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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	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 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	2014 Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTEGRIS HEALTH INC		D Employer identification number 73-1192764
	% BARBARA DEAN		E Telephone number (405) 951-2747
	Doing business as SEE SCHEDULE O		
	Number and street (or P O box if mail is not delivered to street address) 5300 N INDEPENDENCE AVE STE 130	Room/suite	G Gross receipts \$ 253,593,423
	City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73112		
F Name and address of principal officer C BRUCE LAWRENCE 5300 N INDEPENDENCE AVE OKLAHOMA CITY, OK 73112		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ► WWW INTEGRISOK COM		H(c) Group exemption number ►	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	11,202
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,872,990
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,922,947	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	185,836	158,218
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	214,160,237	243,678,521
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,778,212	9,240,006
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,532,801	455,931
		217,657,086	253,532,676
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,937,811	61,363,981
	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)	103,197,392	106,698,113
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	111,043,948	138,025,737
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	250,179,151	306,087,831
	19 Revenue less expenses Subtract line 18 from line 12	-32,522,065	-52,555,155
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,693,233,815	1,595,129,192
	21 Total liabilities (Part X, line 26)	470,572,796	516,924,117
	22 Net assets or fund balances Subtract line 21 from line 20	1,222,661,019	1,078,205,075

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	*****				2016-03-04	
	Signature of officer				Date	
Paid Preparer Use Only	BETH A PAUCHNIK ASSISTANT SECRETARY					
	Type or print name and title					
	Print/Type preparer's name DEBRA C COOK		Preparer's signature DEBRA C COOK		Date 2016-02-19	Check <input type="checkbox"/> if self-employed
	PTIN P00031689					
	Firm's name ▶ KPMG LLP				Firm's EIN ▶	
	Firm's address ▶ 210 Park Ave Suite 2850 Oklahoma City, OK 73102				Phone no (405) 239-6411	

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

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 \$ 183,809,650 including grants of \$ 61,363,981) (Revenue \$ 243,678,521)

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 183,809,650

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 Yes	
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	No
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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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	1,032	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	11,202	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes
b If "Yes," enter the name of the foreign country <u>CJ</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
c Enter the amount of reserves on hand		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b	

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		
	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		
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, address, and telephone number of the person who possesses the organization's books and records 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	12,273,577	697,978	1,472,740

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▶115

		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,		36,065,606

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 ▶115

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	158,218			
	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 \$		10,960			
	h	Total. Add lines 1a-1f			158,218		
Program Service Revenue	2a	AFFILIATED SERVICE REVENUE	Business Code				
			900099	208,219,281	210,092,271	-1,872,990	
	b	RENTAL INCOME	532000	10,265,977	10,044,807		221,170
	c	MANAGEMENT FEES	900099	22,194,078	22,194,078		
	d	CHILDREN'S PLACE	900099	2,029,400			2,029,400
	e	TELEMEDICINE	900099	380,768	380,768		
	f	All other program service revenue		589,017	119,944		469,073
	g	Total. Add lines 2a-2f			243,678,521		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,480,445			8,480,445
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)		0			
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses			60,747		
	c	Gain or (loss)			759,561		
	d	Net gain or (loss)		759,561			759,561
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
		b					
b	Less direct expenses						
c	Net income or (loss) from fundraising events		0				
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b						
b	Less direct expenses						
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
	c						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	900099	47,545			47,545	
b	DISCOUNTS ON PURCHASES	900099	433,744			433,744	
c	LOSS ON RETIREMENT OF DEBT	900099	-25,358			-25,358	
d	All other revenue						
e	Total. Add lines 11a-11d			455,931			
12	Total revenue. See Instructions			253,532,676	242,831,868	-1,872,990	12,415,580

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 domestic organizations and domestic governments See Part IV, line 21	61,363,981	61,363,981		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	10,222,280	5,132,607	5,089,673	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	73,652	36,981	36,671	
7	Other salaries and wages	73,987,866	37,149,308	36,838,558	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,309,980	2,164,041	2,145,939	
9	Other employee benefits	12,559,333	6,306,041	6,253,292	
10	Payroll taxes	5,545,002	2,784,146	2,760,856	
11	Fees for services (non-employees)				
a	Management	79,245	39,789	39,456	
b	Legal	187,358	94,072	93,286	
c	Accounting	788,781	396,047	392,734	
d	Lobbying	72,000	36,151	35,849	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	442,719	222,289	220,430	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,438,515	3,232,778	3,205,737	
12	Advertising and promotion	997,287	500,738	496,549	
13	Office expenses	5,376,595	2,699,588	2,677,007	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	7,606,390	3,819,168	3,787,222	
17	Travel	1,011,855	508,052	503,803	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	807,040	405,215	401,825	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,400,608	6,226,345	6,174,263	
23	Insurance	-2,427,073	-1,218,633	-1,208,440	
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	98,272,162	49,342,453	48,929,709	0
b	EMPLOYEE/MGMT/BOARD FUNCTION	1,126,321	565,526	560,795	0
c	PUBLIC RELATIONS	1,886,709	947,317	939,392	0
d	UNRELATED BUS INCOME TAXES	3,113	3,113	0	0
e	All other expenses	2,956,112	1,052,537	1,903,575	
25	Total functional expenses. Add lines 1 through 24e	306,087,831	183,809,650	122,278,181	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		89,878,106	2	81,302,321
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		66,447,920	4	70,575,738
	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		73,413,726	7	33,586,334
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		10,580,274	9	13,225,649
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a327,336,340			
	b	Less: accumulated depreciation	10b210,728,230	77,832,089	10c	116,608,110
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11.		75,000	12	112,349,649
	13	Investments—program-related. See Part IV, line 11.		1,249,501,088	13	1,144,050,429
	14	Intangible assets		5,217,888	14	4,902,877
	15	Other assets. See Part IV, line 11.		120,287,724	15	18,528,085
	16	Total assets. Add lines 1 through 15 (must equal line 34).		1,693,233,815	16	1,595,129,192
Liabilities	17	Accounts payable and accrued expenses		202,285,699	17	280,217,530
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		59,213,959	20	0
	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	1,173,774
	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.		209,073,138	25	235,532,813
	26	Total liabilities. Add lines 17 through 25.		470,572,796	26	516,924,117
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		1,222,661,019	27	1,078,205,075
	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		1,222,661,019	33	1,078,205,075
	34	Total liabilities and net assets/fund balances		1,693,233,815	34	1,595,129,192

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	253,532,676
2	Total expenses (must equal Part IX, column (A), line 25)	2	306,087,831
3	Revenue less expenses Subtract line 2 from line 1	3	-52,555,155
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,222,661,019
5	Net unrealized gains (losses) on investments	5	-5,599,099
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	-86,301,690
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,078,205,075

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		

Additional Data

Software ID:

Software Version:

EIN: 73-1192764

Name: INTEGRIS HEALTH INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUKE R CORBETT DIRECTOR	1 0 0 0	X						27,090	0	0
(1) PETER DELANEY DIRECTOR	1 0 0 0	X						25,675	0	0
(2) C BRUCE LAWRENCE PRESIDENT & CEO/DIRECTOR	33 0 7 0	X		X				1,467,535	0	333,014
(3) CHARLES H MORGAN MD DIRECTOR	1 0 36 0	X						25,710	189,860	1,980
(4) JOEY SAGER DIRECTOR	1 0 1 0	X						29,360	0	0
(5) ELLIOTT R SCHWARTZ DO DIRECTOR	1 0 0 0	X						28,460	3,760	0
(6) DAVID THOMPSON DIRECTOR	1 0 0 0	X						28,825	0	0
(7) JAMES R DANIEL DIRECTOR & CHAIR/COMP COMM	1 0 0 0	X		X				31,460	0	0
(8) DENNIS LUCKINBILL DIRECTOR & CHAIR	1 0 1 0	X		X				26,210	0	0
(9) EDMUND O MARTIN DIRECTOR & CHAIR/INVEST COMM	1 0 0 0	X		X				32,043	0	0
(10) PHILIP MOSCA MD DIRECTOR & CHAIR	1 0 19 0	X		X				33,810	63,587	0
(11) MARSHALL SNIPES DIRECTOR & CHAIR	1 0 0 0	X		X				39,860	0	0
(12) GEORGIANNE SNOWDEN MD DIRECTOR & CHAIR/QUALITY COMM	1 0 0 0	X		X				26,460	6,440	0
(13) CHRISTOPHER TURNER DIRECTOR & SEC/AUDIT COMM	1 0 1 0	X		X				27,960	0	0
(14) DAVID R HADLEY ASST TREASURER/EVP/CFO	35 0 5 0			X				790,238	0	71,768
(15) BETH A PAUCHNIK ASST SEC /GENERAL COUNSEL	34 0 6 0			X				624,618	0	103,061
(16) ANGELA COSBY VICE PRESIDENT	40 0 0 0				X			343,937	0	19,080
(17) JEFFREY CRUZAN PRESIDENT IMG, CLINIC PHYS	40 0 0 0				X			491,153	692	32,243
(18) JOHN R DELANO VICE PRESIDENT	40 0 0 0				X			366,012	0	32,276
(19) JASON ELIOT VICE PRESIDENT	39 0 1 0				X			334,746	0	39,838
(20) CHRIS HAMMES EXECUTIVE VICE PRESIDENT & COO	37 0 3 0				X			900,019	0	127,295
(21) G EDWARD HEINEN MANAGING DIRECTOR	40 0 0 0				X			467,559	0	92,745
(22) GEORG F LUNDAY SYSTEM ADMIN DIRECTOR PHARMACY	40 0 0 0				X			254,167	0	36,852
(23) JOHN MANFREDO VICE PRESIDENT	40 0 0 0				X			263,334	0	12,462
(24) GREG A MEYERS VICE PRESIDENT	40 0 0 0				X			375,394	0	44,464

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ERROL A MITCHELL VICE PRESIDENT	40 0 0 0				X			217,428	129,064	42,813
(1) BRIAN ROBERTS VICE PRESIDENT	40 0 0 0				X			241,769	0	23,981
(2) WILLIAM R WANDEL VICE PRESIDENT	40 0 0 0				X			313,304	0	44,080
(3) HARTFORD WATKINS VICE PRESIDENT	40 0 0 0				X			245,175	0	62,505
(4) JAMES P WHITE MG DIR /CHIEF MEDICAL OFFICER	40 0 0 0				X			654,811	0	44,144
(5) MARY A BAUMAN MEDICAL DIR & CLINIC PHYSICIAN	40 0 0 0					X		352,250	0	49,073
(6) LYNN HORTON VICE PRESIDENT	40 0 0 0					X		334,112	0	45,572
(7) RM KRISHNA PRESIDENT MENTAL HEALTH	40 0 0 0					X		475,152	0	41,699
(8) LINDA L MERKEY CHIEF NURSING OFFICER	39 0 1 0					X		367,001	0	51,001
(9) LEROY SOUTHMAYD III DIRECTOR MEDICAL INFORMATICS	40 0 0 0					X		299,391	0	43,843
(10) STANLEY F HUPFELD FORMER OFFICER/DIR/KEY EMP	20 0 1 0						X	13,260	0	17,612
(11) WENTZ MILLER FORMER OFFICER	0 0 0 0						X	1,698,289	0	39,523
(12) AVILLA T WILLIAMS FORMER KEY EMPLOYEE	0 0 40 0						X	0	304,575	19,816

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
INTEGRIS HEALTH INC

Employer identification number
73-1192764

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☒

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☒

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations 7
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total 7					60,500,000	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	Yes	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		No
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	Yes	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		No
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		No

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE A, PART IV, SECTION A LINE 1 INTEGRIS HEALTH, INC 'S (INTEGRIS) AMENDED AND RESTATED CERTIFICATE OF INCORPORATION SPECIFIES INTEGRIS' SUPPORTED ORGANIZATIONS BY CLASS OR PURPOSE SECTION 3, PARAGRAPH FOUR OF THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION SPECIFIES THAT INTEGRIS IS EXCLUSIVELY ORGANIZED AS A SUPPORTING ORGANIZATION, AS DEFINED UNDER SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE, TO BE OPERATED EXCLUSIVELY FOR THE SUPPORT AND BENEFIT OF ORGANIZATIONS OF WHICH IT IS DIRECTLY OR INDIRECTLY THE SOLE MEMBER AND WHICH ARE ORGANIZATIONS DESCRIBED IN SECTON 501(C)(3) AND ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN SECTIONS 509(A)(1) OR 509(A)(2) OF THE INTERNAL REVENUE CODE
SUPPLEMENTAL INFORMATION 2	SCHEDULE A, PART IV, SECTION A LINE 5A EFFECTIVE JULY 2, 2014 INTEGRIS REMOVED BAPTIST HEALTHCARE OF OKLAHOMA, INC (BHO), EIN 23-7456301 AS BHO'S SOLE MEMBER, INTEGRIS CONVERTED BHO TO A SINGLE MEMBER LLC AND IT IS NOW A DISREGARDED ENTITY OF INTEGRIS RURAL HEALTH, INC (IRH), A SUPPORTED ORGANIZATION OF INTEGRIS THE CONVERSION WAS ACCOMPLISHED BY AMENDMENT TO BHO'S CERTIFICATE OF INCORPORATION, CONVERTING THE ORGANIZATION TO A LIMITED LIABILITY COMPANY, WHOLLY OWNED BY IRH AS THE SOLE MEMBER OF BHO, INTEGRIS HAD THE AUTHORITY UNDER BHO'S GOVERNING DOCUMENTS TO CONVERT THE ORGANIZATION TO A SINGLE MEMBER LLC
SUPPLEMENTAL INFORMATION 3	SCHEDULE A, PART IV, SECTION A LINE 6 GRANTS ARE MADE AT THE DIRECTION OF THE SUPPORTED ORGANIZATIONS IN THE COMMUNITIES SERVED BY THEM
SUPPLEMENTAL INFORMATION 4	SCHEDULE A, PART IV, SECTION B LINE 1 PURSUANT TO THE ORGANIZATION'S BYLAWS, AT ALL TIMES A MAJORITY OF INTEGRIS' OFFICERS MUST BE, AND ARE, INDIVIDUALS THAT ARE CONCURRENTLY OFFICERS OF ONE OR MORE OF ITS SUPPORTED ORGANIZATIONS AND ARE APPOINTED BY THE RESPECTIVE BOARDS OF THOSE SUPPORTED ORGANIZATIONS ACCORDINGLY, INTEGRIS MEETS THE "OPERATED, SUPERVISED, OR CONTROLLED BY" RELATIONSHIP TEST FOR QUALIFICATION AS A TYPE I SECTION 509(A)(3) SUPPORTING ORGANIZATION

Additional Data

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

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) INTEGRIS BAPTIST MEDICAL CENTER INC	731034824		Yes		0	0
(A) INTEGRIS RURAL HEALTH INC	731444504		Yes		0	0
(B) INTEGRIS SOUTH OKLAHOMA CITY HOSPITAL CORPORATION	731089149		Yes		0	0
(C) INTEGRIS AMBULATORY CARE CORPORATION	731192765		Yes		35,000,000	0
(D) INTEGRIS HOSPICE INC	731369586		Yes		0	0
(E) WESTERN VILLAGE ACADEMY INC	731588764		Yes		500,000	0
(F) INTEGRIS HEALTH EDMOND INC	451027361		Yes		25,000,000	0

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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)		254,660	254,660												
c Total lobbying expenditures (add lines 1a and 1b)		254,660	254,660												
d Other exempt purpose expenditures		183,554,990	1,405,954,096												
e Total exempt purpose expenditures (add lines 1c and 1d)		183,809,650	1,406,208,756												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	229,576	241,311	209,207	254,660	934,754
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, lines 1 and 2 (see instructions), 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 \$183,809,650 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.

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

OMB No 1545-0047

2014

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 value of contributions to (during year)	
3	Aggregate value of 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) Revenue 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

Revenue 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) 2014

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 | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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)

b

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

3b

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		18,565,413		18,565,413
b Buildings		60,266,237	47,898,466	12,367,771
c Leasehold improvements		5,657,325	2,991,730	2,665,595
d Equipment		188,516,365	157,395,841	31,120,524
e Other		54,331,000	2,442,193	51,888,807
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				116,608,110

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 (losses) 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	498,974,158	F
(2) INTEGRIS HEALTH FDN , INC	23,755,784	F
(3) INTEGRIS AMBULATORY CARE CORP	52,200,861	F
(4) INTEGRIS REALTY, LLC	56,171,383	F
(5) MEDICAL PARKING, LLC	1,254,331	F
(6) INTEGRIS PROHEALTH, INC	20,473,063	F
(7) QUALITY ALLIANCE ASSURANCE	478,860	F
(8) INTEGRIS HEALTH EDMOND, INC	17,899,778	F
(9) INTEGRIS SO OKC HOSP CORP	246,356,925	F
(10) INTEGRIS HEALTH PARTNERS, LLC	962,803	F
(11) INTEGRIS CARDIOVASCULAR	1,048,000	F
(12) BAPTIST HEALTHCARE OF OKLAHOMA	211,750,834	F
(13) PROCURE MIDWEST HOLDINGS	1,618,559	F
(14) 2 CORP PLAZA	512,011	F
(15) INTEGRIS HOSPICE, INC	10,593,079	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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	13,134,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total					13,134,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					13,134,000

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; do not file with Form 990)*

☐ 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; do not file with Form 990)*

☐ 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, 2015

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

2014

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 Domestic Organizations and Domestic Governments. 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 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 20

3 Enter total number of other organizations listed in the line 1 table 4

Part III

Grants and Other Assistance to Domestic Individuals. 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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTEGRIS AMBULATORY CARE CORPORATION5300 N INDEPENDENCE AVE STE 130 OKC,OK 73112	73-1192765	501(C)(3)	35,000,000				TO FUND OPERATIONS
WESTERN VILLAGE ACADEMY INC5300 N INDEPENDENCE AVE STE 130 OKC,OK 73112	73-1588764	501(C)(3)	500,000				TO FUND OPERATIONS
INTEGRIS HEALTH EDMOND INC5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY,OK 73112	45-1027361	501(C)(3)	25,000,000				TO FUND OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 FOUNDATION1015 N BROADWAY AVE OKLAHOMA CITY,OK 731025848	73-0804291	501(C)(3)	15,750				GENERAL SUPPORT
HEALTH ALLIANCE FOR THE UNINSURED INC5929 N MAY AVE SUITE 511 OKLAHOMA CITY,OK 731123961	26-1789292	501(C)(3)	98,004				GENERAL SUPPORT
OKLAHOMA CITY BOATHOUSE FOUNDATION 725 S LINCOLN BLVD OKLAHOMA CITY,OK 731294430	20-1837237	501(C)(3)	28,404				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INC5225 N SHARTEL AVE STE 201 OKLAHOMA CITY,OK 731186035	73-1222182	501(C)(3)	9,070				GENERAL SUPPORT
OKLAHOMA HERITAGE ASSOCIATION1400 CLASSEN DR OKLAHOMA CITY,OK 731066614	73-0784696	501(C)(3)	25,000				GENERAL SUPPORT
UNITED WAY OF CENTRAL OKLAHOMA INC1444 NW 28TH ST OKLAHOMA CITY,OK 731063430	73-0589829	501(C)(3)	87,200				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 HEALTH FOUNDATION INC5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY,OK 73112	73-1047338	501(C)(3)	7,200				GENERAL SUPPORT
ENID ARTS & SCIENCE FOUNDATIONPO BOX 348 ENID,OK 737020348	73-1413931	501(C)(3)	200,000				GENERAL SUPPORT
OKLAHOMA CITY CHAMBER OF COMMERCE INC123 PARK AVENUE OKLAHOMA CITY,OK 73102	73-0381180	501(C)(6)	90,905				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS SPORTS INCORPORATED6300 N SANTA FE AVE OKLAHOMA CITY,OK 731187519	26-3163197	501(C)(3)	27,500				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVE DALLAS,TX 752315129	13-5613797	501(C)(3)	78,431				GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES8350 N CENTRAL EXPWY DALLAS,TX 75206	23-7000363	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HEATHER L HARKNESS FUND1000 N BROADWAY OKLAHOMA CITY,OK 73102	23-7024262	501(C)(3)	10,000				GENERAL SUPPORT
ITN CENTRAL OKLAHOMA INC313 NORTHEAST 50TH STE 2 OKLAHOMA CITY,OK 73105	46-2250170	501(C)(3)	25,000				GENERAL SUPPORT
OKLAHOMA ACADEMY FOR STATE GOALS401 WEST MAIN SUITE 390 NORMAN,OK 730691325	73-1255400	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ACADEMY OF FAMILY PHYSICIANS1900 NW EXPRESSWAY OKLAHOMA CITY, OK 73118	73-0612930	501(C)(6)	10,000				GENERAL SUPPORT
OKLAHOMA COUNTY MEDICAL SOCIETY313 NE 50TH ST STE 2 OKLAHOMA CITY, OK 731051833	73-0381790	501(C)(6)	6,000				GENERAL SUPPORT
OKLAHOMA PROJECT WOMAN INCPO BOX 14026 TULSA, OK 74159	73-1616817	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH OKLAHOMA CITY CHAMBER OF COMMERCE 701 SW 74TH OKLAHOMA CITY, OK 73139	73-0172385	501(C)(6)	17,825				GENERAL SUPPORT
VARIETY CARE FOUNDATION INC3000 NORTH GRAND BOULEVARD OKLAHOMA CITY, OK 73107	73-0580273	501(C)(3)	20,000				GENERAL SUPPORT
YMCA OF GREATER OKLAHOMA CITY500 N BROADWAY AVE STE 500 OKLAHOMA CITY, OK 731026208	73-0579270	501(C)(3)	9,000				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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
INTEGRIS HEALTH INC

Employer identification number
73-1192764

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	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?	2		
3	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><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

Note. The sum of columns (B)(i)-(iii) 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 in column(B) 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 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 DAVID R HADLEY C BRUCE LAWRENCE CHRIS HAMMES BETH A PAUCHNIK G EDWARD HEINEN JAMES P WHITE WENTZ MILLER RECEIVED A PAYMENT FROM THE PLAN IN THE CURRENT YEAR EQUAL TO \$1,344,036
SUPPLEMENTAL INFORMATION 2	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 PRODUCTION CRITERIA, (V) A SPECIFIED PERCENTAGE OF FEE-BASED COLLECTIONS AND CAPITATION COLLECTIONS, IF APPLICABLE, IN EXCESS OF QUARTERLY SALARY, (VI) QUARTERLY BONUSES MEASURED BY RVUS THAT EXCEED A SPECIFIED TARGET PER QUARTER, AND (VII) PRO RATA SHARE OF ANNUAL INCENTIVE POOLS BASED UPON PRODUCTION, COMPLIANCE WITH CLINICAL GUIDELINES, QUALITY AND PATIENT SATISFACTION CRITERIA

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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
C BRUCE LAWRENCE, PRESIDENT & CEO/DIRECTOR	(i) (ii)	947,961 0	492,054 0	27,520 0	320,096 0	12,918 0	1,800,549 0	0 0
CHARLES H MORGAN MD, DIRECTOR	(i) (ii)	25,710 186,100	0 3,760	0 0	0 0	0 1,980	25,710 191,840	0 0
DAVID R HADLEY, ASST TREASURER/EVP/CFO	(i) (ii)	464,950 0	311,680 0	13,608 0	58,788 0	12,980 0	862,006 0	0 0
BETH A PAUCHNIK, ASST SEC /GENERAL COUNSEL	(i) (ii)	416,915 0	191,342 0	16,361 0	90,924 0	12,137 0	727,679 0	0 0
ANGELA COSBY, VICE PRESIDENT	(i) (ii)	253,837 0	81,064 0	9,036 0	11,497 0	7,583 0	363,017 0	0 0
JEFFREY CRUZAN, PRESIDENT IMG, CLINIC PHYS	(i) (ii)	414,086 692	67,012 0	10,055 0	16,700 0	15,543 0	523,396 692	0 0
JOHN R DELANO, VICE PRESIDENT	(i) (ii)	268,592 0	88,392 0	9,028 0	16,700 0	15,576 0	398,288 0	0 0
JASON ELIOT, VICE PRESIDENT	(i) (ii)	245,847 0	77,683 0	11,216 0	23,397 0	16,441 0	374,584 0	0 0
CHRIS HAMMES, EXECUTIVE VICE PRESIDENT & COO	(i) (ii)	600,560 0	284,339 0	15,120 0	110,850 0	16,445 0	1,027,314 0	0 0
G EDWARD HEINEN, MANAGING DIRECTOR	(i) (ii)	316,219 0	135,910 0	15,430 0	76,257 0	16,488 0	560,304 0	0 0
GEORG F LUNDAY, SYSTEM ADMIN DIRECTOR PHARMACY	(i) (ii)	208,230 0	45,063 0	874 0	21,589 0	15,263 0	291,019 0	0 0
JOHN MANFREDO, VICE PRESIDENT	(i) (ii)	194,600 0	60,528 0	8,206 0	5,868 0	6,594 0	275,796 0	0 0
GREG A MEYERS, VICE PRESIDENT	(i) (ii)	271,591 0	88,529 0	15,274 0	31,989 0	12,475 0	419,858 0	0 0
ERROL A MITCHELL, VICE PRESIDENT	(i) (ii)	127,327 129,064	84,361 0	5,740 0	30,420 0	12,393 0	260,241 129,064	0 0
BRIAN ROBERTS, VICE PRESIDENT	(i) (ii)	183,249 0	49,553 0	8,967 0	7,913 0	16,068 0	265,750 0	0 0
WILLIAM R WANDEL, VICE PRESIDENT	(i) (ii)	227,110 0	72,938 0	13,256 0	28,036 0	16,044 0	357,384 0	0 0
HARTFORD WATKINS, VICE PRESIDENT	(i) (ii)	176,722 0	58,721 0	9,732 0	51,510 0	10,995 0	307,680 0	0 0
JAMES P WHITE, MG DIR /CHIEF MEDICAL OFFICER	(i) (ii)	436,786 0	199,438 0	18,587 0	32,000 0	12,144 0	698,955 0	0 0
MARY A BAUMAN, MEDICAL DIR & CLINIC PHYSICIAN	(i) (ii)	281,128 0	59,756 0	11,366 0	37,100 0	11,973 0	401,323 0	0 0
LYNN HORTON, VICE PRESIDENT	(i) (ii)	239,339 0	79,828 0	14,945 0	29,356 0	16,216 0	379,684 0	0 0

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

(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RM KRISHNA, PRESIDENT MENTAL HEALTH	(i) (ii)367,619 0	83,492 0	24,041 0	29,403 0	12,296 0	516,851 0	0 0
LINDA L MERKEY, CHIEF NURSING OFFICER	(i) (ii)149,396 0	211,025 0	6,580 0	35,260 0	15,741 0	418,002 0	0 0
LEROY SOUTHMAYD III, DIRECTOR MEDICAL INFORMATICS	(i) (ii)237,633 0	53,432 0	8,326 0	31,178 0	12,665 0	343,234 0	0 0
WENTZ MILLER, FORMER OFFICER	(i) (ii)117,181 0	1,578,851 0	2,257 0	27,223 0	12,300 0	1,737,812 0	1,344,036 0
AVILLA T WILLIAMS, FORMER KEY EMPLOYEE	(i) (ii)0 210,746	0 82,951	0 10,878	0 13,007	0 6,809	0 324,391	0 0
STANLEY F HUPFELD, FORMER OFFICER/DIR/KEY EMP	(i) (ii)2,108 0	10,302 0	850 0	6,308 0	11,304 0	30,872 0	0 0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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.

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

Name of the organization
INTEGRIS HEALTH INC

Employer identification number
73-1192764

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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 \$1,423,943 (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 HAS AN OWNERSHP INTEREST IN ACKERMAN MCQUEEN, INC (C) AMOUNT \$7,563,917 (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 \$17,008 (D) DESCRIPTION OF TRANSACTION EMPLOYMENT SERVICES (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 \$189,153 (D) DESCRIPTION OF TRANSACTION LEASE AGREEMENT (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 \$21,117 (D) DESCRIPTION OF TRANSACTION MEDICAL PROFESSIONAL SERVICES (E) SHARING OF ORGANIZATION'S REVENUES NO

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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

2014

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 MOST TRUSTED NAME IN HEALTH CARE 2015 INTEGRIS COMMUNITY BENEFITS ANNUAL REPORT "WITH REGARD TO EXCELLENCE, IT IS NOT ENOUGH TO KNOW, BU T WE MUST TRY TO HAVE AND USE IT " ARISTOTLE BOARD OF DIRECTORS INTEGRIS FISCAL YEAR 2015 OFFICERS MARSHALL SNIPES, PAST-CHAIRMAN DAVID L THOMPSON, CHAIRMAN CHRISTOPHER C TURNER, SECRETARY AND TREASURER C BRUCE LAWRENCE, PRESIDENT AND CEO BOARD MEMBERS LUKE R CORBET T JAMES R DANIEL PETER B DELANEY DENNIS LUCKINBILL EDMUND O MARTIN CHARLES H MORGAN, M D PHILIP MOSCA, M D ELLIOTT R SCHWARTZ, D O JOEY D SAGER GEORGIANNE SNOWDEN, M D LE TTER FROM OUR PRESIDENT AND CEO CARING FOR PEOPLE IS AT THE CENTER OF EVERY THING WE DO AT INTEGRIS WITHIN THE PAGES OF OUR 2015 COMMUNITY BENEFIT REPORT YOU WILL SEE PATIENT STORI ES THAT SHOWCASE THE CAPABILITIES OF INTEGRIS THE PATIENTS AND FAMILIES WE FEATURE - AND HUNDREDS OF THOUSANDS MORE LIKE THEM - ARE THE VERY FOUNDATION OF OUR MISSION TO IMPROVE T HE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE OUR CLINICAL EXCELLENCE IS HIGHLY REGARD ED AND WE TAKE PRIDE IN THE FACT THAT INTEGRIS OFFERS THE HIGHEST-ACUITY CARE AVAILABLE AN YWHERE IN OKLAHOMA WE BELIEVE OUR MISSION EXTENDS BEYOND OUR WALLS THAT IS WHY YOU SEE I NTEGRIS SPONSORING HEALTH FAIRS, WELLNESS SCREENINGS, FITNESS EVENTS AND SCORES OF OTHER H EALTH-RELATED ACTIVITIES ACROSS OUR STATE YOU WILL SEE THE INTEGRIS NAME ATTACHED TO WALK ING AND BIKING TRAILS INCLUDING A NEW TRAIL DEDICATED IN NOVEMBER 2015 THE INTEGRIS JIM T HORPE COURAGE TRAIL AT MARTIN PARK NATURE CENTER IN OKLAHOMA CITY IT IS THE STATE'S FIRST FULLY ACCESSIBLE TRAIL INTEGRIS IS PROUD TO SPONSOR, ALONG WITH OTHER COMMUNITY PARTNERS , CAPITAL PROJECTS THAT MAKE ACCESSIBILITY UPDATES TO THE TRAIL A REALITY WE BELIEVE ALL OKLAHOMANS SHOULD SHARE THE OPPORTUNITY TO ENJOY EXERCISE AMID THE BEAUTY AND NATURE OF OU R GREAT OUTDOORS WE ALSO TAKE PRIDE IN THE FACT THAT INTEGRIS OPERATES THE STANLEY HUFFEL D ACADEMY AT WESTERN VILLAGE, AN INNER-CITY OKLAHOMA CITY PUBLIC SCHOOL INTEGRIS ACCEPTS FULL FINANCIAL RESPONSIBILITY FOR OPERATION OF THE SCHOOL MANY OF OUR EMPLOYEES SPEND ONE HOUR EACH WEEK MENTORING STUDENTS AND WE PROVIDE FLU SHOTS, NUTRITIOUS MEALS AND ON-SITE NURSES TO HELP ENSURE THE FAMILIES ARE AS HEALTHY AS POSSIBLE AND THE STUDENTS ARE READY T O LEARN THANKS TO THE ONGOING EFFORTS OF MANY , THE SCHOOL IS NO LONGER LISTED AS AT-RISK, AND STUDENT ACHIEVEMENT IS IMPROVING THESE ARE SOME OF THE COUNTLESS EXAMPLES THAT SHOWC ASE INTEGRIS AND ITS EMPLOYEES LIVING OUR MISSION, BOTH INSIDE AND OUTSIDE OUR FACILITY WA LLS I AM PROUD TO BE PART OF SUCH A GIVING AND CARING GROUP OF PEOPLE SINCERELY, BRUCE L AWRENCE, PRESIDENT AND CEO INTEGRIS LETTER FROM OUR CHAIRMAN OF THE BOARD AS BOARD CHAIR, I AM PARTICULARLY PLEASED TO SEE INTEGRIS - AS AN ORGANIZATION - MAKE SUCH POSITIVE DIFFER ENCES IN THE LIVES OF OKLAHOMANS THE EXCELLENCE OFFERED WITHIN INTEGRIS HEALTH CARE FACIL ITIES IS UNQUESTIONED AND UNMATCHED IN OUR STATE AND, FRANKLY, BEYOND FROM TIME TO TIME, HOWEVER, I AM ASKED WHY INTEGRIS INVESTS SO MUCH OF ITS TIME AND ENERGY OUTSIDE FACILITY W ALLS AND INTO THE COMMUNITIES IT SERVES THE ANSWER IS SIMPLE FIRST, WE ARE OKLAHOMANS, O UR EMPLOYEES MAKE THEIR HOMES, CAREERS AND QUALITY OF LIFE PURSUITS IN OUR GREAT STATE GE NEROSITY OF TIME, TALENT AND RESOURCES ARE ATTRIBUTES OF OUR PEOPLE INDIVIDUALLY AND COLL ECTIVELY - FROM THE INTEGRIS BOARD TO OUR NEWEST EMPLOYEES - WE BELIEVE IN OUR SHARED RESP ONSIBILITY TO MAKE LIFE BETTER WHERE WE CALL HOME INTEGRIS ACCEPTS AND ENJOYS THIS ROLE A S OKLAHOMA'S LARGEST, LOCALLY OWNED HEALTH CARE SYSTEM SECONDLY, INTEGRIS IS A NOT-FOR-PR OFIT CORPORATION THAT MEANS WE ARE ABLE TO INVEST ONE HUNDRED PERCENT OF ANY MONEY EARNED BACK INTO OUR HEALTH CARE SYSTEM THROUGH HIRING OF WORLD-CLASS PHY SICIANS, PURCHASE OF TH E LATEST TECHNOLOGIES AND CONSTRUCTION OF THE FINEST HEALTH CARE FACILITIES, AS WELL AS PR OGRAMS AND SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR ALL OKLAHOMANS OUR COMM ITMENT IS NOT TO SHAREHOLDERS, IT IS TO THE PEOPLE OF OKLAHOMA AS I CLOSE, I APPRECIATE T HE OPPORTUNITY TO HIGHLIGHT SOMETHING ELSE EMPLOYEES AND ADMINISTRATION MIGHT NOT INCLUDE IN A REPORT LIKE THIS IN 2015, INTEGRIS EMPLOYEES - WORKING TOGETHER - SET RECORDS WITH T HEIR CONTRIBUTIONS TO LOCAL UNITED WAY CHAPTERS AND THE INTEGRIS FOUNDATION'S YOU&I CAMPAI GN BOTH EFFORTS REPRESENT THE PERSONAL GIVING OF INTEGRIS EMPLOYEES AND, COMBINED, THEY R AISED MORE THAN \$1 2 MILLION AS YOU WILL SEE THROUGHOUT THIS REPORT, INTEGRIS EMPLOYEES, COLLECTIVELY AND INDIVIDUALLY, ARE HELPING TO MAKE OKLAHOMA A BETTER AND HEALTHIER PLACE T O LIVE IT IS PART OF OUR NEVER-ENDING MISSION TO IMPROVE THE HEALTH OF THE PEOPLE AND COM MUNITIES WE SERVE SINCERELY, DAVID THOMPSON, CHAIRMAN INTEGRIS BOARD OF DIRECTORS INTEGRI S INTEGRIS IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE SY STEM AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS (ABOUT 9,500 EMPLOYEES</p>

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	GENERAL STATEMENT 2	<p>STATEWIDE), WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, INDEPENDENT LIVING CENTERS AND HOME HEALTH AGENCIES LOCATED THROUGHOUT MUCH OF THE STATE. CORPORATE HEADQUARTERS ARE LOCATED ON THE CAMPUS OF INTEGRIS BAPTIST MEDICAL CENTER IN OKLAHOMA CITY. IT IS A NOT-FOR-PROFIT CORPORATION GOVERNED BY A 14-MEMBER BOARD OF DIRECTORS MADE UP OF BUSINESS, MEDICAL AND COMMUNITY LEADERS FROM ACROSS THE STATE. INTEGRIS IS LED BY PRESIDENT AND CHIEF EXECUTIVE OFFICER BRUCE LAWRENCE, WITH THE ASSISTANCE OF SENIOR STAFF IN THE AREAS OF PHYSICIAN SERVICES, FACILITY OPERATIONS, STRATEGIC SERVICES AND FINANCE.</p> <p>HISTORY FORMED IN 1995, INTEGRIS WAS THE RESULT OF A MERGER THAT SAME YEAR BETWEEN OKLAHOMA HEALTH SYSTEM AND SOUTHWEST MEDICAL CENTER IN OKLAHOMA CITY. OKLAHOMA HEALTH SYSTEM ITSELF WAS A NEW ORGANIZATION FORMED ONE YEAR EARLIER FROM A MERGER BETWEEN OKLAHOMA HEALTHCARE CORPORATION (BAPTIST MEDICAL CENTER'S PARENT COMPANY) AND BAPTIST HEALTHCARE OF OKLAHOMA. THE ENTITIES THAT COMPRISE INTEGRIS PROVIDE CARE IN MANY SETTINGS, FROM SOPHISTICATED URBAN MEDICAL CENTERS TO YOUR OWN HOME. SCOPE INTEGRIS PROVIDES CARE ALL OVER THE STATE, INCLUDING 10 HOSPITALS (EIGHT OF WHICH ARE ACUTE-CARE). THE ORGANIZATION HAS ALLIED MENTAL HEALTH PROVIDERS IN 50 OKLAHOMA TOWNS AND CITIES AND OFFERS HOSPICE SERVICES THROUGH INTEGRIS HOSPICE. APPROXIMATELY SIX OUT OF EVERY 10 OKLAHOMANS LIVE WITHIN 30 MILES OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS ORGANIZATION. COLLECTIVELY, THE ENTITIES WITHIN INTEGRIS MAINTAIN MORE THAN 1,900 LICENSED BEDS AND HAVE MEDICAL STAFFS THAT NUMBER MORE THAN 1,500 PHYSICIANS. SERVICES THE ENTITIES THAT COMPRISE INTEGRIS OFFER A WIDE RANGE OF HIGHLY DEVELOPED INPATIENT, OUTPATIENT AND ANCILLARY SERVICES. EXCELLENCE IN MEDICAL CARE ALONG WITH RESEARCH, STAFF EDUCATION, SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES, AND EDUCATIONAL PROGRAMS FOR THE COMMUNITY, ALLOWS MEMBERS OF INTEGRIS TO ACHIEVE THE ORGANIZATION'S MISSION. SPECIALIZED CENTERS OF EXCELLENCE HAVE BEEN DEVELOPED THROUGH VARIOUS ENTITIES AFFILIATED WITH INTEGRIS TO PROVIDE A HIGH STANDARD OF CARE FOR OUR COMMUNITIES. EACH OF THESE ORGANIZATIONS BRINGS A RICH HISTORY OF SERVING OKLAHOMANS. INTEGRIS CARING FOR OUR COMMUNITIES MISSION TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE. VISION MOST TRUSTED NAME IN HEALTH CARE VALUES INTEGRIS'S VALUES CAN BE IDENTIFIED BY THREE SIMPLE BUT VERY POWERFUL CONCEPTS OF LOVE, LEARN AND LEAD. LOVE - TREAT SELF AND OTHERS WITH KINDNESS, DIGNITY AND RESPECT - BE PATIENT AND FORGIVING - SERVE OTHERS WITH A CARING HEART. LEARN - LISTEN, ASK AND BE OPEN - IMPROVE EVERY DAY - UNDERSTAND OUR BUSINESS - CREATE A LEARNING ENVIRONMENT. LEAD - SEEK AND PROVIDE DIRECTION AND VISION - EXPECT AND ACKNOWLEDGE EXCELLENCE - DEMONSTRATE HONESTY - DEVELOP RELATIONSHIPS - SHOW COURAGE TO MAKE A DIFFERENCE - LEAD BY EXAMPLE. INTEGRIS BAPTIST MEDICAL CENTER.</p> <p>BRYCE DUKE WAS A NORMAL 11-YEAR-OLD BOY. HE LOVED PLAYING FOOTBALL, RUNNING AROUND WITH HIS FRIENDS AND PLAYING "CALL OF DUTY." EVERYTHING CHANGED IN LATE SEPTEMBER 2014 WHEN HE BEGAN TO EXPERIENCE STRANGE SYMPTOMS. HIS EYES WOULD CROSS AND HIS PUPILS WOULD BECOME ENLARGED FOR NO APPARENT REASON. HE STARTED COMPLAINING OF DIZZINESS AND BLURRED VISION, AND BEGAN STARING OFF INTO SPACE FOR LONG PERIODS OF TIME. HE HAD RECENTLY SUFFERED A FOOTBALL INJURY TO THE LOWER LEFT LUMBAR AREA OF HIS SPINE, SO AT FIRST HIS PARENTS THOUGHT THESE SYMPTOMS COULD BE RELATED. WHEN THE SYMPTOMS WERE NOT GETTING BETTER, DUKE'S PEDIATRICIAN REFERRED HIM TO INTEGRIS PEDIATRIC NEUROLOGIST, AMBER STOCCO, M.D. AFTER RUNNING NUMEROUS TESTS, SHE MADE THE FRIGHTENING DIAGNOSIS. HE HAD A VERY RARE DISEASE CALLED ANTI-NMDA RECEPTOR ENCEPHALITIS, COMMONLY REFERRED TO AS NMDA, A DISEASE OCCURRING WHEN ANTIBODIES PRODUCED BY THE BODY'S OWN IMMUNE SYSTEM ATTACK NMDA RECEPTORS IN THE BRAIN. ON TOP OF HIS NEUROLOGICAL ISSUES, HIS HEART RATE BEGAN TO RISE AND HE BEGAN HAVING DIFFI</p>

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3	GENERAL STATEMENT	<p>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 * COALITION OF ADVOCATES EVENTS * COMMUNITY CANCER SCREENINGS * DAY OF DANCE * 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 * HOSPICE WEBINARS * INFANT CRISIS SERVICES/EMPLOYEE PARTICIPATION * MOBILE MEALS INTEGRIS BAPTIST REGIONAL HEALTH CENTER, MIAMI * CITY OF MIAMI HEALTH FAIR * INDIGO SKY HEALTH FAIR * HOPKINS MANUFACTURING HEALTH FAIR * J&M FARMS HEALTH FAIR * LUNCH AND LEARN PRESENTATIONS * MEALS ON WHEELS * MEDICAL STUDENTS * MIAMI PUBLIC SCHOOLS HEALTH FAIR * MILITARY FAMILY LISTENING CONFERENCE * MULTI-DISCIPLINARY 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 * EPIDEMIOLOGISTS 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 * O</p>

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3	GENERAL STATEMENT	<p> KLAHOMA BLOOD INSTITUTE/EMPLOYEE PARTICIPATION * PROJECT GRADUATION * RANCHWOOD ELEMENTARY JOG-A-THON * REALITY 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 IM MUNIZATIONS * UNITED WAY/EMPLOYEE PARTICIPATION * WILD FIRE RELIEF * YUKON CHAMBER OF COMM ERCE * YUKON COMMUNITY EDUCATION ADVISORY COUNCIL/EMPLOYEE PARTICIPATION * YUKON MIDDLE SC HOOL 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 * DELAWARE COUNTY HEALTH FAIR * FAIRLAND PUBLIC SCHOOLS SPORTS PHYSICALS * JAY DUATHALON * JAY SENIOR FAIR * JINGLE BELL 5K RUN * P RESENTATIONS TO COMMUNITY GROUPS * REC DAY WELLNESS FAIR * REGIONAL FOOD BANK DRIVE * ROTA RY PARK DONATION * STUDENT GOVERNING BOARD * STUFF THE BUS * TODAY'S HEALTHY OUTLOOK NEWSL ETTER * TOWNSEND CHILDREN'S FUND * TRI STATE YMCA AND GRAND LAKE YMCA/EMPLOYEE SUPPORT * T URKEY TOSS * YMCA HEALTH FAIRS INTEGRIS HEALTH EDMOND * BUTTERFIELD MEMORIAL FOUNDATION/EM PLOYEE PARTICIPATION * COLON CANCER AWARENESS TALK * DIABETES EDUCATION * EDMOND CHAMBER O F COMMERCE * LEADERSHIP EDMOND VOLUNTEER DAY/EMPLOYEE PARTICIPATION * LUNG DISEASE LUNCH A ND LEARN * PREVENTION AND TREATMENT OF BROKEN HIPS * STROKE AWARENESS TALK * TURKEY TOSS * UCO ADVISORY BOARD/EMPLOYEE PARTICIPATION * UCO INTERNSHIP PRACTICUM PROGRAM/EMPLOYEE PAR TICIPATION * UCO LEADERSHIP CLASS MEETING/SPACE PROVIDED * UCO POST CONFERENCE MEETING/SPA CE PROVIDED * UCO TRANSITIONS CLASS MEETING/SPACE PROVIDED * UNDERSTANDING ALZHEIMER'S AND DEMENTIA PRESENTATION * WOMEN'S HEALTH FORUM * YOUTH LEADERSHIP EDMOND/MEETING SPACE PROV IDED INTEGRIS SOUTHWEST MEDICAL CENTER, OKLAHOMA CITY * ACES SUPPORT GROUP * AMERICAN HOSP ITAL ASSOCIATION MEETING/SPACE PROVIDED * AMY OTROPHIC LATERAL SCLEROSIS SUPPORT GROUP * AU A STUDENT ROTATIONS * BLOOD PRESSURE SCREENINGS * BRAIN INJURY SUPPORT GROUP * BREAST CANC ER AWARENESS DAY * CANCER TUMOR REGISTRY * CHAMBERS OF COMMERCE/EMPLOYEE PARTICIPATION * C ROSSROADS MALL DEVELOPMENT/EMPLOYEE PARTICIPATION * GOV FALLIN FEED OKLAHOMA FOOD DRIVE/M EETING SPACE PROVIDED * GREATER OKLAHOMA CITY HOSPITAL COUNCIL/MEETING SPACE PROVIDED * LI MB LOSS SUPPORT GROUP * LVAD SUPPORT GROUP * MEALS ON WHEELS * MUSCULAR DY STROPHY ASSOCIAT ION/EMPLOYEE PARTICIPATION * OCCUPATIONAL THERAPY STUDENT ROTATIONS * OKLAHOMA BAPTIST UNI VERSITY CONFERENCE/MEETING SPACE PROVIDED * OKLAHOMA CITY COMMUNITY COLLEGE MEETING/SPACE PROVIDED * OKLAHOMA CITY POLICE PRESENTATION * OKLAHOMA CITY UNIVERSITY MEETING/SPACE PROV IDED * 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 * RE GIONAL FOOD BANK DRIVE * RESPIRATORY STUDENT ROTATIONS * ROTARY CLUB/EMPLOYEE PARTICIPATIO N * RX FOR STROKE CLASSES * SPEECH PATHOLOGY STUDENT ROTATIONS * SPINAL CORD INJURY SUPPOR T GROUP * STATEWIDE STROKE CONFERENCE * STROKE SUPPORT GROUP * SURGICAL SCRUB * VO-TECH ST UDENT ROTATIONS * THINK FIRST HEAD/INJURY EDUCATION * TURKEY TOSS INTEGRIS NETWORK OWNED F ACILITIES INTEGRIS BAPTIST MEDICAL CENTER - OKLAHOMA CITY INTEGRIS BAPTIST REGIONAL HEALTH CENTER - MIA MI INTEGRIS BASS BAPTIST HEALTH CENTER - ENID INTEGRIS BASS MEADOWLAKE - ENID INTEGRIS CANADIAN VALLEY HOSPITAL - YUKON INTEGRIS CANCER INSTITUTE - OKLAHOMA CITY INTEG RIS GROVE HOSPITAL - GROVE INTEGRIS HEALTH EDMOND - EDMOND INTEGRIS MENTAL HEALTH CENTER - SPENCER INTEGRIS NORTHWEST SPECIALTY HOSPITAL (LTACH) - ENID INTEGRIS SOUTHWEST MEDICAL C ENTER - OKLAHOMA CITY LAKESIDE WOMEN'S H </p>

Return Reference	Explanation	
	GENERAL STATEMENT 4	<p>PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED I ON YOUR HEALTH I ON YOUR HEALTH IS AN ONLINE EDUCATIONAL TOOL DESIGNED TO HELP THE COMMUNITY REMEMBER TO MAKE GOOD HEALTH CHOICES EVERY DAY ONLINE SUBSCRIBERS HAVE ACCESS TO OUR HEALTH EXPERTS IN A CONVENIENT FORM AT ALONG WITH DAILY HEALTH TIPS, EASY TO READ ARTICLES, AND HEALTHY RECIPES YOU CAN TRY AT HOME THE SITE FEATURES A WEEKLY SHORT VIDEO WITH EDUCATIONAL HEALTH INFORMATION ABOUT EXERCISE, HEALTHIER FOOD CHOICES, TIPS FOR IMPROVED MENTAL HEALTH AND MORE THE NUMBER ONE CAUSE OF DEATH IN OKLAHOMA IS HEART DISEASE, OBESITY IN OUR STATE HAS NEARLY QUADRUPLED IN JUST 25 YEARS, AND, WE ARE RANKED AMONG THE HIGHEST IN THE COUNTRY FOR MENTAL ILLNESSES INTEGRIS WANTS TO WORK WITH THE COMMUNITY TO REVERSE THESE NEGATIVE TRENDS AT INTEGRIS, WE CARE ABOUT ALL OKLAHOMANS WE WANT EVERYONE TO LIVE LONG, HAPPY LIVES IONYOURHEALTH.COM INTEGRIS GROVE HOSPITAL SIXTY-SEVEN YEAR OLD BILL GOLDNER IS TOUGH AS NAILS HIS FAMILY SAYS HE HAS ALWAYS HAD A HIGH TOLERANCE FOR PAIN SO WHEN HE STARTED HAVING PAIN THAT RADIATED ACROSS HIS SHOULDERS AND EVENTUALLY DOWN HIS ARM, HE DIDN'T THINK IT WAS SIGNIFICANT ENOUGH TO SEEK TREATMENT UNTIL THE PAIN INTENSIFIED AND HE BECAME SHORT OF BREATH ON JUNE 25, GOLDNER DROVE HIMSELF TO INTEGRIS GROVE HOSPITAL UPON ARRIVAL, HE TOLD THE REGISTRATION CLERK THAT HE WAS HAVING CHEST PAIN AND THERE WAS AN IMMEDIATE FLURRY OF ACTIVITY AS HE WAS WHISKED BACK INTO THE EMERGENCY ROOM GOLDNER ADMITS HE WAS A LITTLE SELF-CONSCIOUS AND EMBARRASSED BY ALL THE ATTENTION HE WAS GETTING BECAUSE HE HAD NO IDEA AT THE TIME THAT HE WAS ON THE VERGE OF HAVING A HEART ATTACK IT WAS DISCOVERED IN THE CATH LAB, THAT GOLDNER HAD AT LEAST TWO MAJOR BLOCKAGES IN HIS HEART THE RIGHT CORONARY ARTERY WAS 90 PERCENT BLOCKED WHILE THE POSTERIOR DESCENDING ARTERY WAS 98 PERCENT CLOSED HE NEEDED A TOTAL OF FOUR STENTS TO CORRECT THE PROBLEM, A PROCEDURE THAT WAS DONE RIGHT THERE IN GROVE GOLDNER'S WIFE, LINDA, ARRIVED AT THE HOSPITAL APPROXIMATELY AN HOUR AND A HALF AFTER HER HUSBAND SHE HAD BEEN IN TULSA THAT DAY AND GOT THERE AS QUICKLY AS SHE COULD "WHILE DRIVING BACK TO GROVE FROM TULSA, I WAS REFLECTING ON OUR 44 YEARS TOGETHER FEAR WAS IN MY HEART," REMEMBERS MRS GOLDNER "BUT THE MINUTE I ARRIVED AT INTEGRIS GROVE HOSPITAL, IT WAS AMAZING I WAS SURROUNDED WITH LOVE AND COMPASSION BY PEOPLE WHO REALLY CARED" MR GOLDNER SAID DR JAMES CHAPMAN AND THE ENTIRE STAFF AT INTEGRIS GROVE HOSPITAL TREATED HIM LIKE FAMILY "THEY MAKE YOU FEEL LIKE YOU ARE THE ONLY PERSON ON THE PLANET, WHEN I KNOW THE HOSPITAL WAS FULL OF OTHER PATIENTS WITH NEEDS EQUAL TO OR GREATER THAN MINE THEY LITERALLY SAVED MY LIFE" INTEGRIS HEALTH EDMOND FIFTY-ONE-YEAR-OLD CURTIS SMITH OF EDMOND HAD NOT BEEN FEELING WELL HIS WIFE, CHERYL, WHO WAS AN INTENSIVE CARE NURSE FOR MANY YEARS, THOUGHT HE MUST HAVE HAD SOME SORT OF VIRAL INFECTION BUT AFTER A WEEKEND OF NOT BEING ABLE TO GET OUT OF BED AND CONTINUOUS NAUSEA AND VOMITING, SHE DECIDED TO CALL 911 SMITH WAS TAKEN TO THE EMERGENCY ROOM AT INTEGRIS HEALTH EDMOND ON SUNDAY, JUNE 14 THERE, HE BECAME COMATOSE AND HIS BLOOD PRESSURE PLUNGED DANGEROUSLY LOW HE WAS GOING INTO SEPTIC SHOCK, A POTENTIALLY DEADLY CONDITION WHERE THE BODY STARTS TO SHUT ITSELF DOWN SEPSIS KILLS MORE THAN 258,000 AMERICANS EACH YEAR SMITH REQUIRED A VENTILATOR TO BREATHE, AND HE WAS HEAVILY SEDATED AND NEEDED DIALYSIS FOR HIS FAILING KIDNEYS A FEEDING TUBE AND THE AMAZING DOCTORS AND NURSES AT INTEGRIS HEALTH EDMOND KEPT HIM ALIVE "THE CARE EXPERIENCE AT INTEGRIS HEALTH EDMOND WAS IMPECCABLE," SAYS CHERYL "BEING AN ICU NURSE I KNEW EXACTLY WHAT WAS GOING ON AND WHAT SHOULD BE DONE THE CARE TEAM NEVER MISSED A BEAT" SMITH SLOWLY STARTED TO SHOW SIGNS OF IMPROVEMENT HE WAS WEANED OFF THE LIFE-SAVING EQUIPMENT AND MANY OF THE MEDICATIONS ONCE THE VENT WAS REMOVED, HIS SPEECH WAS SLURRED AND HE WAS OFTEN CONFUSED THERE WERE OTHER SET-BACKS AS WELL, LIKE THE DEVELOPMENT OF C-DIFF IN HIS COLON AND AN INFLAMED GALL BLADDER, BUT THE FAMILY CREDITS THE HOSPITAL FOR LITERALLY BRINGING HIM BACK FROM THE BRINK OF DEATH THIS FATHER OF THREE WOULD SPEND FATHER'S DAY AND THE FOURTH OF JULY IN THE INTENSIVE CARE UNIT, BEFORE BEING MOVED TO A LONG TERM CARE FACILITY AND EVENTUALLY JIM THORPE REHABILITATION AT INTEGRIS BAPTIST MEDICAL CENTER AFTER A TOTAL OF 51 DAYS OF HOSPITALIZATION, SMITH RETURNED HOME ON AUG 4 TODAY, SMITH CONTINUES TO RECUPERATE HE IS DEPENDENT ON A WALKER FOR STABILIZATION AND AT TIMES REVERTS BACK TO USING A WHEELCHAIR, BUT HE IS HOPEFUL THROUGH OUTPATIENT PHYSICAL THERAPY HE WILL EVENTUALLY REGAIN HIS STRENGTH AND MOBILITY SMITH IS EXPECTED TO MAKE A FULL RECOVERY, THOUGH RIGHT NOW, HE FOCUSES ON ONE DAY AT A TIME INTEGRIS SOUTHWEST MEDICAL CENTER IN A SPAN OF LESS THAN 10 DAYS, JASON WISDOM TRANSFORMED FROM A HEALTHY, PHYSICALLY ACTIVE MAN INTO A SERIOUSLY ILL PATIENT LYING PARALYZED AND UNABLE TO SPEAK IN A HOSPITAL B</p>

Return Reference	Explanation	
	GENERAL STATEMENT 4	<p>ED DOCTORS LEARNED WISDOM HAD CONTRACTED WEST NILE VIRUS - THE WORST CASE MANY OF THEM HAD EVER SEEN - AND HIS CONDITION DETERIORATED SO QUICKLY THEY WERE LEFT PUZZLED BY THE SEVERITY OF HIS ILLNESS DESPITE HIS CONSCIENTIOUS EFFORTS TO ALWAYS WEAR BUG SPRAY, A MOSQUITO BITE SENT THE NORMAN RESIDENT'S HEALTH SPIRALING WEST NILE VIRUS IS SPREAD BY INFECTED MOSQUITOES, AND ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE MAJORITY OF PEOPLE (70-80 PERCENT) WHO BECOME INFECTED WITH WEST NILE VIRUS DO NOT DEVELOP ANY SYMPTOMS LESS THAN ONE PERCENT OF INFECTED PEOPLE DEVELOP THE SEVERITY OF SYMPTOMS WISDOM EXPERIENCED WISDOM SPENT SIX WEEKS IN AN INTENSIVE CARE UNIT IN THE FALL OF 2013 A FEW WEEKS IN A LONG-TERM CARE FACILITY FOLLOWED BEFORE HE MOVED INTO JIM THORPE REHABILITATION AT INTEGRIS SOUTHWEST MEDICAL CENTER FOR THREE MONTHS WISDOM STARTED FEELING LETHARGIC ON A SATURDAY AND ENDED UP IN THE EMERGENCY ROOM BY THE FOLLOWING THURSDAY IN OCTOBER 2013 DAYS LATER, HE WAS 90 PERCENT PARALYZED FROM HIS HEAD TO HIS TOES HIS DIAPHRAGM AND LUNGS WERE SHUTTING DOWN AND HE HAD TROUBLE BREATHING DOCTORS TOLD HIM THAT HIS CONDITION WOULD CONTINUE TO WORSEN BEFORE IT GOT BETTER DOCTORS COULD ONLY TREAT HIS SYMPTOMS BECAUSE THERE IS NO CURE FOR WEST NILE VIRUS, AND THE RESULTS WERE EXCRUCIATING FOR WISDOM AT TIMES HE FELT LIKE HE WAS ON FIRE AND EVENTUALLY HIS WEIGHT DECREASED FROM 220 POUNDS TO 160 POUNDS WISDOM'S CONDITION WAS SO SEVERE THAT HE ENTERED THERAPY AT INTEGRIS JIM THORPE REHABILITATION ON A BREATHING MACHINE, UNABLE TO MOVE AT ALL DURING MORE THAN THREE MONTHS AS AN INPATIENT AT INTEGRIS JIM THORPE REHABILITATION, WISDOM LEARNED HOW TO WALK AGAIN AND REGAINED THE USE OF HIS ARMS IN THE SPRING OF 2014, WISDOM WAS FINALLY ABLE TO RETURN HOME TO HIS WIFE AND FOUR-YEAR-OLD DAUGHTER LAURA HE CONTINUED OUTPATIENT REHABILITATION AND IMPROVED SO DRAMATICALLY THAT HE WAS ABLE TO WALK IN THE 10TH ANNUAL INTEGRIS JIM THORPE REHABILITATION COURAGE RUN IN OCTOBER 2014 - ALMOST EXACTLY ONE YEAR AFTER HE FIRST WENT TO THE EMERGENCY ROOM LAKESIDE WOMEN'S HOSPITAL, INTEGRIS NETWORK IT WAS ON HER 51ST BIRTHDAY, THAT DEBRA HARDEMAN LEARNED SHE HAD BREAST CANCER A WEEK BEFORE TAKING A VACATION WITH HER HUSBAND, HARDEMAN HAD A 3D MAMMOGRAM TO FURTHER INVESTIGATE A NEW MARKING ON HER BREAST "ABOUT 6 TO 9 MONTHS BEFORE MY MAMMOGRAM, I HAD NOTICED WHAT I THOUGHT WAS A NEW STRETCH MARK ON MY BREAST I HAVE MANY SO I REALLY DIDN'T THINK ANYTHING OF IT," ADMITS HARDEMAN SUSAN CHAMBERS, M.D., HER GYNECOLOGIST AT LAKESIDE WOMEN'S HOSPITAL, GAVE HER THE NEWS "COME TO FIND OUT, IT WASN'T A STRETCH MARK AT ALL IT WAS A DIMPLING OF THE SKIN WHERE MY CANCER WAS DETECTED YOU WOULD THINK AS A NURSE I WOULD HAVE KNOWN THE DIFFERENCE, BUT I DIDN'T" HARDEMAN UNDERWENT AN ULTRASOUND GUIDED BIOPSY AT THE INTEGRIS COMPREHENSIVE BREAST CENTER DAVID BURGER, M.D., CONFIRMED THE DIAGNOSIS IT WAS STAGE 1 INVASIVE DUCTAL CARCINOMA HARDEMAN REMEMBERS DR CHAMBERS TELLING HER THAT THEY WOULD "BEAT THIS TOGETHER" WITHIN TWO WEEKS OF THE OFFICIAL DIAGNOSIS HARDEMAN WAS SCHEDULED FOR SURGERY AT LAKESIDE WOMEN'S HOSPITAL BREAST SURGEON DENISE RABLE PERFORMED A COMPLETE RIGHT MASTECTOMY AND SENTINEL NODE BIOPSY TEST RESULTS INDICATE THE CANCER WAS SUCCESSFULLY REMOVED AND NO DISEASED CELLS WERE FOUND IN THE SENTINEL NODES PLASTIC SURGEON JAYESH PANCHAL BEGAN THE RECONSTRUCTION PROCESS FOUR WEEKS POST-SURGERY, HARDEMAN HAD HER FIRST VISIT WITH ONCOLOGIST LARA THEOBALD, WHO SAW NO NEED FOR CHEMOTHERAPY "I WAS ECSTATICALLY HAPPY," PROCLAIMS HARDEMAN "I HAD AN ENTIRE TEAM OF INTEGRIS PHYSICIANS AND NURSES TAKING CARE OF ME IT WAS BOTH AMAZING AND REASSURING TO WITNESS AND BENEFIT FROM SUCH A COORDINATED EFFORT" HARDEMAN IS ON A MEDICATION REGIME TO KEEP THE CANCER FROM RETURNING SHE HAS RETURNED TO WORK AND IS HELPING CARE FOR AND COUNSEL PATIENTS NEWLY DIAGNOSED WITH BREAST CANCER</p>

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	GENERAL STATEMENT 5	<p>PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED WHEN OUR COMMUNITIES COME LOOKING FO R ANSWERS, WE STEP FORWARD IN SERVICE IN ITS MANY FORMS, THE ACT OF GIVING IS CALLED BY VA RIOUS NAMES CHARITY OUTREACH BENEVOLENCE GENEROSITY COMMUNITY BENEFIT AND MANY OTHER TERMS AT INTEGRIS, WE PREFER TO CALL OUR GIVING SPIRIT 'RETURNSHIP' BECAU SE IT SIGNIFIES OUR RETURNING - OR GIVING BACK - THROUGH ACTIVITIES THAT RESPOND TO A SPEC IFIC NEED IDENTIFIED WITHIN THE COMMUNITIES WE SERVE 'RETURNSHIP' IS JUST ONE METHOD BY W HICH WE ATTEMPT TO QUANTIFY OUR ANNUAL IMPACT ON THE PEOPLE WE SERVE AND THE NEEDS FOR WHI CH WE PROVIDE AND THESE NEEDS ARE ONES IN WHICH INTEGRIS HAS RESPONDED TO IN A VARIETY OF POSITIVE AND TANGIBLE WAYS - STEPPING FORWARD WITH HEALTH-RELATED ASSISTANCE, THE CREATIO N OF NEW OUTREACH OPPORTUNITIES, OR RENEWED FINANCIAL AND VOLUNTEER SUPPORT FOR EXISTING P ROGRAMS REGARDLESS OF ITS NAME, THE ACT OF GIVING IS ALWAYS A BLESSING TO THOSE WHO RECEI VE THE GIFT - AND TO THOSE WHO HELP PROVIDE IT 'RETURNSHIP' RELIES ON LEADERSHIP AND STEW ARDSHIP THE INTEGRIS FAMILY OF SERVICES IS WIDE-RANGING AND ENCOMPASSES MANY FORMS HOSPIT ALS, REHABILITATION CENTERS, PHY SICIAN CLINICS, MENTAL HEALTH FACILITIES, INDEPENDENT LIVI NG CENTERS AND HOME HEALTH AGENCIES LOCATED ACROSS THE STATE THROUGH A CLEAR VISION AND D ISCIPLINED LEADERSHIP, INTEGRIS HAS BEEN STRATEGICALLY POSITIONED ACROSS OKLAHOMA TO SERVE THE HEALTH NEEDS OF THOSE UNDERSERVED POPULATIONS WHO NEED US THE MOST LEADERSHIP IS A V ALUABLE COMMODITY IN ANY COMMUNITY AND IT'S A QUALITY THAT INTEGRIS PEOPLE AND INSTITUTIO NS OFFER BOTH FREQUENTLY AND GENEROUSLY WHEN LEADERSHIP IS COMBINED WITH A STRONG SENSE O F STEWARDSHIP - THE WILLINGNESS TO SHARE OUR HUMAN AND MONETARY RESOURCES - THE BENEFITS O F SUCH QUALITIES ARE AS NUMEROUS AS THE BENEFICIARIES WHERE DOES THE INTEGRIS DOLLAR GO? FISCAL YEAR 2015 BILLED CHARGE \$1 00 EXPENSES *DISCOUNTS TAKEN BY MEDICARE, MEDICAID, MANA GED CARE COMPANIES AND OTHER INSURERS 0 68 *FREE SERVIE, CHARITY CARE 0 03 *BAD DEBT EXPEN SE FROM PATIENTS NOT PAYING THEIR BILLS 0 02 *EMPLOYEE SALARIES 0 11 *EMPLOYEE HEALTH INSU RANCE EXPENSE 0 01 *EMPLOYEE RETIREMENT EXPENSE 0 01 *MEDICAL, SURGICAL AND DRUG SUPPLIES 0 05 *OTHER GENERAL SUPPLIES 0 01 *PURCHASED SERVICES FOR MAINTENANCE, LAB, AND OTHER SERVI CES 0 03 *TELEPHONE, UTILITY AND RENTAL EXPENSES 0 01 *OTHER OPERATIONAL EXPENSES 0 02 TOT AL EXPENSES 0 98 FUNDS AVAILABLE FOR NEW EQUIPMENT, CONSTRUCTION AND CLINICAL PROGRAM IMPR OVEMENT 0 02 PLEASE NOTE THAT INTEGRIS IS A NOT-FOR-PROFIT COMPANY AND AS SUCH IS REQUIRED TO REINVEST ANY BUDGET SURPLUS BACK INTO THE ORGANIZATION TO IMPROVE THE LEVEL OF SERVICE S IT PROVIDES TO THE COMMUNITY WHILE YOUR HEALTH PLAN OR PERSONAL PREFERENCE MAY DICTATE WHERE YOU DECIDE TO GO TO RECEIVE CARE, COMPARING CHARGES BETWEEN LOCAL PROVIDERS FOR SIMI LAR PROCEDURES, COMBINED WITH QUALITY DATA, MAY PROVIDE YOU WITH A BETTER OVERALL PICTURE OF THE TOTAL VALUE YOU WILL RECEIVE AT THE HOSPITAL OF YOUR CHOICE. PLEASE REMEMBER THAT C HARGE AND QUALITY DATA ARE JUST TWO FACTORS THAT SHOULD GO INTO HEALTH CARE DECISION MAKIN G NO SINGLE MEASURE IS INDICATIVE OF A HOSPITAL'S OVERALL PERFORMANCE. BE SURE TO GATHER INFORMATION, DISCUSS IT WITH YOUR DOCTOR AND FEEL FREE TO CALL THE HOSPITAL TO ASK QUESTIO NS A HOSPITAL'S REPUTATION IN THE COMMUNITY, LEVEL OF PATIENT SATISFACTION AND OTHER FACT ORS SHOULD ALSO BE CONSIDERED IN YOUR FINAL SELECTION PROCESS INTEGRIS PROVIDED \$53,457,8 47 IN COMMUNITY BENEFITS INCLUDING THE COST OF BAD DEBT THIS INCLUDES OUR RETURNSHIP, COM MUNITY BUILDING EFFORTS, UNCOMPENSATED SERVICES AND MEDICAID SERVICES RETURNSHIP RETURNSH IP EPITOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNITY IT TAKES THE FORM OF HUNDREDS O F PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA - FREE HEALTH S SCREENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE A S REFLECTED IN THE PREVIOUS PAGES OUR RETURNSHIP EFFORTS EQUALED \$5,320,995 COMMUNITY BUI LDDING 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 PHY SICAL IMPR OVEMENTS IN HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL ENHANCEMENTS A ND ADVOCACY FOR ADVANCEMENTS IN COMMUNITY HEALTH OUR COMMUNITY BUILDING EFFORTS EQUALED \$ 396,491 UNCOMPENSATED SERVICES AND MEDICAID SERVICES UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED-COST CARE AS A SYSTEM OF NOT-FOR-PROFIT HOSPITALS, INTEGRIS PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THE ABILITY TO PAY FOR THEIR INSURANCE COVER AGE. THUS, WE PROVIDE A MUCH NEEDED SAFETY NET FOR MEMBERS OF OUR COMMUNITY WHO WOULD OTHE RWISE HAVE NO ACCESS TO MEDICAL CARE CHARITY CARE COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS INTEGRIS ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID P ROGRAMS INTEGRIS PROVIDED CHARITY CARE AND MEDICA</p>

Return Reference	Explanation	
	GENERAL STATEMENT 5	ID SERVICES AT AN ESTIMATED COST OF \$28,438,627 BAD DEBT IN ADDITION, INTEGRIS INCURRED BAD DEBT WITH AN ESTIMATED COST OF \$19,301,734 BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIO

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 2014 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 2014 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 AND BUSINESS AND EDMUND O MARTIN PETER DELANEY AND BUSINESS EDMUND O MARTIN THE FILING ORGANIZATION IS THE CONTROLLING MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM) THE FOLLOWING OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF THEIR POSITIONS AS OFFICERS, DIRECTORS, EMPLOYEES, OR INDEPENDENT CONTRACTORS OF RELATED ENTITIES WITHIN THE SYSTEM DAVID R HADLEY DENNIS LUCKINBILL C BRUCE LAWRENCE CHRISTOPHER TURNER BETH A PAUCHNIK JAMES P WHITE CHARLES H MORGAN, M D LINDA MERKEY PHILIP MOSCA, M D JOEY SAGER CHRIS HAMMES JASON ELIOT EDWARD HEINEN LYNN HORTON STANLEY F HUPFELD

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 GOVERANCE 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 \$16,489,234 P O BOX 412702 MAINT AND REMOTE KANSAS CITY, MO 64141 HOSTING ACKERMAN MCQUEEN, INC ADVERTISING \$ 6,149,353 1601 N W EXPRESSWAY OKC, OK 73118 ATHENAHEALTH INC SOFTWARE LICENSE \$ 5,939,338 P O BOX 415615 MAINT AND REMOTE BOSTON, MA 02241 HOSTING FPR HOLDINGS LP COPY MACHINE SERVICE \$ 4,927,899 8221 TRISTAR DRIVE AND MAINTENANCE IRVING, TX 75063 THE KEMTAH GROUP INC IT SERVICES \$ 2,559,782 7601 JEFFERSON ST NE STE 120 ALBUQUERQUE, NM 87109

Return Reference	Explanation
GENERAL STATEMENT 13	PART XI RECONCILIATION OF NET ASSETS, LINE 9 ACTUARIAL ADJUSTMENT TO RETIREMENT PLAN BALANCE (\$56,351,032) INCOME FROM SUBSIDIARIES - EQUITY METHOD (\$90,450,658) EQUITY TRANSFERS TO SUBSIDIARIES \$60,500,000 ----- TOTAL (\$86,301,690)

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

OMB No 1545-0047

2014

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	1,026,850	2,441,039	IH
(2) INTEGRIS REALTY LLC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1192750	PROPERTY MGMT	OK	9,641,356	56,462,852	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 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MED OFFICE BLDG	OK	PROHEALTH	EXCLUDED				No			No	
(2) QC-III 20-8723857 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IBMC	RELATED				No			No	
(3) DIAGNOSTIC LAB 73-1560760 LYNDHURST NJ 07071 LYNDHURST, NJ 07071	CLINICAL LAB	NJ	QUEST DIAG	UNRELATED				No			No	
(4) MPI CENTER 73-1283942 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IACC	RELATED				No			No	
(5) HILLCRESTINTEGRIS HEALTH LLC OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	DORMANT	OK	NA	N/A				No			No	
(6) LAKESIDE 73-1493662 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	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

Yes

1s

No

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	PART III AND PART IV DIRECT CONTROLLING ENTITY THE ABBREVIATIONS SHOWN BELOW HAVE BEEN UTILIZED IN THE RETURN FOR THE FOLLOWING ENTITIES INTEGRIS RURAL HEALTH HEALTH, INC (IRH) INTEGRIS BAPTIST MEDICAL CENTER, INC (IBMC) INTEGRIS HEALTH FOUNDATION, INC (IH FDN) INTEGRIS HEALTH, INC (IH) INTEGRIS AMBULATORY CARE CORPORATION (IACC) 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 OKLAHOMA CITY, OK 73112 73-1192765	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(1) INTEGRIS HOSPICE INC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 9	IH	Yes	
(2) INTEGRIS BAPTIST MEDICAL CENTER INC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1034824	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(3) INTEGRIS RURAL HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(4) INTEGRIS SOUTHWEST MEDICAL CENTER INC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(5) INTEGRIS HEALTH FOUNDATION INC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IH	Yes	
(6) WESTERN VILLAGE ACADEMY INC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC	Yes	
(7) INTEGRIS HEALTH EDMOND INC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
(8) INTEGRIS MENTAL HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-0738716	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	

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	8,219,411	21,131,597	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	13,133,947	105,800,375	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	IRH	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	1,409,995	3,233,454	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	4,504,499	1,534,011	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	40,425,432	7,178,368	100 000 %	Yes	

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

(a) Name of related 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	2,677,552	COST
INTEGRIS AMBULATORY CARE CORPORATION	l	6,730,397	COST
INTEGRIS AMBULATORY CARE CORPORATION	m	285,135	COST
INTEGRIS AMBULATORY CARE CORPORATION	p	1,023,665	COST
INTEGRIS AMBULATORY CARE CORPORATION	q	62,009,375	COST
INTEGRIS HOSPICE INC	q	4,680,509	COST
INTEGRIS HOSPICE INC	r	245,500	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	c	80,500,000	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	j	1,345,953	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	l	6,754,252	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	m	1,277,198	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	p	3,623,713	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	q	487,531,400	COST
INTEGRIS BAPTIST MEDICAL CENTER INC	r	8,832,280	COST
INTEGRIS RURAL HEALTH INC	j	472,997	COST
INTEGRIS RURAL HEALTH INC	k	457,860	COST
INTEGRIS RURAL HEALTH INC	l	4,109,649	COST
INTEGRIS RURAL HEALTH INC	m	158,541	COST
INTEGRIS RURAL HEALTH INC	p	607,959	COST
INTEGRIS RURAL HEALTH INC	q	337,309,882	COST
INTEGRIS RURAL HEALTH INC	r	5,959,065	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	k	524,746	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	l	2,874,357	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	m	101,438	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
INTEGRIS SOUTHWEST MEDICAL CENTER INC	p	408,426	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	q	233,737,054	COST
INTEGRIS SOUTHWEST MEDICAL CENTER INC	r	5,458,782	COST
INTEGRIS HEALTH FOUNDATION INC	c	122,258	COST
INTEGRIS HEALTH FOUNDATION INC	q	2,172,788	COST
INTEGRIS HEALTH FOUNDATION INC	r	1,218,641	COST
WESTERN VILLAGE ACADEMY INC	b	500,000	COST
INTEGRIS HEALTH EDMOND INC	b	25,000,000	COST
INTEGRIS HEALTH EDMOND INC	j	55,599	COST
INTEGRIS HEALTH EDMOND INC	k	475,876	COST
INTEGRIS HEALTH EDMOND INC	l	521,608	COST
INTEGRIS HEALTH EDMOND INC	p	50,840	COST
INTEGRIS HEALTH EDMOND INC	q	41,677,529	COST
BAPTIST MEDICAL PLAZA ASSOCIATES LTD	j	528,128	COST
BAPTIST MEDICAL PLAZA ASSOCIATES LTD	k	1,327,409	COST
BAPTIST MEDICAL PLAZA ASSOCIATES LTD	q	3,794,257	COST
BAPTIST MEDICAL PLAZA ASSOCIATES LTD	r	1,370,378	COST
INTEGRIS PROHEALTH INC	b	5,000,000	COST
INTEGRIS PROHEALTH INC	j	254,065	COST
INTEGRIS PROHEALTH INC	m	147,602	COST
INTEGRIS PROHEALTH INC	p	377,569	COST
INTEGRIS PROHEALTH INC	q	40,154,558	COST
QUALITY ALLIANCE ASSURANCE COMPANY	m	4,988,748	COST
INTEGRIS HEALTH PARTNERS LLC	p	4,568,263	COST
INTEGRIS HEALTH PARTNERS LLC	q	1,833,066	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	q	33,032,389	COST
LAKESIDE WOMEN'S HOSPITAL LLC	p	618,891	COST
LAKESIDE WOMEN'S HOSPITAL LLC	q	20,951,133	COST
LAKESIDE WOMEN'S HOSPITAL LLC	r	811,148	COST