



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

INTEGRIS HEALTH INC

Doing Business As

SEE SCHEDULE O

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

5300 N INDEPENDENCE AVENUE SUITE 1 Suite

Room/suite

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

OKLAHOMA CITY, OK 73112

D Employer identification number

73-1192764

E Telephone number

(405) 949-6026

G Gross receipts \$

217,679,456

F Name and address of principal officer

C BRUCE LAWRENCE
5300 N INDEPENDENCE AVE
OKLAHOMA CITY,OK 73112

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

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

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

H(c) Group exemption number

I Tax-exempt status

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

J Website:

WWW INTEGRISOK COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1983

M State of legal domicile

OK

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE		
	2	Check this box <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)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	10,868	
	6	Total number of volunteers (estimate if necessary)	5	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-2,876,647	
	b	Net unrelated business taxable income from Form 990-T, line 34	-2,914,193	
Revenue	8	Contributions and grants (Part VIII, line 1h)	247,697	185,836
	9	Program service revenue (Part VIII, line 2g)	174,538,281	214,160,237
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,359,051	1,778,212
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	509,304	1,532,801
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,654,333	217,657,086
		Prior Year	Current Year	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,136,142	35,937,811
	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)	94,089,653	103,197,392
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	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)	82,267,507	111,043,948
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	207,493,302	250,179,151
	19	Revenue less expenses Subtract line 18 from line 12	-30,838,969	-32,522,065
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	1,373,562,449	1,693,233,815
	21	Total liabilities (Part X, line 26)	349,432,534	470,572,796
	22	Net assets or fund balances Subtract line 21 from line 20	1,024,129,915	1,222,661,019

Part II

Signature Block

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

Sign Here

Signature of officer

2015-04-20

Date

DAVID HADLEY CFO

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name

MORGAN L SOUZA

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00652612

Firm's name

KPMG LLP

Firm's EIN

Firm's address

210 Park Ave Suite 2850
Oklahoma City, OK 73102

Phone no

(405) 949-3172

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE

2

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

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

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

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 142,388,749 including grants of \$ 35,937,811) (Revenue \$ 214,160,237)

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 142,388,749

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	947	
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?		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	10,868	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	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 73112 (405) 951-2747	

Check if Schedule O contains a response or note to any line 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** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	6,737,215	398,551	966,738

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶99

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GENERAL STATEMENT 1,		33,804,728

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶89

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	185,836				
	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 \$		98,001				
	h	Total. Add lines 1a-1f		185,836				
Program Service Revenue	2a	AFFILIATED SERVICE REVENUE	Business Code 900099	191,958,460	194,835,107	-2,876,647		
	b	RENTAL INCOME	532000	10,376,860	10,163,365	213,495		
	c	MANAGEMENT FEES	900099	8,552,694	8,552,694			
	d	CHILREN'S PLACE	900099	2,079,060		2,079,060		
	e	TELEMEDICINE	900099	522,120	522,120			
	f	All other program service revenue		671,043	184,922	486,121		
	g	Total. Add lines 2a-2f		214,160,237				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,798,527		1,798,527	
4		Income from investment of tax-exempt bond proceeds		0				
5		Royalties		0				
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)	0				0
		d	Net rental income or (loss)					0
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					2,055
		c	Gain or (loss)					22,370
		d	Net gain or (loss)					-20,315
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a		0			
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events						
9a		Gross income from gaming activities See Part IV, line 19	a		0			
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances	a		0			
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a	OTHER REVENUE	900099	879,404			879,404		
b	DISCOUNTS ON PURCHASES	900099	653,397			653,397		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,532,801					
12	Total revenue. See Instructions		217,657,086	214,258,208	-2,876,647	6,089,689		

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	35,937,811	35,937,811		
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.	8,135,483	4,050,657	4,084,826	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	65,565	32,645	32,920	
7	Other salaries and wages.	73,767,424	36,728,800	37,038,624	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,243,934	2,610,955	2,632,979	
9	Other employee benefits.	10,576,370	5,265,975	5,310,395	
10	Payroll taxes.	5,408,616	2,692,950	2,715,666	
11	Fees for services (non-employees):				
a	Management.	83,754	41,701	42,053	
b	Legal.	103,093	51,330	51,763	
c	Accounting.	692,993	345,041	347,952	
d	Lobbying.	72,000	35,849	36,151	
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).	13,062,393	6,503,765	6,558,628	0
12	Advertising and promotion.	1,061,992	528,766	533,226	
13	Office expenses.	5,436,539	2,706,853	2,729,686	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	7,373,199	3,671,116	3,702,083	
17	Travel.	1,009,573	502,666	506,907	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	1,003,092	499,439	503,653	
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	11,036,642	5,495,144	5,541,498	
23	Insurance.	-739,658	-368,275	-371,383	
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	67,530,941	33,623,656	33,907,285	0
b	EMPLOYEE/MGMT/BOARD FUNCTION	1,082,519	538,986	543,533	0
c	PUBLIC RELATIONS	847,419	421,930	425,489	0
d	UNRELATED BUS INCOME TAXES	2,055	2,055	0	0
e	All other expenses	1,385,402	468,934	916,468	
25	Total functional expenses. Add lines 1 through 24e.	250,179,151	142,388,749	107,790,402	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 or note to any line 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		0	2	89,878,106
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		83,528,366	4	66,447,920
	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		74,156,194	7	73,413,726
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		8,377,934	9	10,580,274
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a277,113,647			
	b	Less: accumulated depreciation	10b199,281,558	26,817,360	10c	77,832,089
	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.		1,062,169,019	13	1,249,501,088
	14	Intangible assets		5,532,899	14	5,217,888
	15	Other assets. See Part IV, line 11.		112,905,677	15	120,287,724
	16	Total assets. Add lines 1 through 15 (must equal line 34).		1,373,562,449	16	1,693,233,815
Liabilities	17	Accounts payable and accrued expenses		70,884,232	17	202,285,699
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		58,519,747	20	59,213,959
	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.		220,028,555	25	209,073,138
	26	Total liabilities. Add lines 17 through 25.		349,432,534	26	470,572,796
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		1,024,129,915	27	1,222,661,019
	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		1,024,129,915	33	1,222,661,019
	34	Total liabilities and net assets/fund balances		1,373,562,449	34	1,693,233,815

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	217,657,086
2	Total expenses (must equal Part IX, column (A), line 25)	2	250,179,151
3	Revenue less expenses Subtract line 2 from line 1	3	-32,522,065
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,024,129,915
5	Net unrealized gains (losses) on investments	5	4,362
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	231,048,807
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,222,661,019

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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		

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

[illegible]

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Part I

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) . (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .
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 section 170(b)(1)(A)(vi) . (Complete Part II)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (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 section 509(a)(2) . (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4) .
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 section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h <div>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</div>
e	<input checked="" type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div>(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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?</div>
h	<input type="checkbox"/>	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		35,500,000
Total									35,500,000

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

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

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

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

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

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

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

Part IV

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

Facts And Circumstances Test	
Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE A, PART I, LINE H (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 35,000,000 CARE CORPORATION
	INTEGRIS HOSPICE, INC 73-1369586 09 YES YES YES NONE 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 35,500,000

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

OMB No 1545-0047

2013

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

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

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

- A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		209,207	209,207												
c Total lobbying expenditures (add lines 1a and 1b)		209,207	209,207												
d Other exempt purpose expenditures		142,179,542	1,281,724,965												
e Total exempt purpose expenditures (add lines 1c and 1d)		142,388,749	1,281,934,172												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	469,463	229,576	241,311	209,207	1,149,557
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B

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

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

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.

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 \$142,388,749 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

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

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

- 1a

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

☐ Yes

☐ No
- b

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

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

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

☐ Yes

☐ No
- b

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

☐

Part V

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

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

- 2

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

a

Board designated or quasi-endowment

☐

b

Permanent endowment

☐

c

Temporarily restricted endowment

☐

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 18,360,971 | | 18,360,971 |
| b Buildings | | 60,276,744 | 47,010,118 | 13,266,626 |
| c Leasehold improvements | | 5,657,325 | 5,406,062 | 251,263 |
| d Equipment | | 172,232,023 | 144,483,678 | 27,748,345 |
| e Other | | 20,586,584 | 2,381,700 | 18,204,884 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 77,832,089 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation

[illegible]

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	641,315,481	F
(2) INTEGRIS AMBULATORY CARE CORP	44,728,592	F
(3) INTEGRIS REALTY CORPORATION	54,366,517	F
(4) INTEGRIS SO OKC HOSP CORP	236,035,665	F
(5) BAPTIST HEALTHCARE OF OKLAHOMA	227,123,196	F
(6) INTEGRIS HOSPICE, INC	9,975,825	F
(7) INTEGRIS PROHEALTH, INC	17,288,708	F
(8) QUALITY ALLIANCE ASSURANCE	478,860	F
(9) PROCURE MIDWEST HOLDINGS	2,006,683	F
(10) INTEGRIS HEALTH EDMOND, INC	-11,058,686	F
(11) INTEGRIS HEALTH PARTNERS, LLC	-585,037	F
(12) INTEGRIS CARDIOVASCULAR	1,048,000	F
(13) PHYSICIANS, LLC		F
(14) INTEGRIS HEALTH FDN , INC	25,828,213	F
(15) MEDICAL PARKING, INC	949,071	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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
INTEGRIS 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 its grants and other 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 its grants and other assistance outside the United States.

3

Activities 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
(1) Central America and the Caribbean			Program Services	CAPTIVE INSURANCE	13,858,000
(2) Central America and the Caribbean			Investments		635,000
(3) Europe (Including Iceland and Greenland)			Investments		835,000
(4)					
(5)					
3a Sub-total					15,328,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					15,328,000

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)
(1)									
(2)									
(3)									
(4)									

- 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

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

☐ Yes ☒ No
- 6

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

☐ Yes ☒ No

Part V

Supplemental Information
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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE F, PART I, LINE 3 INTEGRIS HEALTH, INC IS THE SOLE OWNER OF A CAPTIVE INSURANCE COMPANY LOCATED IN THE CENTRAL AMERICA/CARIBBEAN REGION THE EXPENDITURES SHOWN IN PART I LINE 3 REPRESENT THE EXPENSES INCURRED BY THE CAPTIVE INSURANCE COMPANY AS DETERMINED USIN G THE ACCRUAL METHOD FOR THE YEAR ENDING JUNE 30, 2014

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

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

OMB No 1545-0047

2013

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 11

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

Part III

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

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

Part IV

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE I, PART I, LINE 2 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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTEGRIS AMBULATORY CARE CORPORATION 5300 N INDEPENDENCE AVE OKLA CITY,OK 73112	73-1192765	501(C)(3)	35,000,000				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
WESTERN VILLAGE ACADEMY INC 5300 N INDEPENDENCE AVE OKC,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
ALLIED ARTS FOUNDATION 1015 N BROADWAY AVE OKLAHOMA CITY,OK 731025848	73-0804291	501(C)(3)	26,225				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
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	13-5613797	501(C)(3)	28,750				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
HEALTH ALLIANCE FOR THE UNINSURED INC 5929 N MAY AVE SUITE 511 OKLAHOMA CITY, OK 731123961	26-1789292	501(C)(3)	96,720				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 731294430	20-1837237	501(C)(3)	104,630				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 PUBLIC SCHOOLS FDN INC 5225 N SHARTEL AVE STE 201 OKLAHOMA CITY, OK 731186035	73-1222182	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 UNIVERSITY 2501 N BLACKWELDER AVE OKLAHOMA CITY,OK 731061402	73-0579265	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 HERITAGE ASSOCIATION 1400 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
UNITED WAY OF CENTRAL OKLAHOMA INC 1444 NW 28TH ST OKLAHOMA CITY, OK 731063430	73-0589829	501(C)(3)	85,000				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
YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY AVE STE 500 OKLAHOMA CITY, OK 731026208	73-0579270	501(C)(3)	20,666				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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTEGRIS 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 checked="" 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 directors, trustees, officers, including 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></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

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

Also complete this part for any additional information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE J, PART I, LINE 1A OFFICERS, DIRECTORS, AND BOARD CHAIRS ARE INVITED TO ATTEND A YEAR BOARD PLANNING SESSION DURING THAT SESSION, CHARGES INCURRED THAT RELATE TO PERSONAL EXPENSES AND COMPANION TRAVEL, 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 CHARLES H MORGAN, M D G EDWARD HEINEN PHILIP MOSCA, M D C BRUCE LAWRENCE ELLIOTT SCHWARTZ, D O JAMES P WHITE MARSHALL SNIPES JAMES R DANIEL GEORGIANNE SNOWDEN, M D PETER B DELANEY DAVID THOMPSON DENNIS LUCKINBILL CHRISTOPHER TURNER EDMUND O MARTIN
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 WENTZ MILLER G EDWARD HEINEN BETH A PAUCHNIK C BRUCE LAWRENCE JAMES P WHITE
SUPPLEMENTAL INFORMATION 3	SCHEDULE J, PART I, LINE 7 THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM) THE SYSTEM HAS ESTABLISHED A FINANCIAL INCENTIVE PLAN THAT ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY AND FINANCIAL OPERATIONS OF THE ORGANIZATION THE QUALITY COMPONENT IS DEFINED AS IMPROVEMENT IN PATIENT SAFETY, PATIENT SATISFACTION AND REDUCTION OF EMPLOYEE TURNOVER THE FINANCIAL COMPONENT CONSISTS OF ACHIEVEMENT IN NET OPERATING INCOME THRESHOLD TO BE ACHIEVED TO ACTIVATE THE PLAN A PREDETERMINED THRESHOLD IS CREATED WITHIN ALL ASPECTS OF THE PLAN BEFORE FINANCIAL ACHIEVEMENT IS PAYABLE ALL PLANS ARE WRITTEN ACCORDING TO EXECUTIVE LEVEL AND ADOPTED BY INTEGRIS HEALTH BOARD RESOLUTION EACH PLAN YEAR AND PAYABLE AFTER INDEPENDENT AUDIT RESULTS ARE DETERMINED IN THE SECOND PLAN, CERTAIN EMPLOYED PHYSICIANS ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION PURSUANT TO THEIR WRITTEN EMPLOYMENT AGREEMENTS ALL INCENTIVE COMPENSATION IS SUBJECT TO A CAP AND DOES NOT EXCEED 50% OF THE PHYSICIAN'S TOTAL COMPENSATION THERE ARE A VARIETY OF METHODS USED TO CALCULATE INCENTIVE COMPENSATION BASED ON THE PHYSICIAN'S PERSONAL PRODUCTION, RANGING FROM (I) A SPECIFIED PERCENTAGE OF NET INCOME LESS EXPENSES, (II) A SPECIFIED PERCENTAGE OF TOTAL COLLECTIONS LESS EXPENSES, (III) A SPECIFIED PERCENTAGE OF BASE SALARY BASED COMPLIANCE WITH CERTAIN QUALITY, PATIENT SATISFACTION, PRODUCTION AND FINANCIAL INDICATORS, (IV) A SPECIFIED PERCENTAGE OF BASE SALARY BASED ON COMPLIANCE WITH QUALITY, GUIDING VALUES, PATIENT SATISFACTION AND PRODUCTRION CRITERIA, (V) A SPECIFIED PERCENTAGE OF FEE-BASED COLLECTIONS AND CAPITATION COLLECTIONS, IF APPLICABLE, IN EXCESS OF QUARTERLY SALARY, (VI) QUARTERLY BONUSES MEASURED BY RVUS THAT EXCEED A SPECIFIED TARGET PER QUARTER, AND (VII) PRO RATA SHARE OF ANNUAL INCENTIVE POOLS BASED UPON PRODUCTION, COMPLIANCE WITH CLINICAL GUIDELINES, QUALITY AND PATIENT SATISFACTION CRITERIA

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHARLES H MORGAN MD DIRECTOR	(i)	70,505	0	0	0	0	70,505	0
	(ii)	131,444	0	0	0	0	131,444	0
WENTZ MILLER ASST TREASURER/CFO	(i)	453,867	0	20,485	71,432	12,893	558,677	0
	(ii)	0	0	0	0	0	0	0
BETH A PAUCHNIK ASST SEC /GENERAL COUNSEL	(i)	399,604	0	13,483	71,629	12,675	497,391	0
	(ii)	0	0	0	0	0	0	0
C BRUCE LAWRENCE PRESIDENT & CEO/DIRECTOR	(i)	910,895	2,086	23,687	49,827	14,528	1,001,023	0
	(ii)	0	0	0	0	0	0	0
ANGELA COSBY VICE PRESIDENT	(i)	236,225	0	9,060	10,278	16,325	271,888	0
	(ii)	0	0	0	0	0	0	0
JOHN R DELANO VICE PRESIDENT	(i)	255,890	0	8,968	13,435	15,751	294,044	0
	(ii)	0	0	0	0	0	0	0
JASON ELIOT VICE PRESIDENT	(i)	219,326	0	9,222	20,816	16,610	265,974	0
	(ii)	0	0	0	0	0	0	0
CHRIS HAMMES EXECUTIVE VICE PRESIDENT & COO	(i)	551,969	1,137	14,755	87,746	17,161	672,768	0
	(ii)	0	0	0	0	0	0	0
G EDWARD HEINEN MANAGING DIRECTOR	(i)	275,706	1,217	13,929	61,417	16,686	368,955	0
	(ii)	0	0	0	0	0	0	0
GEORG F LUNDAY SYSTEM ADMIN DIRECTOR PHARMACY	(i)	200,791	0	786	19,004	15,605	236,186	0
	(ii)	0	0	0	0	0	0	0
GREG A MEYERS VICE PRESIDENT	(i)	259,866	0	22,341	28,681	12,526	323,414	0
	(ii)	0	0	0	0	0	0	0
WILLIAM R WANDEL VICE PRESIDENT	(i)	212,087	0	13,344	21,904	16,863	264,198	0
	(ii)	0	0	0	0	0	0	0
HARTFORD WATKINS VICE PRESIDENT	(i)	166,634	0	9,732	5,150	11,381	192,897	0
	(ii)	0	0	0	0	0	0	0
JAMES P WHITE MG DIR /CHIEF MEDICAL OFFICER	(i)	424,878	1,804	16,329	69,009	12,144	524,164	0
	(ii)	0	0	0	0	0	0	0
STANLEY F HUPFELD FORMER OFFICER/DIR/KEY EMP	(i)	36,273	9,108	10,465	6,486	5,508	67,840	0
	(ii)	0	0	0	0	0	0	0
AVILLA T WILLIAMS FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	202,110	0	9,609	10,464	6,512	228,695	0
BILL ANOATUBBY FORMER OFFICER & DIRECTOR	(i)	15,750	0	0	0	0	15,750	0
	(ii)	0	0	0	0	0	0	0
MARY A BAUMAN MEDICAL DIR & CLINIC PHYSICIAN	(i)	253,513	122,285	10,445	32,274	11,865	430,382	0
	(ii)	0	0	0	0	0	0	0
LYNN HORTON VICE PRESIDENT	(i)	229,123	0	12,720	26,503	16,610	284,956	0
	(ii)	0	0	0	0	0	0	0
RM KRISHNA PRESIDENT MENTAL HEALTH	(i)	354,411	0	16,359	25,500	13,052	409,322	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				
LINDA L MERKEY CHIEF NURSING OFFICER	(i) (ii)	245,254 0	0 0	11,402 0	33,436 0	16,022 0	306,114 0	0 0
LEROY SOUTHMAYD III DIRECTOR MEDICAL INFORMATICS	(i) (ii)	240,753 0	6,026 0	9,520 0	27,818 0	13,212 0	297,329 0	0 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
INTEGRIS 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

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF INTERESTED PERSON LUCKINBILL MECHANICAL CONTRACTORS, INC (B) RELATIONSHIP BOARD MEMBER HAS AN OWNERSHIP INTEREST IN LUCKINBILL MECHANICAL CONTRACTORS, INC (C) AMOUNT \$939,619 (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 \$6,559,808 (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 \$20,699 (D) DESCRIPTION OF TRANSACTION EMPLOYMENT SERVICES (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON OKLAHOMA PUBLISHING CO (B) RELATIONSHIP COMMON MANAGEMENT (C) AMOUNT \$509,358 (D) DESCRIPTION OF TRANSACTION ADVERTISING (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON RADIOLOGY ASSOCIATES, LLC (B) RELATIONSHIP BOARD MEMBER HAS AN OWNERSHIP INTEREST IN RADIOLOGY ASSOCIATES, LLC (C) AMOUNT \$98,335 (D) DESCRIPTION OF TRANSACTION LEASE AGREEMENT (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS PROHEALTH, INC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$13,598,522 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON QUALITY ALLIANCE ASSURANCE COMPANY (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$10,218,277 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS HEALTH PARTNERS, LLC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$252,902 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS CARDIOVASCULAR PHYSICIANS, LLC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$28,695,048 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON LAKESIDE WOMEN'S HOSPITAL, LLC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$11,555,564 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON BAPTIST MEDICAL PLAZA ASSOCIATES, LTD (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$2,116,900 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO
SUPPLEMENTAL INFORMATION 2	SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS THE FILING ORGANIZATION AND THE INTERESTED PERSON ARE BOTH AFFILIATES WITHIN AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC THERE ARE OVERLAPPING BOARD MEMBERS, OFFICERS, AND MANAGEMENT THROUGHOUT THE SYSTEM ALL OF THE AFFILIATED ENTITIES WITHIN THE SYSTEM ARE EITHER DIRECTLY OR INDIRECTLY 100% CONTROLLED BY THE PARENT ENTITY, INTEGRIS HEALTH, INC , OR IF THERE IS THIRD PARTY OWNERSHIP IN ANY AFFILIATED ENTITY, THOSE THIRD PARTY OWNERS ARE NOT OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF THE FILING ORGANIZATION THE TRANSACTIONS REPORTED ON SCHEDULE L, PART IV CONSIST OF ROUTINE TRANSACTIONS WITHIN THE ACTIVITY OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THE TRANSACTIONS INCLUDE EXPENSE REIMBURSEMENTS, LEASING OF FACILITIES, PURCHASE OF SERVICES, EQUITY CONTRIBUTIONS AND DISTRIBUTIONS, AND OTHER INTERCOMPANY TRANSFERS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTEGRIS HEALTH INC

Employer identification number
73-1192764

Part I Types of Property

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

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
INTEGRIS HEALTH INC

Employer identification number
73-1192764

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 HRANY TIME 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 INTEGRIS COMMUNITY CLINIC

Return Reference	Explanation	
	GENERAL STATEMENT 2	<p>PART III, LINE 4A COMMUNITY BENEFIT REPORT LOOKING BACK AT 2014 AS I REFLECT ON 2014 - I FIND MYSELF PROUD OF THE COLLECTIVE ACCOMPLISHMENTS OF INTEGRIS ALREADY OKLAHOMA'S LARGEST HEALTH CARE SYSTEM, OUR STRONG GROWTH CONTINUED LAST YEAR WITH NEW PROVIDER FACILITIES OPENING IN OKLAHOMA CITY, MOORE, ENID AND VINITA EXPANSIONS ARE UNDERWAY IN EDMOND AND YUKON WITH EVEN MORE LOCATIONS PLANNED THIS YEAR INTEGRIS CONTINUES TO INVEST MILLIONS TO HELP ENSURE OUR FACILITIES AND TECHNOLOGY OFFERINGS ARE STATE-OF-THE-ART WE EMPLOY - AND CONTINUALLY RECRUIT - THE FINEST PHYSICIANS, CLINICIANS AND OTHER PROFESSIONALS TO EXPAND OUR CARE CONTINUUM TO MEET OUR CUSTOMERS' NEEDS HUNDREDS OF THOUSANDS OF OKLAHOMANS ARE HEALTHIER TODAY, THANKS TO THE EXCELLENT CARE INTEGRIS PROVIDES, AND WE ARE WORKING EVERY DAY TO MAKE ACCESS TO INTEGRIS CARE EVEN EASIER FRANKLY, IT IS IMPOSSIBLE TO LIST ALL THE ACCOMPLISHMENTS, HOWEVER, 2014 WAS A YEAR OF STRONG SUCCESSES FOR INTEGRIS AS AN ORGANIZATION OUR GAINS HAVE BEEN STRATEGIC AND REFLECT OUR DELIBERATE FOCUS ON SERVICE, CLINICAL, OPERATIONAL AND TEAM EXCELLENCE AND OUR CONTINUED MOMENTUM TOWARD ONE INTEGRIS THESE ARE A FEW HIGHLIGHTS DURING THE PAST YEAR FOR WHICH I AM MOST PROUD * ACHIEVEMENT OF THE OKLAHOMA QUALITY AWARD AT THE HIGHEST LEVEL EXCELLENCE * THE STRONG AND CONSISTENTLY UPWARD TREND OF OUR HCAHPS AND PATIENT SATISFACTION SCORES * DISTINCTIONS SUCH AS US NEWS & WORLD REPORT #1 HOSPITAL, CONSUMER RESEARCH CORPORATION'S CONSUMER CHOICE WINNER, HEALTHGRADES TOP PERFORMER, BECKER'S TOP 100, WOMEN'S CHOICE AWARD WINNER AND PRESS GANEY GUARDIAN AWARDS * LEADING PRACTICES DESIGNATION FOR OUR HOSPITALS, FAMILY CARE CLINICS, FACILITY CAFETERIAS - EVEN THE OKLAHOMA CITY PUBLIC CHARTER SCHOOL, STANLEY HUFFELD ACADEMY, THAT INTEGRIS OPERATES - ALL RECOGNIZED AND DESIGNATED AS OFFICIAL OKLAHOMA CERTIFIED HEALTHY LOCATIONS * RECORD-SETTING UNITED WAY AND THE INTEGRIS FOUNDATION'S YOU&I CAMPAIGNS AS I REFLECT BACK, I BECOME SO ENERGIZED BY OUR SUCCESSES OF 2014 - AND THE OPPORTUNITIES WE HAVE CREATED FOR OURSELVES - THAT I BEGIN TO FOCUS ON THE EVEN MORE EXCITING POSSIBILITIES FOR 2015 WORKING TOGETHER WITH OUR EMPLOYEES TO MAKE IT OUR MOST SUCCESSFUL YEAR EVER! SINCERELY, BRUCE LAWRENCE PRESIDENT AND CEO, INTEGRIS HEALTH COMMUNITY OUTREACH</p> <p>SERVICE TO THE COMMUNITY IS THE FOUNDATION ON WHICH INTEGRIS IS BUILT, OUR FOCUS AND OUR REASON FOR BEING THAT'S PRECISELY WHY THE INTEGRIS COMMUNITY WELLNESS DEPARTMENT WAS ESTABLISHED IN 1992 RESEARCH SHOWS THAT OKLAHOMANS ARE DYING AT A RATE 22 PERCENT HIGHER THAN THE NATIONAL AVERAGE IN ORDER TO ADDRESS THESE HEALTH RELATED CONCERNS, OUR OUTREACH PROGRAMS INCLUDE FREE CLINICS, HEALTH SCREENINGS, EDUCATIONAL SEMINARS AND A WIDE RANGE OF OTHER PROGRAMS ADOPT-A-FAMILY LAUNCHED IN 1992, INTEGRIS HEALTH'S ADOPT-A-FAMILY INITIATIVE IDENTIFIES FAMILIES AND INDIVIDUALS WITHIN OUR COMMUNITY WHO MAY NOT RECEIVE GIFTS DURING THE HOLIDAY SEASON EMPLOYEES, VOLUNTEERS AND DEPARTMENTS JOIN TOGETHER IN THE SPIRIT OF GIVING AND ADOPT RECIPIENTS WHO HAVE BEEN SELECTED FROM SEVERAL ELEMENTARY SCHOOLS, SENIOR CENTERS AND CHURCHES AS WELL AS PATIENTS AT THE INTEGRIS MENTAL HEALTH FACILITIES IN SPENCER AND ENID ON AVERAGE, ADOPT-A-FAMILY SPONSORS MORE THAN 100 FAMILIES, SENIOR CITIZENS AND CHILDREN ANNUALLY FOR MORE INFORMATION, CALL 405-717-9870 CHANGING YOUR WEIGHS THIS EIGHT-WEEK WEIGHT LOSS PROGRAM WAS DEVELOPED AND IS TAUGHT BY HEALTH PROFESSIONALS AS THE NAME IMPLIES, THE PROGRAM FOCUSES ON LOSING WEIGHT THROUGH LIFESTYLE CHANGES THIS PROGRAM IS EDUCATIONAL IN NATURE AND INCLUDES PRACTICAL TIPS FOR CHOOSING A CALORIE BALANCED STYLE OF EATING IN CONJUNCTION WITH INCREASING PHYSICAL ACTIVITY SPECIAL EMPHASIS IS PLACED ON SETTING REALISTIC GOALS, AND ADOPTING LIFESTYLE HABITS THAT REDUCE HEALTH RISKS CHANGING YOUR WEIGHS IS A NO-NON SENSE APPROACH TO LIFE-LONG WEIGHT MANAGEMENT FOR MORE INFORMATION, CALL 405-717-9875 COUCH TO 5K THIS IS AN EIGHT-WEEK PROGRAM DESIGNED TO GET PARTICIPANTS OFF THE COUCH THE PROGRAM BEGINS SLOWLY SO THAT PEOPLE IN ALL FITNESS LEVELS ARE ABLE TO ADAPT GRADUALLY THE CULMINATION OF THE PROGRAM IS EITHER WALKING OR RUNNING YOUR FIRST 5K! FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277 I-CREW INTEGRIS - CARING AND RESPONDING IN EVERY WAY THE INTEGRIS CREW ALLOWS US TO TAP INTO THE VAST EMPLOYEE RESOURCES ACROSS OUR ORGANIZATION ALL INTEGRIS EMPLOYEES HAVE THE OPPORTUNITY TO PARTICIPATE BY COLLABORATING WITH THE APPROPRIATE COMMUNITY AGENCIES, THE INTEGRIS CREW PROVIDES VOLUNTEERS FOR COMMUNITY FUNCTIONS AND PROJECTS BY SERVING ON THE I-CREW, WE NOT ONLY MAKE A DIFFERENCE, BUT ALSO ENJOY FUN AND FELLOWSHIP WITH OUR INTEGRIS FAMILY MORE THAN 500 INTEGRIS EMPLOYEES INCLUDING EXECUTIVE LEADERS HAVE VOLUNTEERED THEIR TIME TO THIS PROJECT FOR MORE INFORMATION, CALL 405-717-9870 INTEGRIS COMMUNITY CLINIC IN JANUARY 1993, INTEGRIS HEALTH OPENED A FREE MEDICAL CLINIC IN THE INNER CITY OF OKLAHOMA</p>

Return Reference	Explanation	
	GENERAL STATEMENT 2	<p>CITY THE CLINIC OFFERS ADULT PATIENTS CARE FOR CHRONIC DISEASES, DIABETES CLASSES AND LIMITED DIABETES EYE EXAMS, AND HAS A PHARMACY FOR ITS PATIENTS WITH ALMOST ONE IN FOUR OKLAHOMANS UNINSURED, THE NEED FOR HEALTH CARE IS GREAT WE HAVE MADE AN IMPACT IN THE COMMUNITY BY HELPING THOUSANDS OF PATIENTS THROUGH THE YEARS WITH A VARIETY OF NEEDS THE CLINIC OPERATES THREE EVENINGS A MONTH, AND SEES APPROXIMATELY 80-100 PATIENTS EACH NIGHT FOR MORE INFORMATION, CALL 405-717-9872</p> <p>INTEGRIS HEALTH'S TOBACCO FREEDOM PROGRAM THIS PROGRAM IS DESIGNED TO ASSIST THE PEOPLE IN THE COMMUNITIES WE SERVE TO IMPROVE THEIR CHANCES OF STOPPING SMOKING OR USING SMOKELESS TOBACCO A TOBACCO TREATMENT SPECIALIST IS AVAILABLE TO PROVIDE EDUCATION ON NICOTINE DEPENDENCE, ANSWER QUESTIONS AND SCHEDULE CONSULTATIONS AT VARIOUS INTEGRIS HEALTH COMMUNITY EVENTS THROUGHOUT THE YEAR THE PRIMARY GOAL OF THE TOBACCO FREEDOM PROGRAM IS TO SUPPORT THOSE SEEKING INFORMATION ABOUT TREATMENT FOR NICOTINE DEPENDENCE BY PROVIDING RESEARCH BASED INFORMATION THAT DESCRIBES THE PHYSICAL AND BEHAVIORAL BASIS FOR NICOTINE DEPENDENCE, INFORMATION ABOUT THE MOST EFFECTIVE TREATMENT METHODS, AND EASY ACCESS TO TREATMENT INTEGRIS TOBACCO TREATMENT PROGRAMS HAVE PROVIDED ASSISTANCE TO MORE THAN 7000 PATIENTS FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277</p> <p>INTEGRIS I ON YOUR HEALTH AT INTEGRIS, WE CARE ABOUT ALL OKLAHOMANS WE WANT EVERY ONE TO LIVE LONG, HAPPY LIVES SO WE'RE HELPING YOU REMEMBER TO MAKE GOOD HEALTH CHOICES WITH INTEGRIS "I ON YOUR HEALTH," A BRIEF E-MAIL DELIVERED TO YOUR INBOX TWICE A WEEK, WITH SIMPLE TIPS FOR IMPROVED WELLNESS AND HEALTHY RECIPES FROM INTEGRIS PHYSICIANS AND SPECIALISTS VISIT IONYOURHEALTH.COM TODAY TO GET SOUND HEALTH ADVICE FROM MEDICAL PROFESSIONALS</p> <p>MEN'S HEALTH UNIVERSITY STATISTICS SHOW THAT OKLAHOMA MEN ARE NEARLY TWICE AS LIKELY AS WOMEN TO FAIL TO GET ROUTINE MEDICAL CHECK-UPS OR CARE, AND FREQUENTLY IGNORE SYMPTOMS OR DELAY MEDICAL ATTENTION WHEN SICK OR IN PAIN TO RAISE AWARENESS OF THIS ISSUE AND HELP TURN THE TIDE, INTEGRIS HEALTH'S INNOVATIVE MEN'S INITIATIVE - MEN'S HEALTH UNIVERSITY - OFFERS A SERIES OF HEALTH EDUCATION CLASSES, PROGRAMS AND EVENTS THAT TAKE PLACE THROUGHOUT THE YEAR DESIGNED TO EDUCATE MEN AND THEIR FAMILIES ON THE IMPORTANCE OF TAKING CHARGE OF THEIR OWN HEALTH HEALTH CHECKS SUCH AS CHOLESTEROL, GLUCOSE, BLOOD PRESSURE AND PROSTATE CANCER SCREENINGS ARE FEATURED AT SEVERAL MEN'S HEALTH FAIRS HELD ANNUALLY THROUGHOUT THE STATE WE ALSO CELEBRATE IN JUNE DURING NATIONAL MEN'S HEALTH WEEK, AND IN NOVEMBER WE PARTICIPATE IN "MOVEMBER," THE MEN'S HEALTH AND WELLNESS CAMPAIGN CELEBRATED AROUND THE WORLD</p> <p>EMPOWERING MEN WITH INFORMATION IS AN IMPORTANT FIRST STEP TO IMPROVING THEIR OVERALL HEALTH AND LONGEVITY THESE EVENTS ARE A GREAT WAY FOR MEN TO LEARN ABOUT HEALTH CARE ISSUES IN A FUN, SUPPORTIVE ENVIRONMENT FOR MORE INFORMATION, CALL 405-717-9870</p> <p>MOBILE MEALS INTEGRIS HEALTH PARTNERS WITH MOBILE MEALS OF OKLAHOMA COUNTY TO PROVIDE MEALS TO SENIOR CITIZENS AND INDIVIDUALS WITH DISABILITIES VOLUNTEER DRIVERS DELIVER MEALS TO RECIPIENTS FIVE DAYS A WEEK FOR SOME SENIOR CITIZENS THIS PROGRAM ENABLES THEM TO KEEP THEIR INDEPENDENCE, AND IT ENHANCES THE LIVES OF THESE INDIVIDUALS FOR MORE INFORMATION, CALL 405-717-9870</p> <p>MOVE FOR LIFE MOVE FOR LIFE IS A HANDS-ON PROGRAM TO HELP PARENTS RAISE HEALTHY CHILDREN BY MODELING SOUND LIFESTYLE HABITS IN THE HOME CLASS ACTIVITIES ARE DESIGNED TO BE FUN FOR EVERYONE WHERE PARENTS PARTICIPATE WITH THEIR CHILDREN IN LEARNING CREATIVE WAYS TO EAT HEALTHIER AND INCREASE ACTIVITY WITHOUT "GOING TO A GYM" OR "DIETING" MOVE FOR LIFE IS PERFECT FOR FAMILIES WHO HAVE NONATHLETIC HOBBIES AND INTERESTS SUCH AS MUSIC, CHOIR, DRAMA OR ART OR, FOR FAMILIES WHO PARTICIPATE IN SEASONAL ACTIVITIES, BUT STRUGGLE TO MAINTAIN AN ACTIVE LIFESTYLE IN THE OFF-SEASON MOVE FOR LIFE IS AN EIGHT-WEEK PROGRAM, AND MEETS FOR APPROXIMATELY ONE HOUR EACH WEEK C</p>

Return Reference	Explanation	
	GENERAL STATEMENT 3	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED INTEGRIS BAPTIST MEDICAL CENTER, OKLAHOMA CITY * ACES CANCER SUPPORT GROUP * ADJUNCT FACULTY FOR RESPIRATORY THERAPY/EMPLOYEE PARTICIPATION * AIDS WALK * ALZHEIMER'S SUPPORT GROUP * AMERICAN CANCER SOCIETY * ANGEL FLIGHT/EMPLOYEE PARTICIPATION * ANNUAL SOCIAL WORK CONFERENCE * AUTISM SUPPORT GROUP * BACK TO SCHOOL SCREENINGS * BAGCRAFT HEALTH FAIR * BAYER ONCOLOGY SUPER COLON EVENT * BLOOD DRIVE * BLOOD PRESSURE SCREENINGS * CANCER CONNECTIONS NEWSLETTER * CANCER TUMOR REGISTRY * CAREGIVER GRIEF PROGRAM * CELEBRATION OF LIFE * CENTRAL OKLAHOMA TURNING POINT/EMPLOYEE PARTICIPATION * CIT OFFICER TRAINING * CITY OF MIAMI HEALTH FAIR * COALITION OF ADVOCATES EVENTS * COMMUNITY CANCER SCREENINGS * DAY OF DANCE * DEFIBRILLATOR FOR ELK CITY PUBLIC SCHOOLS * DELAWARE COUNTY HEALTH FAIR * DIABETES EDUCATION CLASSES * DONATION TO MERCY FOUNDATION FOR BREAST CANCER SURVIVORS * DOWNSTREAM HEALTH FAIR * EMERGENCY MEDICAL SERVICES FOR AREA SPORTING AND COMMUNITY EVENTS * EMOTIONAL WELLNESS CENTER/EMPLOYEE PARTICIPATION * FAMILY BUILDERS OF OKLAHOMA/EMPLOYEE PARTICIPATION * FIGHTING ADDICTION THROUGH EDUCATION/EMPLOYEE PARTICIPATION * FIREFIGHTER CARDIOVASCULAR SCREENINGS * FIT PANEL DISCUSSION/EMPLOYEE PARTICIPATION * GREAT PLAINS GRADUATION/MEETING SPACE PROVIDED * GRIEF SUPPORT GROUPS * HEALTH ALLIANCE FOR THE UNINSURED/EMPLOYEE PARTICIPATION * HEARTSCAN DONATIONS * HIGH RISK GENETICS * HOPKINS MANUFACTURING HEALTH FAIR * HOSPICE WEBINARS * INDIGO SKY HEALTH FAIR * INFANT CRISIS SERVICES/EMPLOYEE PARTICIPATION INTEGRIS BAPTIST REGIONAL HEALTH CENTER, MIAMI * J&M FARMS HEALTH FAIR * KOMEN RACE FOR THE CURE * LEUKEMIA/LYMPHOMA LIGHT THE NIGHT EVENT * LGBT12 CONFERENCE/EMPLOYEE PRESENTATION * LOOK GOOD, FEEL BETTER CANCER SUPPORT GROUP * LUNCH & LEARN PRESENTATIONS * MEALS ON WHEELS * MEDICAL STUDENTS * MENTAL HEALTH ASSOCIATION OF CENTRAL OKLAHOMA/EMPLOYEE PARTICIPATION * MENTAL HEALTH PRESENTATIONS * MENTAL ILLNESS AWARENESS * MIAMI PUBLIC SCHOOLS HEALTH FAIR * MILITARY FAMILY LISTENING CONFERENCE * MULTIDISCIPLINARY CANCER CLINICS/MEETING SPACE PROVIDED * NATIONAL ALLIANCE ON MENTAL HEALTH * NATIONAL PREVENTION NETWORK CONFERENCE * NURSING STUDENT ROTATIONS * OCCUPATIONAL THERAPY STUDENT ROTATIONS * OK HEALTH SCIENCES CENTER/EMPLOYEE PARTICIPATION * OKLAHOMA BLOOD INSTITUTE BOARD/EMPLOYEE PARTICIPATION * OKLAHOMA HEALTH CARE AUTHORITY/EMPLOYEE PARTICIPATION * OKLAHOMA HEALTH IMPROVEMENT COMMITTEE/EMPLOYEE PARTICIPATION * OKLAHOMA PSYCHIATRIC HOSPITAL ASSOCIATION/EMPLOYEE PARTICIPATION * OKLAHOMA STATE BOARD OF HEALTH/EMPLOYEE PARTICIPATION * ORGAN DONATION EDUCATION * OTTAWA COUNTY SENIOR FAIR * OUT OF THE DARKNESS SUICIDE PREVENTION * PARAMEDIC STUDENT ROTATIONS * PHARMACEUTICAL ASSISTANCE PROGRAM * PHYSICAL THERAPY INTERNSHIP * PHYSICAL THERAPY STUDENT ROTATIONS * POSITIVE DIRECTIONS MENTORING PROGRAM * PRESENTATIONS BY CARDIOLOGISTS * PROMISE TRIAL * RADIOLOGY STUDENT ROTATIONS * REGIONAL FOOD BANK DRIVE * REHAB STUDENT ROTATIONS * RESPIRATORY STUDENT ROTATIONS * SOUTHWESTERN UNIVERSITY PRACTICUM PROGRAM/EMPLOYEE PARTICIPATION * SPECIALIZED OUTPATIENT SERVICES BOARD/EMPLOYEE PARTICIPATION * SPEECH PATHOLOGY INTERNSHIPS * SUNBEAM FAMILY SERVICES/EMPLOYEE PARTICIPATION * SURGERY STUDENT ROTATIONS * TORNADO DISASTER RELIEF * TURKEY TOSS * UNITED WAY PARTNER AGENCY FAIR/MEETING SPACE PROVIDED * US TOO PROSTATE CANCER SUPPORT GROUP * VEIN SCREENINGS * WELCH STATE BANK HEALTH FAIR * WELLNESS NOW/EMPLOYEE PARTICIPATION INTEGRIS BASS BAPTIST HEALTH CENTER, ENID * 4RKIDS EVENT * AMERICAN CANCER SOCIETY/RELAY FOR LIFE * BE FIT KIDS/BUZZ RUN * BREAST CANCER SUPPORT GROUP * CARDIAC PULMONARY SUPPORT GROUP * CDSA BOARD OF DIRECTORS/EMPLOYEE PARTICIPATION * CDSA CAPITAL CAMPAIGN PLEDGE * CHILD ADVOCACY COUNCIL/EMPLOYEE PARTICIPATION * CHOLESTEROL SCREENINGS * CITY SAFETY FAIR * CIVITAN CLUB/SPECIAL OLYMPICS * COMMUNITY HEALTH FAIR * DIABETES SUPPORT GROUP * ENID AMBUCS * ENID COMMUNITY CLINIC * ENID HIGHER EDUCATION COUNCIL/EMPLOYEE PARTICIPATION * FIBROMYALGIA SUPPORT GROUP * GALACTOSEMIA FOUNDATION EVENT * HEDGES SPEECH AND HEARING BOARD OF DIRECTORS/EMPLOYEE PARTICIPATION * IMPACT CONCUSSION TESTING * JUNIOR WELFARE LEAGUE/WARM YOUR HEART RUN * KETTERMAN NURSING SKILLS LAB * MAPP COALITION/EMPLOYEE PARTICIPATION * MARCH OF DIMES PARTICIPATION BY HOSPITAL * MENTAL HEALTH AWARENESS DAY * MOBILE MEALS * MS AWARENESS WALK * NW OKLAHOMA BLOOD INSTITUTE/EMPLOYEE PARTICIPATION * NW OSTEOPATHIC FOUNDATION CHARITY BALL * PARKINSON DISEASE SUPPORT GROUP * PROJECT SEARCH * REGIONAL FOOD BANK * SENIOR LIFE NETWORK * TOYS FOR TOTS * UNITED WAY * WALK THIS WAY INITIATIVE * YMCA BACK A YOUTH * YWCA DAYCARE MEALS INTEGRIS CANADIAN VALLEY HOSPITAL, YUKON * BACK TO SCHOOL IMMUNIZATIONS * CANADIAN VALLEY TECH CENTER/EMPLOYEE PARTICIPATION * CENTRAL ELEMENTARY DASH SPONSOR * CITY OF MUSTANG RALLY * COMMUNITY SUPPORT FOUNDATION * DIABETES SUPPORT GROUP * EL RENO CHAMBER OF COMMERCE * EPIDEMIOLOGY

Return Reference	Explanation	
	GENERAL STATEMENT 3	<p> OGISTS AND PERFECTIONISTS IN INFECTION CONTROL BOARD/EMPLOYEE PARTICIPATION * EVERY 15 MINUTES PROGRAM AT MUSTANG HIGH SCHOOL * FESTIVAL OF THE CHILD * HEALTHY LIFESTYLES AND SAFETY AT YUKON MIDDLE SCHOOL * LPN STUDENT ROTATIONS * MEDICAL SUPPLY DONATIONS * MUSTANG CHAMBER OF COMMERCE * NURSING STUDENT CLINICALS * OKC MEMORIAL MARATHON * OKLAHOMA BLOOD INSTI TUTE/EMPLOYEE PARTICIPATION * PROJECT GRADUATION * RANCHWOOD ELEMENTARY JOG-A-THON * REALI TY CHECK HIGH SCHOOL PROGRAM * REGIONAL FOOD BANK * RESPIRATORY STUDENT ROTATIONS * ROTARY CLUB/EMPLOYEE PARTICIPATION * SALVATION ARMY KETTLE CAMPAIGN/EMPLOYEE PARTICIPATION * SCRUB TECH STUDENT ROTATIONS * STUDENT GOVERNING BOARD * TORNADO RELIEF IMMUNIZATIONS * UNITE D WAY/EMPLOYEE PARTICIPATION * WILD FIRE RELIEF * YUKON CHAMBER OF COMMERCE * YUKON COMMUNITY EDUCATION ADVISORY COUNCIL/ EMPLOYEE PARTICIPATION * YUKON MIDDLE SCHOOL HEALTH FAIR * YUKON SENIOR HEALTH AND FITNESS DAY YUKON TRAILS TASK FORCE/EMPLOYEE PARTICIPATION INTEGRIS GROVE HOSPITAL * BLOOD DRIVES * BREAST CANCER AWARENESS LUNCHEON * CAMP BANDAGE * CHRISTIAN MEDICAL CENTER/DONATION * FAIRLAND PUBLIC SCHOOLS SPORTS PHYSICALS * JAY DUATHALON * JAY SENIOR FAIR * JINGLE BELL 5K RUN * PRESENTATIONS TO COMMUNITY GROUPS * REC DAY WELLNESS FAIR * REGIONAL FOOD BANK DRIVE * ROTARY PARK DONATION * STUDENT GOVERNING BOARD * STUFF THE BUS * TODAY'S HEALTHY OUTLOOK NEWSLETTER * TOWNSEND CHILDREN'S FUND * TRI STATE YMCA AND GRAND LAKE YMCA/EMPLOYEE SUPPORT * TURKEY TOSS * YMCA HEALTH FAIRS INTEGRIS HEALTH EDMOND * BUTTERFIELD MEMORIAL FOUNDATION/EMPLOYEE PARTICIPATION * COLON CANCER AWARENESS TALK * DIABETES EDUCATION * EDMOND CHAMBER OF COMMERCE * LEADERSHIP EDMOND VOLUNTEER DAY/EMPLO YEE PARTICIPATION * LUNG DISEASE LUNCH AND LEARN * PREVENTION AND TREATMENT OF BROKEN HIPs * STROKE AWARENESS TALK * TURKEY TOSS * UCO ADVISORY BOARD/EMPLOYEE PARTICIPATION * UCO I NTERNSHIP/PRACTICUM PROGRAM/EMPLOYEE PARTICIPATION * UCO LEADERSHIP CLASS/MEETING SPACE PR OVIDED * UCO POST CONFERENCE/MEETING SPACE PROVIDED * UCO TRANSITIONS CLASS/MEETING SPACE PROVIDED * UNDERSTANDING ALZHEIMER'S AND DEMENTIA PRESENTATION * WOMEN'S HEALTH FORUM * YO UTH LEADERSHIP EDMOND/MEETING SPACE PROVIDED INTEGRIS SOUTHWEST MEDICAL CENTER, OKLAHOMA C ITY * ACES SUPPORT GROUP * AMERICAN HOSPITAL ASSOCIATION/MEETING SPACE PROVIDED * AMYOTROP HIC LATERAL SCLEROSIS SUPPORT GROUP * AUA STUDENT ROTATIONS * BLOOD PRESSURE SCREENINGS * BRAIN INJURY SUPPORT GROUP * BREAST CANCER AWARENESS DAY * CANCER TUMOR REGISTRY * CHAMBERS OF COMMERCE/EMPLOYEE PARTICIPATION * CROSSROADS MALL DEVELOPMENT/EMPLOYEE PARTICIPATION * GOV FALLIN FEED OKLAHOMA FOOD DRIVE/MEETING SPACE PROVIDED * GREATER OKLAHOMA CITY HOSPITAL COUNCIL/MEETING SPACE PROVIDED * LIMB LOSS SUPPORT GROUP * LVAD SUPPORT GROUP * MEALS ON WHEELS * MUSCULAR DYSTROPHY ASSOCIATION/EMPLOYEE PARTICIPATION * OCCUPATIONAL THERAPY STUDENT ROTATIONS * OKLAHOMA BAPTIST UNIVERSITY CONFERENCE/MEETING SPACE PROVIDED * OKLAHOMA CITY COMMUNITY COLLEGE/MEETING SPACE PROVIDED * OKLAHOMA CITY POLICE PRESENTATION * OKLAHOMA CITY UNIVERSITY/MEETING SPACE PROVIDED * OKLAHOMA STATE STROKE SYSTEMS ADVISORY COMMITTEE/EMPLOYEE PARTICIPATION * OKLAHOMA STATE STROKE SYSTEMS ADVISORY COMMITTEE/MEETING SPACE PROVIDED * PHYSICAL THERAPY STUDENT ROTATIONS POSITIVE DIRECTIONS MENTORING PROGRAM * RADIATION THERAPY STUDENT ROTATIONS * RECREATION THERAPY STUDENT INTERN * REDLANDS COMMUNITY COLLEGE/MEETING SPACE PROVIDED * REGIONAL FOOD BANK DRIVE * RESPIRATORY STUDENT ROTATIONS * ROTARY CLUB/EMPLOYEE PARTICIPATION * RX FOR STROKE CLASSES * SPEECH PATHOLOGY STUDENT ROTATIONS * SPINAL CORD INJURY SUPPORT GROUP * STATEWIDE STROKE CONFERENCE * STROKE SUPPORT GROUP * SURGICAL SCRUB * VO-TECH STUDENT ROTATIONS * THINK FIRST/ HEAD INJURY EDUCATION * TURKEY TOSS </p>

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

Return Reference	Explanation	
	GENERAL STATEMENT 4	<p>HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS COM LATINO WALKER S' CLUB/CLUB DE CAMINANTES THIS STRUCTURED WALKERS' PROGRAM IS OFFERED TO PEOPLE INTERESTED IN BEING PHYSICALLY ACTIVE AND PURSUING A HEALTHIER LIFESTYLE. THE GROUP MEETS MONTHLY FOR A HEALTH LECTURE OR EXERCISE SESSION, HEALTHY BREAKFAST AND BLOOD PRESSURE CHECKS. THE REST OF THE MONTH MEMBERS ARE ENCOURAGED TO WALK DAILY AT LEAST 30 MINUTES IN THE HOSPITAL DESIGNATED AREA. FREE MEMBERSHIP; T-SHIRTS WITH THE GROUP'S LOGO ARE OFFERED AT A REASONABLE PRICE. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS COM. LITERACY PROGRAM/PLAZA COMUNITARIA DO YOU KNOW SOMEONE WHO NEVER LEARNED TO READ? DID YOU GET TO THE THIRD GRADE BUT COULD NOT FINISH? DID YOU GO TO SCHOOL IN YOUR HOME COUNTRY WITHOUT FINISHING HIGH SCHOOL? THE PLAZA COMUNITARIA IS A FREE PROGRAM OF THE NATIONAL INSTITUTE FOR ADULT EDUCATION DEVELOPED BY THE CONSULATE OF MEXICO IN LITTLE ROCK AND INTEGRIS HEALTH. CLASSES ARE HELD MONDAYS AND FRIDAYS FROM 9 A.M. TO NOON. ON-SITE TEACHER IS PRESENT AT EVERY SESSION AND COMPUTERS ARE AVAILABLE FOR ONLINE MATERIAL AND TESTING. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS COM. LOOK GOOD, FEEL BETTER/LUZCA BIEN, SINTASE MEJOR HOPE IS BEAUTIFUL AND SO IS EVERY WOMAN BEING TREATED FOR CANCER. LOOK GOOD FEEL BETTER CAN HELP WOMEN WHO ARE FACING THE CHALLENGE OF A LIFETIME. THE PROGRAM WAS CREATED TO HELP INDIVIDUALS WITH CANCER LOOK GOOD AND IMPROVE THEIR SELF-ESTEEM, AND THEREBY MANAGE THEIR TREATMENT AND RECOVERY WITH GREATER CONFIDENCE. THE SUPPORT GROUP IS OPEN TO ALL WOMEN WITH CANCER WHO ARE UNDERGOING CHEMOTHERAPY, RADIATION OR OTHER FORMS OF TREATMENT. LUZCA BIEN SINTASE MEJOR, THE LOOK GOOD FEEL BETTER BILINGUAL PROGRAM, IS NOW OFFERED BY THE INTEGRIS HISPANIC INITIATIVE. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS COM. MONTHLY LECTURES/CONFERENCIAS MENSUALES WE OFFER HEALTH-RELATED LECTURES EVERY MONTH BASED ON THE SEASON OF THE YEAR AND THE NEED IN THE COMMUNITY. TOPICS ARE SELECTED FROM THE SUGGESTIONS PARTICIPANTS HAVE IN OUR DIFFERENT GROUPS AND PROGRAMS AS WELL AS THE NEEDS OF THE GENERAL POPULATION AND THE NEW ADVANCES AND BREAKTHROUGHS IN HEALTH ISSUES. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH OR VISIT VIVA INTEGRIS COM. NUTRITION CLASSES/CLASES DE NUTRICION IN THE UNITED STATES, HISPANICS ARE DISPROPORTIONATELY IMPACTED BY OBESITY AND CHRONIC HEALTH CONDITIONS, COMPARED TO THE GENERAL POPULATION. EATING A HEALTHY WELL-BALANCED DIET FILLED WITH WHOLE GRAINS, FRUITS, VEGETABLES, HEALTHY FATS, LOW-FAT DAIRY AND LEAN PROTEIN IS IMPORTANT FOR HEALTH AND WELLNESS. KNOWING WHAT AND HOW MUCH TO EAT IS THE KEY TO BEING HEALTHY. THE INTEGRIS HEALTH HISPANIC INITIATIVE AND THE OKLAHOMA STATE UNIVERSITY EXTENSION SERVICE PROVIDE THE FREE NUTRITION CLASSES AT INTEGRIS SOUTHWEST MEDICAL CENTER. CLASSES ARE HELD IN SPANISH BY REGISTERED DIETITIANS THE SECOND TUESDAY OF EVERY MONTH. TOPICS INCLUDE HEALTHY WEIGHT LOSS, HOW TO READ A FOOD LABEL, DIET AND CARDIOVASCULAR DISEASE, DIET AND OSTEOPOROSIS, AND HOW TO EAT HEALTHY DURING THE HOLIDAYS ALONG WITH INFORMATION ON HOW DIET AND NUTRITION AFFECT DIABETES, CARDIOVASCULAR DISEASE, HYPERTENSION AND OSTEOPOROSIS IN THE HISPANIC COMMUNITY. PARTICIPANTS TASTE THE DELICIOUS RECIPES WE DEMONSTRATE IN EACH CLASS. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVA INTEGRIS COM. BREAST SELF-EXAMINATION/AUTO-EXAMEN DE PECHO ONE IN EIGHT WOMEN WILL DEVELOP BREAST CANCER IN HER LIFETIME. HOWEVER, 90 PERCENT OF BREAST CANCER CAN BE TREATED SUCCESSFULLY IF DETECTED AND TREATED EARLY. STARTING BY AGE 20, WOMEN SHOULD EXAMINE THEIR BREASTS MONTHLY. BREAST SELF-EXAMINATION IS A GOOD ROUTINE HEALTH HABIT THAT CAN</p>

Return Reference	Explanation	
	GENERAL STATEMENT 5	<p>PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED WEIGHT LOSS CHALLENGE/GANE PERDIENDO TWELVE WEEKS CHALLENGE TO LEARN AND ADOPT A HEALTHY LIFESTYLE. NUTRITION, EXERCISE AND STRESS MANAGEMENT ARE THE KEY COMPONENTS OF THIS WEIGHT LOSS CHALLENGE AS WELL AS INFORMATION AND CLASSES ABOUT HEALTH RELATED ISSUES. WEEKLY SESSIONS ON HEALTH TOPICS INCLUDING NUTRITION, MENTAL HEALTH, HEALTHY WEIGHT AND ACTIVE LIFESTYLE, COMBINED WITH INTRODUCTION TO DIVERSE EXERCISE MODALITIES SUCH AS WALKING, CHAIR EXERCISE, RESISTANCE BAND AND ZUMBA, MOTIVATE PARTICIPANTS TO STAY ACTIVE AND LIVE HEALTHIER. OUR WEIGHT LOSS CHALLENGE FOR ADULTS IS HELD DURING THE MONTHS OF FEBRUARY TO APRIL AND THE VERSION OF THE PROGRAM FOR CHILDREN, MOVE FOR LIFE, GOES ON FROM SEPTEMBER THROUGH NOVEMBER EVERY YEAR. FOR MORE INFORMATION, CALL THE INTEGRIS HEALTHLINE AT 888-951-2277, PRESS #2 FOR SPANISH, OR VISIT VIVAINTEGRIS.COM. SENIOR SERVICES INTEGRIS THIRD AGE LIFE CENTER ONE OF THE LEADING SENIOR INFORMATION AND REFERRAL ASSISTANCE CENTERS IN OKLAHOMA, THIRD AGE LIFE CENTER HAS BEEN PROVIDING A BROAD VARIETY OF SERVICES FOR OLDER ADULTS SINCE 1986. INTEGRIS THIRD AGE LIFE CENTER EDUCATIONAL PROGRAMS INTEGRIS THIRD AGE LIFE CENTER PROVIDES OPPORTUNITIES FOR INVOLVEMENT AND CONTINUED GROWTH FOR ANYONE 50 YEARS OF AGE OR OLDER ENJOYING THE THIRD AGE OF LIFE. A VARIETY OF EDUCATIONAL PROGRAMS ARE OFFERED RANGING FROM DISCUSSIONS BY INTEGRIS HEALTH PROFESSIONALS TO DEFENSIVE DRIVING CLASSES CONDUCTED BY AARP TO SEMINARS ON TOPICS OF SPECIAL INTEREST TO THE OLDER ADULT INCLUDING NUTRITION, FITNESS, LEGAL ISSUES, HEALTH CONCERNS AND MORE. OTHER OPTIONS INCLUDE CLASSES IN COMPUTER AND SPANISH LANGUAGE INSTRUCTION. FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. ASK A DIETITIAN CONSULTATION WITH A REGISTERED DIETITIAN IS OFFERED FREE OF CHARGE TO INTEGRIS THIRD AGE LIFE CENTER PARTICIPANTS. THIS COMMUNITY SERVICE FOCUSES ON GENERAL NUTRITION QUESTIONS AND IS NOT INTENDED AS A SUBSTITUTE FOR THERAPEUTIC DIETS OR MEDICAL NUTRITION THERAPY. FOR MORE INFORMATION, CALL 405-717-9821 (NORTH OFFICE) OR 405-644-5140 (SOUTH OFFICE) OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. CAREGIVER SUPPORT GROUP IN COOPERATION WITH THE ALZHEIMER'S ASSOCIATION, INTEGRIS THIRD AGE LIFE CENTER FACILITATES A CAREGIVER SUPPORT GROUP THAT MEETS TWICE A MONTH. IF YOU ARE A CAREGIVER OF AN INDIVIDUAL WITH ALZHEIMER'S OR RELATED DEMENTIA, THIS GROUP MAY PROVIDE JUST THE SUPPORT THAT IS NEEDED FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. EAT WELL, MOVE MORE, BE WELL THIS PROGRAM IS AIMED AT HELPING OLDER ADULTS CHOOSE WHOLESOME FOODS AND ADOPT A MORE ACTIVE LIFESTYLE. TAKING STEPS TO ACHIEVE A HEALTHIER BODY WEIGHT IS IMPORTANT, BUT THOSE WHO ARE 65 YEARS OF AGE AND OLDER SHOULD STRIVE TO MAKE CHANGES GRADUALLY. EAT WELL, MOVE MORE, BE WELL IS A FOUR-SESSION PROGRAM TAUGHT BY A REGISTERED DIETITIAN AND EXERCISE PHYSIOLOGIST. NUTRITION RECOMMENDATIONS FOCUS ON CHOOSING A CALORIE-BALANCED DIET WITH A PARTICULAR EMPHASIS ON A HEART-HEALTHY EATING PATTERN. EXERCISE TIPS ALSO FOCUS ON INCREASING PHYSICAL ACTIVITY IN AN AGE-APPROPRIATE FASHION INCLUDING RECOMMENDATIONS FOR REDUCING THE RISK OF FALLING, STRENGTH CONDITIONING AND ENHANCING BALANCE AND COORDINATION SKILLS. FOR MORE INFORMATION, CALL 405-717-9875. FAYE DONALSON HEARING HELPERS DEMONSTRATION ROOM HOUSED AT INTEGRIS THIRD AGE LIFE CENTER, THE FAYE DONALSON HEARING HELPERS DEMONSTRATION ROOM CONTAINS A VAST ARRAY OF DEVICES DESIGNED TO HELP PEOPLE COPE WITH HEARING LOSS. THESE DEVICES ARE AVAILABLE FOR YOU TO EXAMINE AND DETERMINE WHAT WORKS BEST. ORDERING INFORMATION AND CATALOGS ARE ALSO AVAILABLE. FOR MORE INFORMATION, CALL 405-717-9820 FOR VOICE AND TTY COMMUNICATION. FITNESS CLASSES THERE IS SOMETHING FOR EVERY FITNESS LEVEL AT INTEGRIS THIRD AGE LIFE CENTER. REGULAR EXERCISE WILL INCREASE STRENGTH, FLEXIBILITY, THE IMMUNE SYSTEM AND MORE. WHETHER SENIOR STRENGTH TRAINING, LINE DANCING, TAI CHI CHIH OR LAUGHTER YOGA, THESE CLASSES ARE DESIGNED TO HELP ONE GET UP, GET MOVING AND HAVE SOME FUN. FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. HEALTHY HEART WALKERS' CLUB THE HEALTHY HEART WALKERS' CLUB IS DESIGNED TO PROVIDE THE COMMUNITY WITH A STRUCTURED WALKING AND HEALTH EDUCATION PROGRAM. THE LARGE HALLWAY ACCESS AREAS, LOCATED AT INTEGRIS SOUTHWEST MEDICAL CENTER AND INTEGRIS BAPTIST MEDICAL CENTER, PROVIDE A SAFE, CONVENIENT AND COMFORTABLE WALKING ENVIRONMENT. INTEGRIS THIRD AGE LIFE CENTER SPONSORS A MONTHLY MEETING THAT FEATURES VARIOUS SPEAKERS PRESENTING INFORMATION ON TOPICS ABOUT HEALTH AND WELLNESS OR OTHER TOPICS OF INTEREST TO SENIORS. FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAGELIFE. HEARING LOSS ASSOCIATION OF OKC SUPPORT GROUP THE HEARING LOSS ASSOCIATION OF OKLAHOMA CITY IS AN ADVOCACY GROUP FORMED TO PROTECT THE RIGHTS OF PEOPLE WHO HAVE DIF</p>

Return Reference	Explanation	
5	GENERAL STATEMENT	<p>FICULTY HEARING THE ASSOCIATION DEVELOPS STRATEGIES TO DEAL WITH HEARING LOSS THROUGH EDUCATION BY SPEAKERS AND INTERACTING WITH PROFESSIONALS SUPPORT GROUP MEETINGS ARE HELD MONTHLY THE ASSOCIATION PARTICIPATES IN PUBLIC SERVICE BY PROVIDING VOLUNTEERS IN THE FAYE DONALSON HEARING HELPERS DEMONSTRATION ROOM LOCATED IN THE INTEGRIS THIRD AGE LIFE CENTER FOR MORE INFORMATION, CALL 405-717-9820 MEDICARE INSURANCE COUNSELING DURING THE MEDICARE OPEN ENROLLMENT PERIOD, A SENIOR HEALTH INSURANCE COUNSELOR CERTIFIED BY THE OKLAHOMA STATE INSURANCE DEPARTMENT, IS AVAILABLE BY APPOINTMENT AT INTEGRIS THIRD AGE LIFE CENTER TO ASSIST MEDICARE RECIPIENTS IN SELECTING A MEDICARE PART D PRESCRIPTION PLAN TELEPHONE CONSULTATIONS TO DISCUSS GENERAL MEDICARE QUESTIONS ARE ALSO AVAILABLE THROUGHOUT THE YEAR FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAHELIFE MEMORY USE IT OR LOSE IT MEMORY LOSS OFTEN OCCURS WITH AGE, BUT IT MAY RAISE SOME QUESTIONS FOR THE INDIVIDUAL AND FAMILY WHAT IS NORMAL? CAN ANYTHING BE DONE TO DELAY IT? COULD IT BE ALZHEIMER'S? THIS PROGRAM ADDRESSES THESE QUESTIONS AND OTHER AGE-RELATED MEMORY CONCERNS, INCLUDING THE EARLY DETECTION AND TREATMENT OF DEMENTIA SUCH AS ALZHEIMER'S DISESE PARTICIPANTS RECEIVE A CHECKLIST OF WARNING SIGNS AND OTHER TOOLS TO HELP ASSESS WHETHER FURTHER EVALUATION BY A PHYSICIAN IS NEEDED THE PROGRAM, OFFERED BY INTEGRIS THIRD AGE LIFE CENTER AND INTEGRIS MENTAL HEALTH, IS FREE TO THE PUBLIC AND IS HELD IN VARIOUS LOCATIONS THROUGHOUT THE METRO AREA FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAHELIFE PREVENT SLIPS, TRIPS AND BROKEN HIPs INTEGRIS THIRD AGE LIFE CENTER IN COLLABORATION WITH INTEGRIS JIM THORPE REHABILITATION OFFERS A COMMUNITY PROGRAM THAT EDUCATES SENIORS ABOUT RISK FACTORS FOR FALLING, PREVENTION OF FALLING AND WHAT TO DO IF A FALL OCCURS FOLLOWING THE PRESENTATION, INDIVIDUALS MAY ELECT TO DO THE "TIMED UP AND GO TEST," WHICH IDENTIFIES THEIR RISK FOR FALLING PARTICIPANTS IN THE HIGH RISK CATEGORY ARE ADVISED TO REVIEW THE RESULTS WITH THEIR PRIMARY CARE PHYSICIAN THIS PROGRAM IS FREE TO COMMUNITY GROUPS IN THE METRO OKLAHOMA CITY AREA FOR MORE INFORMATION, CALL 405-717-9821 OR VISIT ONLINE AT INTEGRISOK.COM/THIRDAHELIFE IN 2014, INTEGRIS HEALTH PROVIDED \$27,304,712 IN COMMUNITY BENEFITS THIS INCLUDES OUR RETURNSHIP, COMMUNITY BUILDING EFFORTS, UNCOMPENSATED SERVICES AND MEDICAID SERVICES RETURNSHIP RETURNSHIP EPI TOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNITY IT TAKES THE FORM OF HUNDREDS OF PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA - FREE HEALTH SCREENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE AS REFLECTED IN THE PREVIOUS PAGES OUR RETURNSHIP EFFORTS EQUALED \$6,730,884 COMMUNITY BUILDING COMMUNITY BUILDING IS ANOTHER VITAL WAY WE GIVE BACK THESE EFFORTS ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SOME OF OUR ACTIVITIES IN COMMUNITY BUILDING ARE PHYSICAL IMPROVEMENTS IN HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL ENHANCEMENTS AND ADVOCACY FOR ADVANCEMENTS IN COMMUNITY HEALTH OUR COMMUNITY BUILDING EFFORTS EQUALED \$505,997 UNCOMPENSATED SERVICES UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED-COST CARE AS A SYSTEM OF NOT-FOR-PROFIT HOSPITALS, INTEGRIS HEALTH PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THE ABILITY TO PAY FOR THEIR INSURANCE COVERAGE THUS, WE PROVIDE A MUCH NEEDED SAFETY NET FOR MEMBERS OF OUR COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE CHARITY CARE COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS INTEGRIS HEALTH ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS INTEGRIS HEALTH PROVIDED CHARITY CARE AND MEDICAID SERVICES AT AN ESTIMATED COST OF \$20,067,831 IN ADDITION, INTEGRIS HEALTH INCURRED BAD DEBT WITH AN ESTIMATED COST OF \$24,733,957 BASED ON THE OVERALL HOSPITAL COST TO CHARGE RATIO INTEGRIS BAP</p>

Return Reference	Explanation
GENERAL STATEMENT 6	<p>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 2013 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 2013 TAX YEAR, AND THOSE EMPLOYEES ARE ALSO INCLUDED IN THE TOTAL REPORTED ON THE INTEGRIS HEALTH, INC FORM 990, PART V, LINE 2A</p>

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 SY STEM (SY STEM) 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 SY STEM DAVID R HADLEY DENNIS LUCKINBILL C BRUCE LAWRENCE CHRISTOPHER TURNER WENTZ MILLER JAMES P WHITE BETH A PAUCHNIK LINDA MERKEY CHARLES H MORGAN, M D JOEY SAGER PHILIP MOSCA, M D

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

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

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.

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

Return Reference	Explanation
GENERAL STATEMENT 12	PART VII SECTION B INDEPENDENT CONTRACTORS CERNER CORPORATION SOFTWARE LICENSE \$14,327,209 P O BOX 412702 MAINT AND REMOTE KANSAS CITY, MO 64141 HOSTING PRICEWATERHOUSECOOPERS PROFESSIONAL/CONSULTING \$ 6,561,121 P O BOX 952282 SERVICES DALLAS, TX 75395 ACKERMAN MCQUEEN, INC ADVERTISING \$ 5,468,181 1601 NORTHWEST EXPRESSWAY OKC, OK 73118 FPR HOLDINGS LP COPY MACHINE SERVICE \$ 4,952,088 8221 TRISTAR DRIVE AND MAINTENANCE IRVING, TX 75063 SIEMENS MEDICAL SYSTEMS, INC SOFTWARE LICENSE \$ 2,496,129 P O BOX 99395 MAINT AND REMOTE CHICAGO, IL 60693 HOSTING

Return Reference	Explanation
GENERAL STATEMENT 13	PART XI RECONCILIATION OF NET ASSETS, LINE 9 ACTUARIAL ADJUSTMENT TO RETIREMENT PLAN BALANCE (\$ 4,221,458) INCOME FROM SUBSIDIARIES - EQUITY METHOD \$188,744,058 EQUITY TRANSFERS FROM SUBSIDIARIES \$ 46,526,207 ----- TOTAL \$231,048,807

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTEGRIS HEALTH INC

Employer identification number
73-1192764

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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
(1) MEDICAL PARKING LLC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1210537	PARKING FAC	OK	975,392	2,894,249	IH
(2) INTEGRIS REALTY LLC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1192750	PROPERTY MGMT	OK	9,546,838	54,145,242	IH

Part II Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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 AMBULATORY CARE CORPORATION (IACC) BAPTIST HEALTHCARE OF OKLAHOMA, INC (BHO) INTEGRIS PROHEALTH, INC (PROHEALTH)

Additional Data

Software ID:

Software Version:

EIN: 73-1192764

Name: INTEGRIS HEALTH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) INTEGRIS AMBULATORY CARE CORPORATION 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192765	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(1) BAPTIST HEALTHCARE OF OKLAHOMA INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 23-7456301	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(2) INTEGRIS HOSPICE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 9	IH	Yes	
(3) INTEGRIS BAPTIST MEDICAL CENTER INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1034824	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(4) INTEGRIS RURAL HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(5) INTEGRIS SOUTHWEST MEDICAL CENTER INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(6) INTEGRIS HEALTH FOUNDATION INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IH	Yes	
(7) WESTERN VILLAGE ACADEMY INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC	Yes	
(8) INTEGRIS HEALTH EDMOND INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(9) INTEGRIS MENTAL HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-0738716	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BMPA LTD 73-1228665	MED OFFICE BLDG	OK	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 Corp	291,528	17,381,191	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	Trust	0	0		Yes	
QUALITY ALLIANCE ASSURANCE CO PO BOX 10027 GRAND CAYMAN KYI-1001 CJ 98-1060671	INSURANCE	CJ	IH	C Corp	13,857,401	109,451,658	100 000 %	Yes	
BAPTIST HEALTH SYSTEM INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	IH	C Corp	0	0			No
ONE CARE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	BHO	C Corp	0	0			No
VADOVATIONS INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 27-0821922	HEALTH CARE	OK	IH	C Corp	1,326,791	4,485,847	100 000 %		No
INTEGRIS HEALTH PARTNERS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-3482852	HEALTH CARE	OK	IH	C Corp	398,757	73,492	100 000 %	Yes	
INTEGRIS CARDIOVASCULAR PHYSICIANS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-2867352	HEALTH CARE	OK	IH	C Corp	34,751,006	5,971,014	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	35,000,000	COST
INTEGRIS AMBULATORY CARE CORPORATION	j	3,032,690	COST
INTEGRIS AMBULATORY CARE CORPORATION	l	4,406,561	COST
INTEGRIS AMBULATORY CARE CORPORATION	m	322,177	COST
INTEGRIS AMBULATORY CARE CORPORATION	p	293,290	COST
INTEGRIS AMBULATORY CARE CORPORATION	q	156,770,901	COST
BAPTIST HEALTHCARE OF OKLAHOMA INC	l	57,125	COST
BAPTIST HEALTHCARE OF OKLAHOMA INC	q	4,639,457	COST
INTEGRIS HOSPICE INC	q	4,579,008	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	c	44,750,000	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	j	1,508,650	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	l	6,564,533	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	m	807,452	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	p	2,180,703	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	q	579,531,724	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	s	4,012,092	COST
INTEGRIS RURAL HEALTH INC	k	311,611	COST
INTEGRIS RURAL HEALTH INC	l	3,570,809	COST
INTEGRIS RURAL HEALTH INC	p	295,590	COST
INTEGRIS RURAL HEALTH INC	q	224,005,421	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	k	555,030	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	l	2,677,922	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	m	93,410	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	p	169,380	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	q	203,288,717	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 SOUTHWEST MEDICAL CENTER INC	s	2,005,745	COST
INTEGRIS HEALTH FOUNDATION INC	c	87,835	COST
INTEGRIS HEALTH FOUNDATION INC	q	2,373,999	COST
WESTERN VILLAGE ACADEMY INC	b	500,000	COST
INTEGRIS HEALTH EDMOND INC	k	465,218	COST
INTEGRIS HEALTH EDMOND INC	l	481,598	COST
INTEGRIS HEALTH EDMOND INC	q	28,583,003	COST
BAPTIST MEDICAL PLAZA ASSOCIATES LTD	l	259,565	COST
BAPTIST MEDICAL PLAZA ASSOCIATES LTD	q	2,640,341	COST
BAPTIST MEDICAL PLAZA ASSOCIATES LTD	j	509,736	COST
BAPTIST MEDICAL PLAZA ASSOCIATES LTD	k	1,292,741	COST
INTEGRIS PROHEALTH INC	b	8,000,000	COST
INTEGRIS PROHEALTH INC	j	198,962	COST
INTEGRIS PROHEALTH INC	m	212,584	COST
INTEGRIS PROHEALTH INC	p	767,121	COST
INTEGRIS PROHEALTH INC	q	22,378,557	COST
QUALITY ALLIANCE ASSURANCE COMPANY	m	10,218,277	COST
INTEGRIS HEALTH PARTNERS LLC	b	1,000,000	COST
INTEGRIS HEALTH PARTNERS LLC	p	398,711	COST
INTEGRIS HEALTH PARTNERS LLC	q	1,651,613	COST
INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	q	28,700,656	COST
LAKESIDE WOMEN'S HOSPITAL LLC	l	369,875	COST
LAKESIDE WOMEN'S HOSPITAL LLC	q	11,185,689	COST