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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
INTEGRIS BAPTIST MEDICAL CENTER INC
% JAQUETTA CLEMONS
Doing business as
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) 5300 N INDEPENDENCE AVE STE 130
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
OKLAHOMA CITY, OK 73112

D Employer identification number
73-1034824

E Telephone number
(405) 949-6026

G Gross receipts $ 773,758,047

F Name and address of principal officer
C BRUCE LAWRENCE
5300 N INDEPENDENCE AVE
OKLAHOMA CITY, OK 73112

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW INTEGRISOK COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1977

M State of legal domicile OK

Part I Summary

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 ▶ ☑ 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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,465
6	Total number of volunteers (estimate if necessary)	**6**	423
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,504,384
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	3,146,560

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,529,859	1,633,587
9	Program service revenue (Part VIII, line 2g)	744,230,264	756,838,953
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,753,186	14,714,381
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	280,146	289,990
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	761,793,455	773,476,911
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,359,371	8,675,580
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)	225,115,847	227,447,074
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)	475,085,248	483,142,768
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	708,560,466	719,265,422
19	Revenue less expenses Subtract line 18 from line 12	53,232,989	54,211,489

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,307,099,737	1,156,224,816
21	Total liabilities (Part X, line 26)	877,390,613	634,153,730
22	Net assets or fund balances Subtract line 21 from line 20	429,709,124	522,071,086

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

****** 2018-04-15
Signature of officer Date

DANIEL DAVIS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MORGAN L SOUZA	MORGAN L SOUZA	2018-04-12		P00652612

Firm's name ▶ KPMG LLP — Firm's EIN ▶
Firm's address ▶ 210 Park Ave Suite 2650 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 . . . . . ☑

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 $ 606,697,535 including grants of $ 8,675,580) (Revenue $ 756,838,953)

See Additional Data

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 ▶ 606,697,535

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		No
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		No
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		No
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **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 . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,465		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ 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? *If "No," provide an explanation in Schedule O* . .		**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	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ OK

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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 ▶JAQUETTA CLEMONS 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 (405) 951-2732

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

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

(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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,695,011	6,010,815	1,252,995

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 ▶ 244

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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,		71,662,345

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 ▶ 67

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	1,633,587			
	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 $ 1,272,215					
	h Total. Add lines 1a-1f		1,633,587			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621990	727,884,821	727,129,801	755,020	
	b JOINT VENTURE INCOME	900099	13,260,220	10,510,856	2,749,364	
	c CAFETERIA	722514	4,955,843			4,955,843
	d RENTAL INCOME	531120	1,520,694	1,520,694		
	e 340B PHARMACY INCOME	446110	4,721,755	4,721,755		
	f All other program service revenue		4,495,620	2,552,575		1,943,045
	g Total. Add lines 2a-2f		756,838,953			
	3 Investment income (including dividends, interest, and other similar amounts)		14,995,017			14,995,017
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)			0		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		500			
	b Less cost or other basis and sales expenses		281,136			
	c Gain or (loss)		-280,636			
	d Net gain or (loss)			-280,636		-280,636
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances	a	0			
	b Less cost of goods sold	b	0			
	c Net income or (loss) from sales of inventory			0		
	Miscellaneous Revenue		Business Code			
	11a MISC INCOME		900099	289,990		289,990
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			289,990		
	12 Total revenue. See Instructions			773,476,911	746,435,681	3,504,384	21,903,259

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,646,580	8,646,580		
2 Grants and other assistance to domestic individuals See Part IV, line 22	29,000	29,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,023,634	3,023,634		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	102,808	102,808		
7 Other salaries and wages	174,859,244	174,859,244		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,580,226	10,580,226		
9 Other employee benefits	26,892,005	26,892,005		
10 Payroll taxes	11,989,157	11,989,157		
11 Fees for services (non-employees)				
a Management	112,976,929	409,042	112,567,887	
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,512,466	10,512,466		
12 Advertising and promotion	314,512	314,512		
13 Office expenses	168,394,666	168,394,666		
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	6,139,980	6,139,980		
17 Travel	597,522	597,522		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	354,251	354,251		
20 Interest	5,503,669	5,503,669		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	23,623,194	23,623,194		
23 Insurance . . .	4,636,692	4,636,692		
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	52,631,567	52,631,567		0
b RIF & RECRUITMENT	48,509,294	48,509,294		0
c CONTRACT LABOR	23,956,447	23,956,447		0
d UNRELATED BUS INCOME TAXES	810,000	810,000		0
e All other expenses	24,181,579	24,181,579		
25 **Total functional expenses.** Add lines 1 through 24e	719,265,422	606,697,535	112,567,887	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 ▶ ☐ 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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	213,831	1	213,165
	2	Savings and temporary cash investments	477,789,807	2	399,262,668
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	185,759,967	4	117,335,266
	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	9,030,606	7	9,030,606
	8	Inventories for sale or use	13,408,887	8	17,330,333
	9	Prepaid expenses and deferred charges	476,159	9	570,193
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 466,690,595			
	b	Less accumulated depreciation — 10b: 294,076,238	173,132,520	10c	172,614,357
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	409,650,997	12	419,057,679
	13	Investments—program-related See Part IV, line 11	10,704,496	13	9,794,716
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	26,932,467	15	11,015,833
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,307,099,737	16	1,156,224,816
Liabilities	17	Accounts payable and accrued expenses	353,323,378	17	149,265,675
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	521,350,076	20	481,997,342
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,717,159	25	2,890,713
	26	**Total liabilities.** Add lines 17 through 25	877,390,613	26	634,153,730
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	429,709,124	27	522,071,086
	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 ▶ ☐ 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	429,709,124	33	522,071,086
	34	Total liabilities and net assets/fund balances	1,307,099,737	34	1,156,224,816

Part XI Reconcilliation 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	773,476,911
2	Total expenses (must equal Part IX, column (A), line 25)	2	719,265,422
3	Revenue less expenses Subtract line 2 from line 1	3	54,211,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	429,709,124
5	Net unrealized gains (losses) on investments	5	74,083,273
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	-35,932,800
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	522,071,086

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 73-1034824

Name: INTEGRIS BAPTIST MEDICAL CENTER INC

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O STATEMENTS 2 THROUGH 4

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			
HANI BARADI DIRECTOR	1 0 39 0	X						0	1,277,638	22,083
ALVIN BATES CHAIRMAN	1 0 0 0	X						0	0	0
LAURA BOYD DIRECTOR	1 0 0 0	X						0	0	0
ALINE BROWN MD DIRECTOR	1 0 0 0	X						22,000	559	0
H EDWARD DEBEE DIRECTOR	1 0 0 0	X						0	0	0
BRYAN GARCIA DIRECTOR	1 0 0 0	X						0	0	0
BILL HULSE DIRECTOR	1 0 0 0	X						0	0	0
REGGIE JOHNSON DIRECTOR	1 0 0 0	X						0	0	0
ROBERT KELLOGG DIRECTOR	1 0 0 0	X						0	0	0
SUDHIR KHANNA EX-OFFICIO CHIEF OF STAFF	40 0 0 0	X						190,120	1,567	10,078

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			
STEPHEN MERRILL DIRECTOR	1 0 0 0	X						0	0	0
JAMES PARRACK DIRECTOR	1 0 0 0	X						0	0	0
MIKE ROSS DIRECTOR	1 0 0 0	X						0	0	0
JOEY SAGER DIRECTOR	1 0 1 0	X						0	28,680	0
ROBERT SHELTON DIRECTOR	1 0 0 0	X						0	0	0
ALLISON TAYLOR DIRECTOR	1 0 0 0	X						0	0	0
C BRUCE LAWRENCE EX-OFFICIO-PRES/CEO IH	1 0 39 0	X		X				0	1,041,789	384,000
BETH A PAUCHNIK ASSISTANT SECRETARY	1 0 39 0			X				0	456,815	128,908
DAVID R HADLEY ASST TREASURER THRU 8/16	0 0 0 0			X				0	651,258	20,313
TOM HONAN INTERIM ASST TREAS THRU 10/16	1 0 39 0			X				0	296,574	0

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			
DANIEL DAVIS ASST TREASURER	1 0 39 0			X				0	74,212	290
MARY K CALBONE VICE PRESIDENT	40 0 0 0				X			209,349	0	35,348
MICHELE DIEDRICH VP CHIEF NURSING OFFICER	40 0 0 0				X			212,281	0	17,884
TIM JOHNSEN PRESIDENT IBMC	40 0 0 0				X			530,702	0	104,480
JAMES W LONG PHYSICIAN	40 0 0 0				X			1,265,046	0	23,071
PHILIP LANCE PRESIDENT	39 0 1 0				X			297,202	0	88,885
ALY BANAYOSY PHYSICAN	40 0 0 0					X		815,070	0	16,455
DOUGLAS A HORSTMANSHOF PHYSICAN	40 0 0 0					X		761,212	0	32,437
VIVEK KOHLI TRANSPLANT SURGEON	40 0 0 0					X		692,140	0	33,083
ABBAS RAZA PHYSICIAN	40 0 0 0					X		801,751	0	30,245

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			
E SAMARA TRANSPLANT SURGEON	40 0 0 0					X		670,472	0	49,781
CHRIS M HAMMES FORMER OFFICER & DIRECTOR	0 0 40 0						X	0	639,089	186,555
CHRISTOPHER TURNER FORMER DIRECTOR	0 0 2 0						X	0	29,812	0
DAVID BOGGS FORMER DIRECTOR	13 0 1 0						X	75,005	6,910	0
MICHAEL MCGEE MD FORMER DIRECTOR	20 0 2 0						X	31,750	4,600	0
WILLIAM COOK MD FORMER DIRECTOR	1 5 0 0						X	9,640	1,412	0
CARL RACZKOWSKI MD FORMER DIRECTOR	0 0 12 0						X	0	266,614	0
STEVEN REITER FORMER DIRECTOR	0 0 40 0						X	0	903,157	22,722
ERROL A MITCHELL FORMER KEY EMPLOYEE	0 0 40 0						X	0	330,129	41,163
JACONNA R TILLER FORMER KEY EMPLOYEE	0 0 0 0						X	111,271	0	5,214

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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

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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 _____

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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*	1		
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)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
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*	4b		
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*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
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 I of Schedule L (Form 990 or 990-EZ)*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
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)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
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?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

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*	1		
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*	2		

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)*	1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)*	2		
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*	3		

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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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	Parent of Supported Organizations **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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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? ☐ Yes ☐ No

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c 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 on 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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 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' on 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		196,573		196,573
b Buildings		202,216,256	97,328,586	104,887,670
c Leasehold improvements		1,491,649	1,480,986	10,663
d Equipment		248,115,532	192,043,083	56,072,449
e Other		14,670,585	3,223,583	11,447,002
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				172,614,357

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INTEGRIS HEALTH FOUNDATION,	18,579,852	F
(B) CASH SURRENDER VALUE	984,726	F
(C) INTEREST RECEIVABLE LT NOTE	1,435,582	F
(D) POOLED FUND INVESTMENTS	398,057,519	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	419,057,679	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
ASSET RETIREMENT OBLIGATION	2,890,713
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,890,713

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

Complete if the organization answered 'Yes' on 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' on 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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,427,899	0	5,427,899	0 750 %
b Medicaid (from Worksheet 3, column a)			61,358,967	63,141,032		
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			66,786,866	63,141,032	5,427,899	0 750 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			362,955	0	362,955	0 050 %
f Health professions education (from Worksheet 5)			7,618,952	1,404,918	6,214,034	0 870 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			94,050	0	94,050	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			235,024	0	235,024	0 030 %
j **Total.** Other Benefits			8,310,981	1,404,918	6,906,063	0 960 %
k **Total.** Add lines 7d and 7j			75,097,847	64,545,950	12,333,962	1 710 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			5,029	0	5,029	
3 Community support			18,119	0	18,119	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			3,925	0	3,925	
7 Community health improvement advocacy			230	0	230	
8 Workforce development						
9 Other						
10 Total			27,303	0	27,303	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	7,579,937		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	378,997		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	189,986,544		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	208,454,584		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-18,468,040		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a		Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SEE SCHEDULE H	PART VI			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group INTEGRIS BAPTIST MEDICAL CENTER INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

INTEGRIS BAPTIST MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 % and FPG family income limit for eligibility for discounted care of 300 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b ☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c ☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

INTEGRIS BAPTIST MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

INTEGRIS BAPTIST MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE H, PART VI INTEGRIS BAPTIST MEDICAL CENTER, INC (IBMC) IS A MEMBER OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC AS SUCH IBMC FOLLOWS CERTAIN POLICIES AND PROCEDURES ESTABLISHED AT THE SYSTEM LEVEL, MANY OF WHICH ARE DESCRIBED BELOW

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	PART I, LINE 3C N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	PART I, LINE 6A INTEGRIS HEALTH, INC , (EIN 73-1192764), THE PARENT ORGANIZATION OF INTEGRIS BAPTIST MEDICAL CENTER, INC , PRODUCES A CONSOLIDATED COMMUNITY BENEFIT REPORT THAT IS MADE AVAILABLE TO THE PUBLIC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 4	PART I, LINE 7, COLUMN F BAD DEBT OF <$8,276> (GROSS CHARGES) WAS ADDED TO PART IX LINE 25 (A) $719,265,422 TO ARRIVE AT TOTAL EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	PART I, LINE 7 COSTING METHODOLOGY THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE CHARITY ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF CHARITY ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON PART 1, LINE 7 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 6	PART II COMMUNITY BUILDING ACTIVITIES COMMUNITY-BUILDING ACTIVITIES IMPROVE THE COMMUNITY'S HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSE OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS THESE ACTIVITIES STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION COSTS FOR THESE ACTIVITIES INCLUDE CASH AND IN-KIND DONATIONS AND EXPENSES FOR THE DEVELOPMENT OF A VARIETY OF COMMUNITY-BUILDING PROGRAMS AND PARTNERSHIPS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 7	PART III, LINES 2, 3 AND 4 NET PATIENT SERVICE REVENUE IS RECORDED AT ESTABLISHED RATES, NET OF CONTRACTUAL ADJUSTMENTS, CHARITY CARE ADJUSTMENTS, ADMINISTRATIVE ADJUSTMENTS, AND NET PATIENT BAD DEBT RETROACTIVELY CALCULATED CONTRACTUAL ADJUSTMENTS ARISING UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYORS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED ADJUSTMENTS TO ESTIMATES IN FUTURE PERIODS ARE RECORDED AS FINAL SETTLEMENTS ARE DETERMINED OR AS ADDITIONAL INFORMATION BECOMES AVAILABLE ACCOUNTS RECEIVABLE ARE RECORDED NET OF AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND CONTRACTUAL ADJUSTMENTS OF APPROXIMATELY $684,757,000 AND $645,936,000 AT JUNE 30, 2017 AND 2016, RESPECTIVELY, WHICH IS FROM THE CONSOLIDATED AUDIT ALTHOUGH INTEGRIS HEALTH ESTIMATES UNCOLLECTIBLE ACCOUNTS ON A REASONABLE BASIS, THE NET PATIENT ACCOUNTS RECEIVABLE BALANCE IS SUBJECT TO AN ACCOUNTING LOSS IF PATIENTS AND THIRD-PARTY PAYORS ARE UNABLE TO MEET THEIR CONTRACTUAL OBLIGATIONS THE ALLOWANCE AND RESULTING PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE AGING OF RECEIVABLES AND MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE AND PAYMENT TRENDS BY PAYOR CATEGORY PATIENT ACCOUNTS ARE ALSO MONITORED, AND, IF NECESSARY, PAST DUE ACCOUNTS ARE PLACED WITH COLLECTION AGENCIES IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY INTEGRIS HEALTH ALL PATIENT BALANCES REGARDLESS OF PAYOR SOURCE ARE COLLECTED IN ACCORDANCE WITH A PREDEFINED TIME LIMITED PROCESS DESIGNED TO GIVE THE PATIENT AN OPPORTUNITY TO PAY THE BALANCE BEFORE WRITING OFF THE BALANCE TO BAD DEBT EXPENSE AND TURNING THE ACCOUNT OVER TO A COLLECTION AGENCY INTEGRIS BAPTIST MEDICAL CENTER, INC AND CERTAIN OTHER OF THE HEALTHCARE RELATED CONTROLLED ENTITIES OF INTEGRIS HEALTH, INC PROVIDE CARE WITHOUT CHARGE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER INTEGRIS HEALTH'S CHARITY CARE POLICY BECAUSE THESE ENTITIES DO NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE AMOUNTS ARE NOT REPORTED AS NET REVENUE OR INCLUDED IN NET ACCOUNTS RECEIVABLE THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON PART III, LINE 2 DISCOUNTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE INTEGRIS HEALTH CONTRIBUTES RESOURCES, ADVOCACY AND COMMUNITY SUPPORT TO PROMOTE THE HEALTH STATUS OF THE COMMUNITIES WE SERVE INTEGRIS HEALTH BELIEVES THAT MEDICALLY NECESSARY HEALTH CARE SERVICES SHOULD BE ACCESSIBLE TO ALL REGARDLESS OF RACE, ANCESTRY, RELIGION, NATIONAL ORIGIN, CITIZENSHIP STATUS, AGE, DISABILITY OR GENDER INTEGRIS HEALTH IS COMMITTED TO PROVIDING HEALTH SERVICES AND ACKNOWLEDGES THAT IN SOME CASES THE PATIENT WILL NOT BE ABLE TO PAY FOR THE SERVICES RECEIVED AND IN THOSE CASES ASSOCIATED BAD DEBT COULD BE CONSIDERED AS A COMMUNITY BENEFIT INTEGRIS HEALTH HAS ADOPTED A PRESUMPTIVE PROCESS TO ACCURATELY IDENTIFY THOSE PATIENTS WHO WOULD QUALIFY FOR CHARITY ASSISTANCE THE PROCESS REVIEWS THE PATIENT'S ABILITY TO PAY BASED ON AN ALGORITHM DEVELOPED BY AN EXTERNAL VENDOR AND REVIEWED BY KPMG, THE EXTERNAL AUDITOR FOR INTEGRIS ALL BAD DEBT ACCOUNTS ARE REVIEWED USING THIS ALGORITHM AND THOSE THAT MEET THE CHARITY THRESHOLD OF 150% OF THE FEDERAL POVERTY LEVEL ARE RECLASSIFIED AS CHARITY CARE THE RESULTANT EFFECT IS THAT INTEGRIS BELIEVES THAT LESS THAN 5% OF BAD DEBT EXPENSE MIGHT BE ABLE TO BE CLASSIFIED AS CHARITY EXPENSE

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Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 8	PART III, LINE 8 COMMUNITY BENEFIT ---------- THE HOSPITAL BELIEVES THAT ALL OF THE $18,468,040 SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS WE ARE RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS EVEN THOUGH OUR COST EXCEEDS REIMBURSEMENTS MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING ELDERLY IN OUR COMMUNITY TAX-EXEMPT HOSPITALS ARE EXPECTED TO PARTICIPATE IN THE MEDICARE PROGRAM THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST-TO-CHARGE RATIO AND THE MEDICARE FILED COST REPORT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 9	PART III, LINE 9B PATIENTS MAY, AT ANY TIME DURING THE COLLECTION CYCLE, SUBMIT FINANCIAL INFORMATION FOR FINANCIAL ASSISTANCE OR CHARITY CONSIDERATION PURSUANT TO INTEGRIS POLICY SYS-RCM-100 CHARITY SERVICES ALL AVAILABLE AVENUES OF ASSISTANCE AND AVAILABLE PAYMENTS FROM THIRD PARTY PAYORS MUST BE EXHAUSTED BEFORE SUCH ASSISTANCE FOR CHARITY OR OTHER FINANCIAL ASSISTANCE IS CONSIDERED IBMC DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 10	PART IV MANAGEMENT COMPANIES AND JOINT VENTURES NAME OF ENTITY QUALITY CARDIAC CARE CENTERS, LLC (DBA QC-III) DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY CARDIAC CARE ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP % 47 865200 OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEE'S PROFIT % OR STOCK OWNERSHIP % 0 00000 PHYSICIANS' PROFIT % OR STOCK OWNERSHIP % 52 134800

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Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 11	PART VI, LINE 2 NEEDS ASSESSMENT INTEGRIS HEALTH UTILIZES A VARIETY OF TOOLS TO DETERMINE THE HEALTH CARE NEEDS OF OUR COMMUNITIES THESE INCLUDE PARTNERSHIPS WITH LOCAL COMMUNITY AGENCIES AND ORGANIZATIONS TO DETERMINE SPECIFIC TARGET MARKET NEEDS, PROGRAM SURVEYS AND COMMUNITY FOCUS GROUPS, PROGRAM EVALUATIONS FROM PARTICIPANTS IN OUR COMMUNITY HEALTH SCREENINGS, HEALTH EDUCATION AND SUPPORT GROUPS, THE COUNTY HEALTH RANKINGS REPORT AND THE OKLAHOMA STATE HEALTH DEPARTMENT'S "STATE OF THE STATE HEALTH REPORT " AFTER REVIEWING THESE MATERIALS FOR ISSUES CONCERNING ACCESS TO CARE, HEALTH EDUCATION NEEDS AND GAPS IN SERVICES IN OUR COMMUNITIES, INTEGRIS HEALTH DETERMINES HOW TO ADDRESS THESE ISSUES BY DEVELOPING PROGRAMS/SERVICES TO IMPLEMENT, INCLUDING, BUT NOT LIMITED TO, HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION AND WELLNESS PROGRAMS, SUPPORT GROUPS, AND ACCESS TO HEALTH CARE FACILITIES INTEGRIS HEALTH UTILIZES OUR HEALTH SYSTEM RESOURCES, FACILITIES AND PERSONNEL FOR MANY OF THESE PROGRAMS, BUT ALSO PARTNERS WITH OUR COMMUNITIES AND DEVELOPS COLLABORATIONS WITH LOCAL NON-PROFIT AGENCIES, CIVIC ORGANIZATIONS, SCHOOLS, AND CHURCHES TO IMPROVE THE ISSUES IDENTIFIED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 12	PART VI, LINE 3 PATIENT EDUCATION - ELIGIBILITY FOR ASSISTANCE INTEGRIS HEALTH USES A MULTI-FACETED APPROACH TO EDUCATE OUR PATIENTS ON THE AVAILABILITY OF CHARITY AS WELL AS STATE AND FEDERAL FINANCIAL ASSISTANCE THIS INCLUDES *POSTERS CLEARLY DISPLAYED IN EVERY PATIENT REGISTRATION AREA SPEAKING TO OUR FINANCIAL ASSISTANCE PROGRAMS *A FINANCIAL RIGHTS AND RESPONSIBILITY BROCHURE GIVEN TO EVERY PATIENT AT THE TIME OF THEIR REGISTRATION WHICH PROVIDES FINANCIAL ASSISTANCE PROGRAM DETAILS *A CLEARLY MARKED PRESENCE ON THE INTEGRIS HEALTH ON-LINE BUSINESS OFFICE WEBSITE WITH A SECTION DEVOTED TO FINANCIAL ASSISTANCE PROGRAM DETAILS AS WELL AS AN ON-LINE CHARITY APPLICATION *A DESCRIPTION OF THE FINANCIAL ASSISTANCE PROGRAM AS WELL AS THE APPLICATION PROCESS IS INCLUDED ON EVERY PATIENT BILL FINANCIAL COUNSELORS MEET WITH PATIENTS TO IDENTIFY ELIGIBILITY FOR FEDERAL AND STATE ASSISTANCE PROGRAMS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	PART VI, LINE 4 COMMUNITY INFORMATION INTEGRIS HEALTH SYSTEM IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE SYSTEM AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS, WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN'S CLINICS, MENTAL HEALTH FACILITIES, CANCER CENTERS, INDEPENDENT LIVING CENTERS, AND HOME HEALTH AGENCIES THROUGHOUT MOST OF THE STATE ALL COUNTIES IN WHICH INTEGRIS HEALTH OPERATES INCLUDE ONE OR MORE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS INTEGRIS BAPTIST MEDICAL CENTER IS LOCATED IN OKLAHOMA CITY, WHICH IS IN OKLAHOMA COUNTY IN CENTRAL OKLAHOMA THIS CAMPUS OFFERS MORE THAN 500 LICENSED BEDS AND HAS BEEN SERVING THE STATE SINCE 1959 SERVICES INCLUDE A BURN CENTER, TRANSPLANT CENTER, AND FERTILITY CENTER

Form and Line Reference	Explanation
SUPPLMENTAL INFORMATION 14	PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH EVIDENCE OF THE ORGANIZATIONS' RESPONSIVENE SS TO THE COMMUNITY, INCLUDING OPPORTUNITIES FOR COMMUNITY INVOLVEMENT IN GOVERNANCE AND A DVISORY GROUPS ALL INTEGRIS HEALTH FACILITIES ARE GOVERNED BY A BOARD OF DIRECTORS SPECIF ICALLY MADE UP OF MEN AND WOMEN WHO LIVE AND WORK IN THE COMMUNITY INCLUDING LOCAL BUSINE SS OWNERS, CIVIC LEADERS, COMMUNITY VOLUNTEERS, REPRESENTATIVES WORKING IN HIGHER EDUCATIO N, UTILITY COMPANIES, AND A VARIETY OF NON-PROFIT ORGANIZATIONS PATIENT AND COMMUNITY ADV ISORY GROUPS HAVE ALSO BEEN ESTABLISHED AT SEVERAL INTEGRIS FACILITIES ACROSS THE STATE T HESE GROUPS GIVE HOSPITAL LEADERS INPUT, SUGGESTIONS, AND FEEDBACK ON WAYS TO IMPROVE PROG RAMS, SERVICES, COMMUNITY NEEDS, AND PROCESS IMPROVEMENT IN CLINICAL AREAS PROGRAMS ESTAB LISHED TO MEET COMMUNITY NEEDS INCLUDE A FALLS PREVENTION PROGRAM FOR SENIOR CITIZENS, COM MUNITY HEALTH SCREENINGS AND PHYSICIAN LECTURES REQUESTED BY LOCAL SCHOOLS, CHURCHES, CIVI C GROUPS, AND COMMUNITY LEADERS TO ADDRESS SPECIFIC HEALTH ISSUES WHICH INCLUDE DIABETES, CANCER DIAGNOSIS AND TREATMENT OPTIONS, OBESITY AND PHYSICAL FITNESS PROGRAMS, MEN'S UROL OGICAL HEALTH PROGRAMS AND PROSTATE SCREENINGS, CANCER SCREENINGS, SPANISH DIABETES SUPPOR T GROUP, AFRICAN AMERICAN MEN AND WOMEN'S HEART HEALTH, AND STROKE LECTURES ADVOCACY INIT IATIVES FOR PROMOTING COMMUNITY-WIDE, STATE OR NATIONAL EFFORTS TO IMPROVE HEALTH OF THE P OPULATION AND INCREASE ACCESS INTEGRIS HEALTH PARTNERS WITH THE OKLAHOMA LIONS CLUB MOBIL E HEALTH UNIT, THE OKLAHOMA STATE HEALTH DEPARTMENT, AND THE OKLAHOMA TURNING POINT PROGRA M TO INCREASE HEALTH SCREENING OPPORTUNITIES AND HEALTH ACCESS FOR PEOPLE LIVING IN RURAL, UNDERSERVED AREAS OF OKLAHOMA THE PARTNERSHIP INCLUDES DONATION OF RESOURCES AND MONEY T O SPONSOR THE OPERATION OF THE LIONS MOBILE HEALTH UNIT WHICH TRAVELS AROUND THE STATE OFF ERING FREE HEALTH SCREENINGS AND MEDICAL INFORMATION THE OKLAHOMA STATE HEALTH DEPARTMENT AND THE OKLAHOMA TURNING POINT PROGRAM ASSIST WITH HEALTH SCREENINGS AND HELP WITH REFERR ALS TO MEDICAL HOMES AND CLINICS FOR PEOPLE WITHOUT A PHYSICIAN AND FOR THOSE UNINSURED OR UNDERINSURED INTEGRIS HEALTH PARTNERS WITH THE OKLAHOMA TURNING POINT PROGRAM, LOCAL CIV IC GROUPS, SUCH AS OUR CHAMBERS OF COMMERCE, ROTARY, AND KIWANIS CLUBS, TECHNOLOGY SCHOOLS , COMMUNITY COLLEGES, CHURCHES, AND LOCAL SCHOOLS IN A VARIETY OF EVENTS AND PROGRAMS TO E DUCATE THE COMMUNITY ON HEALTH/WELLNESS ISSUES, CREATE OPPORTUNITIES FOR HEALTH ACCESS, PR OVIDE COMMUNITY SCREENINGS IN UNDERSERVED AREAS OF OKLAHOMA, AND TO GIVE STUDENTS AND COMM UNITY MEMBERS THE OPPORTUNITY TO VOLUNTEER FOR THESE EVENTS THIS INCLUDES MEDICAL STUDENT S WHO WORK WITH INTEGRIS ACROSS THE STATE AT OUR EVENTS TO LEARN MORE ABOUT PROVIDING HEAL TH SERVICES TO THE COMMUNITY AND TO HELP TRAIN THEM FOR FUTURE WORK IN THE HEALTHCARE AREN A THE HOSPITAL'S ROLE IN WORKING WITH OTHERS TO IDENTIFY COMMUNITY NEEDS AND ADDRESS COMM UNITY PROBLEMS INTEGRIS HEALTH WORKS WITH THE OKLAHOMA HOSPITAL ASSOCIATION, THE OKLAHOMA STATE MEDICAL ASSOCIATION, THE ALLIANCE FOR THE UNINSURED, THE OKLAHOMA STATE HEALTH DEPA RTMENT, THE OKLAHOMA MENTAL HEALTH ASSOCIATION, AND LOCAL NON-PROFIT ORGANIZATIONS SUCH AS THE OKLAHOMA CHAPTERS OF AMERICAN HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION, AMERICAN DIABETES ASSOCIATION, AMERICAN CANCER SOCIETY, AND OTHER LOCAL HEALTH AND WELLNESS ORGANIZ ATIONS AND AGENCIES TO DETERMINE HEALTH CARE NEEDS IN THE STATE, ISSUES CONCERNING SPECIFI C CITIES, ACCESS TO HEALTH ISSUES, NEIGHBORHOOD AND ENVIRONMENT ISSUES, AND OTHER SOCIAL D ETERMINANTS OF HEALTH THAT AFFECT THE LIVES OF OUR RESIDENTS A VARIETY OF COALITIONS, TAS K FORCES, AND COMMITTEES HAVE BEEN STARTED TO ADDRESS SPECIFIC HEALTH AND WELLNESS ISSUES AND TO DETERMINE INTERVENTIONAL STRATEGIES FOR IMPLEMENTATION THE IMPACT PROGRAMS ARE HAV ING ON COMMUNITY HEALTH, ESPECIALLY PREVENTION ACTIVITIES, EFFORTS TO IMPROVE HEALTH AND I NCREASE ACCESS TO HEALTH CARE SERVICES, AND REDUCING HEALTH CARE COSTS INTEGRIS COMMUNITY HEALTH PROGRAMS ACROSS THE STATE ARE IMPLEMENTED TO EDUCATE OUR RESIDENTS ABOUT HEALTH AN D WELLNESS ISSUES AFFECTING THEM AND THEIR COMMUNITIES WORKING WITH PARTNER AGENCIES AND ORGANIZATIONS IN THE COMMUNITIES WE SERVE GIVES US THE OPPORTUNITY TO CREATE PROGRAMS THAT SPECIFICALLY ADDRESS NEGATIVE HEALTH INDICATORS AFFECTING THE COMMUNITY PREVENTION AND H EALTH EDUCATION HAVE BEEN THE PRIORITY FOR INTEGRIS FOR MANY YEARS IN AN EFFORT TO BETTER EDUCATE THE PUBLIC ON TAKING CARE OF THEIR HEALTH AND CREATING AWARENESS ABOUT HOW THEIR B EHAVIORS MAY NEGATIVELY AFFECT THEIR HEALTH AND THE HEALTH OF THEIR FAMILIES WORKING WITH PARTNER AGENCIES, ORGANIZATIONS, PHYSICIANS, AND LOCAL CLINICS, INTEGRIS HAS BEEN ABLE TO HELP SLOWLY IMPROVE HEALTH IN SOME INDICATORS, SUCH AS CHILDHOOD IMMUNIZATIONS, ADULT IMM UNIZATIONS, AND SMALL STEP TOWARD IMPROVING CHILDHOOD OBESITY WITH SEVERAL PROGRAMS IMPLEM ENTED IN THE METROPOLITAN AREAS, INCREASING ACCESS

Form and Line Reference	Explanation
SUPPLMENTAL INFORMATION 14	BY DEVELOPING REFERRAL NETWORKS BETWEEN FREE CLINICS ACROSS OKLAHOMA CITY AND IN SOME RUR AL AREAS ALL OF THESE PROGRAMS AND PARTNERSHIPS, COUPLED WITH EDUCATING THE COMMUNITY ABO UT AVAILABLE SERVICES, CAN HELP US CONTINUE TO REDUCE SOME OF THE HEALTHCARE COSTS WE SEE IN OUR HOSPITALS, CLINICS, AND EMERGENCY DEPARTMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 15	PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM ROLES IBMC IS A MEMBER OF INTEGRIS HEALTH SYSTEM, OF WHICH INTEGRIS HEALTH, INC IS THE CONTROLLING MEMBER INTEGRIS HEALTH SYSTEM IS AN OKLAHOMA HEALTH CARE SYSTEM WHICH SUPPORTS THE COMMUNITY NEEDS ACROSS THE STATE THE MISSION OF INTEGRIS HEALTH IS TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE INTEGRIS BAPTIST MEDICAL CENTER IS THE FLAGSHIP HOSPITAL OF THE SYSTEM THE FACILITIES OF OTHER TAXPAYERS ARE LISTED ON SCHEDULE H, PART V AND THE FACILITIES OF OTHER TAXPAYERS ARE LISTED ON THE SCHEDULE H OF THEIR RESPECTIVE FORMS 990 SEE SCHEDULE O, GENERAL STATEMENTS 3 THROUGH 4 FOR ADDITIONAL INFORMATION REGARDING THE INTEGRIS HEALTH SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 16	PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT ALL STATES WITH WHICH THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT OK

Additional Data

Software ID:

Software Version:

EIN: 73-1034824

Name: INTEGRIS BAPTIST MEDICAL CENTER INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	INTEGRIS BAPTIST MEDICAL CENTER INC 3300 NORTHWEST EXPRESSWAY OKLAHOMA CITY, OK 73112 WWW INTEGRISOK COM 2297	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE H, PART V INTEGRIS BAPTIST MEDICAL CENTER, INC (IBMC) IS A MEMBER OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC AS SUCH IBMC FOLLOWS CERTAIN POLICIES AND PROCEDURES ESTABLISHED AT THE SYSTEM LEVEL, MANY OF WHICH ARE DESCRIBED BELOW

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	PART V, SECTION B, LINE 5 PUBLIC HEALTH EXPERTISE WAS UTILIZED WITH EACH FACILITY USING THE OKLAHOMA STATE DEPARTMENT OF HEALTH'S TURNING POINT CONSULTANT EACH CONSULTANT GAVE THEIR INPUT BASED ON COUNTY DATA AND GAVE THEIR APPROVAL OF THE CHOSEN INDICATORS THEY ALSO SIGNED IN APPROVAL OF THE OVERALL STRATEGIC PLAN EACH CONSULTANT HELPED THE INDIVIDUAL COALITIONS PRIORITIZE THEIR COUNTY'S NEEDS BASED ON SEVERAL FACTORS PUBLIC HEALTH EXPERTS INCLUDE CENTRAL OKLAHOMA TURNING POINT WELLNESS CHAIR KEITH KLESZYNSKI IN CONDUCTING THE CHNA, THE HOSPITALS TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY BY SURVEYS, LISTENING SESSIONS, FOCUS GROUPS, AND LOCAL DATA COLLECTION ETHNICITIES INPUT WAS OBTAINED FROM SURVEYS BY TARGETING POPULATION GATHERING PLACES SUCH AS COMMUNITY CLINIC, CHURCHES, HEALTH DEPARTMENT, HUMAN SERVICES, AFTER SCHOOL PROGRAMS, AND PUBLIC TRANSPORTATION SERVICES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	PART V, SECTION B, LINE 6A THE FACILITIES LISTED IN THE METRO AREA USED THE SAME SURVEY, BUT SOME CONTENTS OF THE PLANS WERE CHANGED DUE TO SOME DEMOGRAPHIC ASPECTS OF THE COMMUNITIES (IE LARGE HISPANIC POPULATION, HIGHER SOCIO ECONOMIC FACTORS, ETC) THOSE FACILITIES INCLUDED INTEGRIS HEALTH EDMOND, INTEGRIS BAPTIST MEDICAL CENTER, LAKESIDE WOMEN'S HOSPITAL, OKLAHOMA CENTER OF ORTHOPEDIC MULTI-SPECIALTY SURGERY, INTEGRIS SOUTHWEST MEDICAL CENTER, AND INTEGRIS CANADIAN VALLEY HOSPITAL DUE TO THEIR CLOSE PROXIMITY AND GEOGRAPHIC LOCATION, INTEGRIS GROVE HOSPITAL AND INTEGRIS BAPTIST REGIONAL HEALTH CENTER USED THE SAME INTEGRIS BASS BAPTIST HEALTH CENTER AND INTEGRIS NORTHWEST SPECIALTY HOSPITAL USED THE SAME SURVEY SINCE THEY SHARE THE SAME ZIP CODE EACH FACILITY PLACED THE ASSESSMENT SURVEY ON THEIR WEB SITE'S HOME PAGE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 4	PART V, SECTION B, LINE 6B OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	PART V, SECTION B, LINE 7D THE CHNA IS WIDELY AVAILABLE TO THE COMMUNITY THE PLANS WERE ALSO ADDED TO EACH FACILITY'S WEBSITE AND CLEARLY TITLED THE PLANS WERE ALSO DISTRIBUTED TO ADMINISTRATION, LOCAL BOARDS, AT COMMUNITY FORUMS, COALITIONS, OTHER LOCAL AGENCIES AND ORGANIZATIONS COPIES OF THE PLAN WERE PLACED IN EACH FACILITY'S ADMINISTRATION OFFICES FOR DISTRIBUTION AS WELL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 6	PART V, SECTION B, LINE 11 THE CHNA PROCESS ASSISTED IN DETERMINING AVAILABLE RESOURCES, GAPS IN SERVICES, AND BOTH PERCEIVED AND ACTUAL NEEDS WITHIN THE INTEGRIS SERVICE AREAS MANY OF THE NEEDS IDENTIFIED WERE COMMON WITHIN THE VARIOUS SERVICE AREAS, INCLUDING HEART DISEASE, DIABETES, TOBACCO USE, OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE OTHERS, HOWEVER, SUCH AS CHILD ABUSE AND TEEN PREGNANCY, WERE NOT AS PREDOMINANT THE NEEDS IDENTIFIED BY THE CHNA WERE INITIALLY PRIORITIZED THROUGH COLLABORATION WITH THE LOCAL COMMUNITY COALITIONS THESE LOCAL PRIORITIZED NEEDS WERE THEN REEXAMINED BY INTEGRIS TO DETERMINE WHICH NEEDS COULD MOST EFFECTIVELY BE IMPACTED BY INTEGRIS THROUGH ADMINISTRATION OF THE DEVELOPED CHIP AND WHICH, IF ANY OF THE REMAINING, WERE CURRENTLY BEING ADDRESSED THROUGH OTHER COMMUNITY RESOURCES AND/OR SERVICES INTEGRIS OPTED TO CONCENTRATE ON THE SAME THREE FOCUS AREAS FOR THE CHIPS IN EACH OF THE SERVICE AREAS-HEART DISEASE, MENTAL HEALTH, AND OBESITY-BELIEVING THAT A UNITED EFFORT WOULD ALLOW FOR A SHARING OF RESOURCES, PERSONNEL, PROGRAMS, ETC AND ENSURE CONSISTENCY IN IMPLEMENTATION AND EVALUATION METHODS, THEREBY INCREASING THE POTENTIAL TO MORE EFFECTIVELY COMBAT THE ISSUES SYSTEM-WIDE OTHER COMMONLY IDENTIFIED NEEDS SUCH AS DIABETES, TOBACCO USE, AND SUBSTANCE ABUSE THAT ARE ASSOCIATED RISK FACTORS FOR THE PRIMARY FOCUS AREAS ARE ADDRESSED IN ONE OR MORE OF THOSE RESPECTIVE SECTIONS OF THE CHIP IT WAS DETERMINED THAT THE REMAINING NEEDS THAT WERE HIGHLY PRIORITIZED WITHIN CERTAIN SERVICE AREAS WERE PREVIOUSLY IDENTIFIED AND ALREADY BEING ADDRESSED THROUGH LOCAL AGENCY AND/OR COALITION AND PARTNERSHIP EFFORTS WITHIN THE COMMUNITIES AS SUCH, INTEGRIS COMMITTED TO PROVIDE SUPPORT AND RESOURCES TO THE COMMUNITY PARTNERS TAKING THE LEAD ON THOSE PARTICULAR ISSUES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 7	PART V, SECTION B, LINE 7A AND LINE 10A HTTPS //INTEGRISOK COM/ABOUT-INTEGRIS/SERVING-OUR-COMMUNITY/REPORTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 8	PART V, SECTION B, LINES 16A, 16B, AND 16C INTEGRISOK COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 9	INTEGRIS HEALTH SYSTEMS INTERNAL AUDIT FUNCTION PERFORMED A COMPLIANCE ASSESSMENT OF THE S YSTEMS ADHERENCE TO THE FINAL SECTION 501(R) REGULATIONS, APPLICABLE TO ALL INTEGRIS HEALT H SYSTEM HOSPITAL FACILITIES BEGINNING WITH THE FISCAL YEAR ENDED JUNE 30, 2017 FIELDWORK WAS INITIATED, PERFORMED, AND COMPLETED DURING APRIL MAY 2017 THE OBJECTIVE OF THIS ASSE SSMENT WAS TO EVALUATE THE COMPLIANCE OF EACH INTEGRIS HOSPITAL FACILITY WITH THE FINAL RE GULATIONS ISSUED ON DECEMBER 30, 2014, IDENTIFY ANY COMPLIANCE GAPS, AND IMMEDIATELY FACIL ITATE THE CORRECTION OF ANY IDENTIFIED DEFICIENCIES DURING THAT ASSESSMENT, THE FOLLOWING DEFICIENCIES WERE IDENTIFIED AND CORRECTED LIMITATIONS ON CHARGES 1 DURING FISCAL YEAR ENDED JUNE 30, 2017, THE METHODS USED FOR DETERMINING AND APPLYING AMOUNTS GENERALLY BILLE D (AGB) DID NOT MEET THE SPECIFIC REQUIREMENTS OF TREAS REG SECTION 1 501(R)-5 THOUGH I NTEGRIS CHOSE TO APPLY THE LOOK-BACK METHOD OF DETERMINING AGB, THE AGB PERCENTAGE WAS APP LIED ON A FISCAL YEAR BASIS RATHER THAN WITHIN 120 DAYS OF THE END OF THE 12-MONTH PERIOD USED IN CALCULATING THE AGB PERCENTAGES AS A RESULT, INTEGRIS INADVERTENTLY APPLIED AN ER RONEOUS AGB PERCENTAGE, INITIALLY APPLYING A 28% AGB RATHER THAN A 27% AGB TO ALL FACILITI ES WITHIN THE SYSTEM, AS THIS WAS THE LOWEST AGB FOR ANY FACILITY REFUNDS OF THE ABG DIFF ERENCES WERE MADE TO AFFECTED FAP-ELIGIBLE PATIENTS IT WAS SUBSEQUENTLY DISCOVERED THAT C ERTAIN PATIENT REFUNDS WERE DUE TO PATIENTS WHO HAD MADE A PAYMENT AND THEN WERE DETERMINE D TO BE FAP-ELIGIBLE FOR 100% FREE CARE INTEGRIS BEGAN PROCESSING THOSE REFUNDS AS SOON A S THEY WERE DISCOVERED 2 UPON CALCULATION OF THE CORRECTED AGB, IMPLEMENTATION OF THE CO RRECTED AGB WAS IMMEDIATELY ENACTED AND INTEGRIS REVIEWED PATIENT ACCOUNTS TO DETERMINE WH ETHER ANY PATIENT WAS OVERBILLED AS A RESULT OF THE ERROR FOR THE CALENDAR YEAR 2017 FINA NCIAL ASSISTANCE POLICY (FAP), THE AGB FOR THE LOOK-BACK PERIOD WAS DETERMINED TO BE 27% PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE IN 2017 WERE NOT CHARGED MORE THAN 27% OF BIL LED CHARGES FOR ANY MEDICALLY NECESSARY SERVICES THIS CALCULATION WILL BE DONE YEARLY AND IMPLEMENTED BY THE 120TH DAY AFTER THE END OF THE 12-MONTH PERIOD USED BY INTEGRIS IN CAL CULATING THE AGB PERCENTAGES TO DETERMINE THE AGB REFUNDS OF THE ABG DIFFERENCES WERE MAD E TO AFFECTED PATIENTS ALTHOUGH TOTAL PATIENT REFUNDS TO FAP-ELIGIBLE PATIENTS FOR THE FI SCAL YEAR CAN BE DETERMINED, THE EXACT NUMBER OF INDIVIDUALS AND DOLLAR AMOUNTS ATTRIBUTAB LE SOLELY TO THE ABG MISCALCULATION CANNOT BE EASILY IDENTIFIED 3 TO MINIMIZE THE LIKELI HOOD OF RECURRING ERRORS AND TO FACILITATE THE PROMPT IDENTIFICATION AND CORRECTION OF ANY SUCH FUTURE FAILURES THAT DO OCCUR, THE AGB CALCULATION WILL BE DONE YEARLY AND IMPLEMENT ED BY THE 120TH DAY AFTER THE END OF THE 12-MONTH PERIOD USED BY INTEGRIS IN CALCULATING T HE AGB PERCENTAGES TO DETERMINE THE AGB THE LOWEST AGB OF ALL INTEGRIS HOSPITAL FACILITIE S WILL BE APPLIED TO ALL HOSPI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 9	TAL FACILITIES WITHIN THE SYSTEM FINANCIAL ASSISTANCE POLICY 1 AT THE TIME OF THE COMPLI ANCE ASSESSMENT, THE FAP WAS NOT FULLY COMPLIANT WITH SECTION 501(R) REGULATIONS NECESSAR Y REVISIONS INCLUDED DESCRIBING THE METHOD FOR DETERMINING AGB, OUTLINING THE PERCENTAGES FOR AGB, DESCRIBING ALL DISCOUNTS AVAILABLE AND ELIGIBILITY CRITERIA FOR EACH DISCOUNT, IN CLUDING A COMPLETE LIST OF PROVIDERS DELIVERING EMERGENCY OR MEDICALLY NECESSARY CARE, DES CRIBING THE REFUND PROCESS IF AN ELIGIBLE PATIENT WAS CHARGED IN EXCESS OF AGB, AND PROVID ING CONTACT INFORMATION TO OBTAIN INFORMATION ABOUT THE POLICY AND/OR ASSISTANCE WITH THE APPLICATION PROCESS 2 TO CORRECT THESE DEFICIENCIES, THE FAP WAS REVISED AND REVIEWED WI TH INTEGRIS LEGAL COUNSEL TO MEET ALL 501(R) CRITERIA, AND APPROVED BY INTEGRIS BOARD OF D IRECTORS ALL REQUIRED DOCUMENTATION, INCLUDING THE FAP, PLAIN LANGUAGE SUMMARY, AND BILLI NG AND COLLECTIONS POLICY, WAS MADE AVAILABLE IN ALL REQUIRED LANGUAGES ON THE INTEGRIS HE ALTH SYSTEM PUBLIC WEBSITE AND AVAILABLE TO PATIENT ACCESS AREAS ALL CORRECTIVE ACTIONS W ERE TAKEN BEFORE JUNE 30, 2017 3 TO MINIMIZE THE LIKELIHOOD OF RECURRING ERRORS AND TO F ACILITATE THE PROMPT IDENTIFICATION AND CORRECTION OF ANY SUCH FUTURE FAILURES THAT DO OCC UR, THE FAP WILL BE REVIEWED ANNUALLY BY THE SYSTEM BUSINESS OFFICE IN CONCURRENCE WITH 50 1(R) GUIDELINE POLICIES, APPLICATIONS, AND PLAIN LANGUAGE SUMMARIES FURTHER, SPECIFIC 501 (R) TRAINING AND EDUCATION WAS PROVIDED TO APPLICABLE PERSONNEL TO ENSURE A COMPLETE, THOR OUGH, AND CONSISTENT UNDERSTANDING BY ALL STAFF WITH RELATED RESPONSIBILITIES, PRIOR TO JU NE 30, 2017 WIDE PUBLICATION AND AVAILABILITY OF FINANCIAL ASSISTANCE POLICY (FAP) AND RE LATED INFORMATION 1 AT THE TIME OF THE COMPLIANCE ASSESSMENT, NOT ALL SIGNAGE DISPLAYS AN D TRANSLATED FAP INFORMATION REQUIRED UNDER TREAS REG SECTION 1 501(R)-4 WERE PRESENT IN THE INTEGRIS HOSPITAL FACILITIES EMERGENCY AND/OR ADMISSION AREAS, AS WELL AS ON THE ORGA NIZATIONS PUBLIC WEBSITE 2 TO CORRECT THESE DEFICIENCIES, POSTERS AT ALL IDENTIFIED ACCE SS POINTS WERE COMPLETED BY APRIL 30, 2017 AND INTEGRIS IMPLEMENTED A POLICY THAT SYSTEM L EADERSHIP WILL AUDIT FOR POSTER COMPLIANCE AT LEAST QUARTERLY THE FAP, FAP APPLICATION, A ND PLAIN LANGUAGE SUMMARY WERE ALL MADE AVAILABLE IN LANGUAGES WITH SIGNIFICANT POPULATION S (ENGLISH, SPANISH, AND VIETNAMESE), PRIOR TO JUNE 30, 2017 3 TO MINIMIZE THE LIKELIHOO D OF RECURRING ERRORS AND TO FACILITATE THE PROMPT IDENTIFICATION AND CORRECTION OF ANY SU CH FUTURE FAILURES THAT DO OCCUR, DEPARTMENT EDUCATION FOR ALL ACCESS AND PATIENT FINANCIA L SERVICES STAFF WAS PERFORMED BEFORE JUNE 30, 2017 AND WILL BE CONDUCTED ANNUALLY THEREAF TER SYSTEM WIDE COMMUNICATION ABOUT THE LAW AND INTEGRIS RESPONSIBILITIES TO MAKE FAP INF ORMATION WIDELY AVAILABLE WAS SENT TO ALL EMPLOYEES AND INTEGRIS QUERIED ALL APPLICABLE OU TSOURCED VENDORS TO INSURE COMPLIANCE WITH INTEGRIS POLICIES, WHERE APPLICABLE, AND REQUIR E THEM TO TRAIN THEIR STAFF, P

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 9	ROVIDE DOCUMENTATION AND AUDIT REGULARLY THESE MEASURES WERE IMPLEMENTED PRIOR TO JUNE 30 , 2017 BILLING AND COLLECTIONS POLICY 1 AT THE TIME OF THE COMPLIANCE ASSESSMENT, THE BI LLING AND COLLECTIONS POLICY WAS NOT FULLY COMPLIANT WITH SECTION 501(R) REGULATIONS NECE SSARY REVISIONS INCLUDED THE DESCRIPTION OF PROCESS, TIMEFRAMES, AND REASONABLE EFFORTS TH E HOSPITAL WILL MAKE TO DETERMINE WHETHER AN INDIVIDUAL IS FAP-ELIGIBLE BEFORE ENGAGING IN TO EXTRAORDINARY COLLECTION ACTIVITIES AS WELL AS THE OFFICE, DEPARTMENT, COMMITTEE OR OTH ER BODY WITH THE FINAL AUTHORITY OR RESPONSIBILITY FOR DETERMINING THE HOSPITAL HAS MADE R EASONABLE EFFORTS TO DETERMINE WHETHER AN INDIVIDUAL IS FAP-ELIGIBLE AND MAY THEREFORE ENG AGE IN ECAS AGAINST THE INDIVIDUAL FURTHER, ALTHOUGH THE FAP SPECIFIES INTEGRIS HAS A SEP ARATE POLICY, NEITHER THE FAP NOR THE BCP STATE HOW THE PUBLIC CAN OBTAIN COPIES OF THE SE PARATE BCP (AND ANY NECESSARY TRANSLATIONS) 2 TO CORRECT THESE DEFICIENCIES, THE BILLING AND COLLECTION POLICY WAS REVISED AND REVIEWED WITH INTEGRIS LEGAL COUNSEL TO MEET ALL 50 1(R) CRITERIA, AND APPROVED BY INTEGRIS BOARD OF DIRECTORS INDIVIDUALS CAN OBTAIN THE POL ICY IN A NUMBER OF WAYS AS DESCRIBED IN SECTION 4 0 OF THE BILLING AND COLLECTIONS POLICY 3 TO MINIMIZE THE LIKELIHOOD OF RECURRING ERRORS AND TO FACILITATE THE PROMPT IDENTIFICA TION AND CORRECTION OF ANY SUCH FUTURE FAILURES THAT DO OCCUR, THE BILLING AND COLLECTION POLICY WILL BE REVIEWED ANNUALLY BY THE SYSTEM BUSINESS OFFICE IN CONCURRENCE WITH 501(R) GUIDELINE POLICIES, APPLICATIONS, AND PLAIN LANGUAGE SUMMARIES THE PROCESS TO REVIEW AND ENSURE THAT DUE DILIGENCE IS COMPLETED WILL BE DONE BY THE SYSTEM DIRECTOR OVER CUSTOMER S ERVICE ON AN AS NEEDED BASIS (I E , AS PATIENTS BECOME ELIGIBLE FOR ECAS) THEY WILL REVIE W RANDOM ACCOUNTS TO ENSURE THAT THE INDIVIDUAL IS RECEIVING THE CORRECT NUMBER OF STATEME NTS AND CALLS AS OUTLINED AND IN COMPLIANCE WITH INTEGRIS BILLING AND COLLECTION POLICY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

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" on 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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1) HIGH SCHOOL SCHOLARSHIPS	29	29,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 BAPTIST MEDICAL CENTER, INC (IBMC) PROVIDES FUNDS TO VARIOUS COMMONLY CONTROLLED HOSPITALS TO SUPPORT THEIR OPERATIONS IBMC DETERMINES THE AMOUNT OF THE FUNDS PROVIDED ON AN ANNUAL BASIS COLLEGE SCHOLARSHIPS ARE PROVIDED TO EMPLOYEES' CHILDREN WHO QUALIFY BASED ON CERTAIN CRITERIA A COLLEGE TRANSCRIPT MUST BE PROVIDED FOR EACH SEMESTER AS LONG AS THE SCHOLARSHIP IS IN PLACE

Additional Data

Software ID:
Software Version:
EIN: 73-1034824
Name: INTEGRIS BAPTIST MEDICAL CENTER 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 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 RURAL HEALTH INC 5300 N INDEPENDENCE AVE SUITE 13 OKLAHOMA CITY, OK 73112	73-1444504	501(C)(3)	2,275,825				TO FUND OPERATIONS
INTEGRIS AMBULATORY CARE CORPORATION 5300 N INDEPENDENCE AVE SUITE 13 OKLAHOMA CITY, OK 73112	73-1192765	501(C)(3)	2,420,409				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 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 EDMOND INC 5300 N INDEPENDENCE AVE SUITE 13 OKLAHOMA CITY, OK 73112	45-1027361	501(C)(3)	473,481				TO FUND OPERATIONS
INTEGRIS SOUTHWEST MEDICAL CENTER INC 5300 N INDEPENDENCE AVE SUITE 13 OKLAHOMA CITY, OK 73112	73-1089149	501(C)(3)	2,282,536				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 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 INC 5300 N INDEPENDENCE AVE SUITE 13 OKLAHOMA CITY, OK 73112	73-1047338	501(C)(3)	1,194,329				TO FUND OPERATIONS

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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" on 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

2015

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured 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" on 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 on 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 on 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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 73-1034824
Name: INTEGRIS BAPTIST MEDICAL CENTER INC

Part III, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE J, PART 1, LINE 3 INTEGRIS BAPTIST MEDICAL CENTER, INC (IBMC) IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (INTEGRIS) AS PART OF THIS SYSTEM, IBMC RELIES UPON INTEGRIS TO ESTABLISH THE COMPENSATION FOR ITS TOP MANAGEMENT OFFICIALS INTEGRIS UTILIZES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THIS COMPENSATION

Part III, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 2	SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS WERE MADE TO KEY EMPLOYEES ERROL A MITCHELL AND JACONNA R TILLER $156,937 AND $111,271 OF THE CALENDAR YEAR 2016 COMPENSATION REPORTED FOR THESE INDIVIDUALS, RESPECTIVELY, ON FORM 990, PART VII AND SCHEDULE J, PART II REPRESENTS SEVERANCE PAYMENTS

Part III, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 3	SCHEDULE J, PART I, LINE 4B THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (INTEGRIS) INTEGRIS 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 BUT DID NOT RECEIVE A PAYMENT DURING THE YEAR CHRIS M HAMMES TIM JOHNSEN PHILIP LANCE C BRUCE LAWRENCE BETH A PAUCHNIK DAVID R HADLEY RECEIVED A PAYMENT FROM THE PLAN IN THE CURRENT YEAR EQUAL TO $197,232

Part III, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 4	SCHEDULE J, PART I, LINE 7 THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (INTEGRIS) INTEGRIS HEALTH HAS ESTABLISHED A FINANCIAL INCENTIVE PLAN THAT ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY AND FINANCIAL OPERATIONS OF THE ORGANIZATION THE QUALITY COMPONENT IS DEFINED AS IMPROVEMENT IN PATIENT SAFETY, PATIENT SATISFACTION AND REDUCTION OF EMPLOYEE TURNOVER THE FINANCIAL COMPONENT CONSISTS OF ACHIEVEMENT IN NET OPERATING INCOME THRESHOLD TO BE ACHIEVED TO ACTIVATE THE PLAN A PREDETERMINED THRESHOLD IS CREATED WITHIN ALL ASPECTS OF THE PLAN BEFORE FINANCIAL ACHIEVEMENT IS PAYABLE ALL PLANS ARE WRITTEN ACCORDING TO EXECUTIVE LEVEL AND ADOPTED BY INTEGRIS HEALTH BOARD RESOLUTION EACH PLAN YEAR AND PAYABLE AFTER INDEPENDENT AUDIT RESULTS ARE DETERMINED IN THE SECOND PLAN, CERTAIN EMPLOYED PHYSICIANS ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION PURSUANT TO THEIR WRITTEN EMPLOYMENT AGREEMENTS ALL INCENTIVE COMPENSATION IS SUBJECT TO A CAP AND DOES NOT EXCEED 50% OF THE PHYSICIAN'S TOTAL COMPENSATION THERE ARE A VARIETY OF METHODS USED TO CALCULATE INCENTIVE COMPENSATION BASED ON THE PHYSICIAN'S PERSONAL PRODUCTION, RANGING FROM (I) A SPECIFIED PERCENTAGE OF NET INCOME LESS EXPENSES, (II) A SPECIFIED PERCENTAGE OF TOTAL COLLECTIONS LESS EXPENSES, (III) A SPECIFIED PERCENTAGE OF BASE SALARY BASED COMPLIANCE WITH CERTAIN QUALITY, PATIENT SATISFACTION, PRODUCTION AND FINANCIAL INDICATORS, (IV) A SPECIFIED PERCENTAGE OF BASE SALARY BASED ON COMPLIANCE WITH QUALITY, GUIDING VALUES, PATIENT SATISFACTION AND PRODUCTRION CRITERIA, (V) A SPECIFIED PERCENTAGE OF FEE-BASED COLLECTIONS AND CAPITATION COLLECTIONS, IF APPLICABLE, IN EXCESS OF QUARTERLY SALARY, (VI) QUARTERLY BONUSES MEASURED BY RVUS THAT EXCEED A SPECIFIED TARGET PER QUARTER, AND (VII) PRO RATA SHARE OF ANNUAL INCENTIVE POOLS BASED UPON PRODUCTION, COMPLIANCE WITH CLINICAL GUIDELINES, QUALITY AND PATIENT SATISFACTION CRITERIA

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 on prior Form 990
1HANI BARADIDIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	645,685	630,504	1,449	6,625	-15,458	-1,299,721	0
1SUDHIR KHANNA EX-OFFICIO CHIEF OF STAFF	(I)	190,120	0	0	10,078	0	200,198	0
	(II)	1,567	0	0	0	-0	-1,567	0
2C BRUCE LAWRENCE EX-OFFICIO-PRES/CEO IH	(I)	0	0	0	0	0	0	0
	(II)	992,513	0	49,276	371,936	-12,064	-1,425,789	0
3BETH A PAUCHNIK ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	439,938	0	16,877	117,518	-11,390	-585,723	0
4MARY K CALBONE VICE PRESIDENT	(I)	195,988	0	13,361	28,817	6,531	244,697	0
	(II)	0	0	0	0	-0	-0	0
5MICHELE DIEDRICH VP CHIEF NURSING OFFICER	(I)	201,426	0	10,855	2,446	15,438	230,165	0
	(II)	0	0	0	0	-0	-0	0
6TIM JOHNSEN PRESIDENT IBMC	(I)	507,425	0	23,277	89,138	15,342	635,182	0
	(II)	0	0	0	0	-0	-0	0
7JAMES W LONGPHYSICIAN	(I)	1,246,743	0	18,303	10,600	12,471	1,288,117	0
	(II)	0	0	0	0	-0	-0	0
8ALY BANAYOSYPHYSICAN	(I)	635,636	169,930	9,504	14,575	1,880	831,525	0
	(II)	0	0	0	0	-0	-0	0
9 DOUGLAS A HORSTMANSHOF PHYSICAN	(I)	742,784	3,338	15,090	17,038	15,399	793,649	0
	(II)	0	0	0	0	-0	-0	0
10VIVEK KOHLI TRANSPLANT SURGEON	(I)	666,386	11,100	14,654	17,225	15,858	725,223	0
	(II)	0	0	0	0	-0	-0	0
11ABBAS RAZAPHYSICAN	(I)	532,088	256,376	13,287	14,575	15,670	831,996	0
	(II)	0	0	0	0	-0	-0	0
12E SAMARA TRANSPLANT SURGEON	(I)	559,319	105,560	5,593	38,261	11,520	720,253	0
	(II)	0	0	0	0	-0	-0	0
13DAVID R HADLEY ASST TREASURER THRU 8/16	(I)	0	0	0	0	0	0	0
	(II)	239,281	197,232	214,745	12,731	-7,582	-671,571	197,232
14CHRIS M HAMMES FORMER OFFICER & DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	617,867	0	21,222	170,945	-15,610	-825,644	0
15CHRISTOPHER TURNER FORMER DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	29,812	0	0	0	-0	-29,812	0
16ERROL A MITCHELL FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	166,498	0	163,631	29,469	-11,694	-371,292	0
17DAVID BOGGS FORMER DIRECTOR	(I)	75,005	0	0	0	0	75,005	0
	(II)	6,910	0	0	0	-0	-6,910	0
18MICHAEL MCGEE MD FORMER DIRECTOR	(I)	31,750	0	0	0	0	31,750	0
	(II)	4,600	0	0	0	-0	-4,600	0
19WILLIAM COOK MD FORMER DIRECTOR	(I)	9,640	0	0	0	0	9,640	0
	(II)	1,412	0	0	0	-0	-1,412	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 on prior Form 990
21 CARL RACZKOWSKI MD FORMER DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	266,614	0	0	0	0	266,614	0
1 JACONNA R TILLER FORMER KEY EMPLOYEE	(I)	0	0	111,271	0	5,214	116,485	0
	(II)	0	0	0	0	0	0	0
2 PHILIP LANCE PRESIDENT	(I)	285,149	0	12,053	73,355	15,530	386,087	0
	(II)	0	0	0	0	0	0	0
3 TOM HONAN INTERIM ASST TREAS THRU 10/16	(I)	0	0	0	0	0	0	0
	(II)	296,574	0	0	0	0	296,574	0
4 STEVEN REITER FORMER DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	504,973	367,613	30,571	15,900	6,822	925,879	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE OK DEVELOPMENT FINANCE AGENCY 2015C	73-1083741	678908L28	06-01-2015	89,880,000	REFUND OF 2011A/B, ISSUED 7/6/11		X		X		X
B	THE OK DEVELOPMENT FINANCE AGENCY 2015B	73-1083741	67884XBV8	04-15-2015	48,425,000	REFUND OF 2007A, ISSUED 11/8/07		X		X		X
C	THE OK DEVELOPMENT FINANCE AGENCY 2015A	73-1083741	67884XBR7	04-15-2015	222,198,189	REFUND OF 2008B/C, ISSUED 7/30/08		X		X		X
D	THE OK DEVELOPMENT FINANCE AGENCY 2013A	73-1083741	67884XAZ0	05-03-2013	97,945,000	REFUND OF 2008A, ISSUED 5/6/08		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,195,000	2,350,000	13,160,000	8,150,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	89,880,000	48,425,000	222,198,189	97,945,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	198,595,789	0
7	Issuance costs from proceeds	0	521,063	1,737,424	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	0
11	Other spent proceeds	89,880,000	47,903,937	21,864,976	97,945,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2011	2010	2011	2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 010 %		0 010 %		0 %		0 010 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 010 %		0 010 %				0 010 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X	X	
b	Name of provider	GOLDMAN SACHS		JP MORGAN CHASE		0		GOLDMAN SACHS	
c	Term of hedge	1820 %		1833 %				2030 %	
d	Was the hedge superintegrated?		X		X				X
e	Was the hedge terminated?		X		X				X

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	PART II, LINE 11, COLUMNS A,B,C,& D THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS FROM THE ISSUE THAT ARE NO LONGER IN ESCROW

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

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? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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 BUSINESSS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF INTERESTED PERSON INTEGRIS PROHEALTH, INC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT $547,546 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS HEALTH PARTNERS, LLC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT $87,673 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS CARDIOVASCUALR PHYSICIANS, LLC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT $24,042,942 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO
SUPPLEMENTAL INFORMATION 2	SCHEDULE L, PART IV BUSINESSS TRANSACTIONS INVOLVING INTERESTED PERSONS THE FILING ORGANIZATION AND THE INTERESTED PERSON ARE BOTH AFFILIATES WITHIN AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC THE INTERESTED PERSONS REPORTED ON SCHEDULE L, PART V, SUPPLEMENTAL INFORMATION 1 ARE EACH GREATER THAN 35% CONTROLLED ENTITIES OF INTEGRIS HEALTH, INC AND/OR INTEGRIS BAPTIST MEDICAL CENTER THE TRANSACTIONS REPORTED CONSIST OF ROUTINE TRANSACTIONS WITHIN THE ACTIVITY OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THE TRANSACTIONS INCLUDE EXPENSE REIMBURSEMENTS, LEASING OF FACILITIES, PURCHASE OF SERVICES, EQUITY CONTRIBUTIONS AND DISTRIBUTIONS, AND OTHER INTERCOMPANY TRANSFERS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	15,705	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEDICAL EQUIPMENT)	X	20	1,182,703	FMV
26 Other ▶ (OTHER EQUIPMENT)	X	3	47,139	FMV
27 Other ▶ (WIGS)	X	1	26,668	FMV
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or typeof entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part I **Liquidation, Termination, or Dissolution** (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No" on line 6b, explain in Part III

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.**

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
REIMBURSEMENT OF EXPENSES		761,756,772	COST	73-1192764	INTEGRIS HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a	Yes	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	Yes	
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		No

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶

Part III **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE N, PART II, LINES 2A AND 2B INTEGRIS BAPTIST MEDICAL CENTER, INC (IBMC) IS A MEMBER OF INTEGRIS HEALTH (INTEGRIS), AN INTEGRATED HEALTHCARE SYSTEM IBMC IS REIMBURSING INTEGRIS FOR EXPENSES RELATED TO MANAGEMENT, HOUSEKEEPING, UTILITIES, SECURITY AND OTHER INTEGRATED SERVICES PROVIDED BY INTEGRIS THE FOLLOWING INDIVIDUALS WERE OFFICERS, DIRECTORS, OR EMPLOYEES OF BOTH ORGANIZATIONS AT THE TIME OF TRANSACTIONS C BRUCE LAWRENCE BETH A PAUCHNIK JOEY SAGER DAVID R HADLEY TOM HONAN DANIEL DAVIS

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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

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 1	FORM 990, BOX C DOING BUSINESS AS CANCER CENTER OF THE SOUTHWEST LIFEPASS OKLAHOMA TRANSPLANTATION INSTITUTE AMBULATORY INFUSION CENTER OF OKLAHOMA DIRECT CONNECT INTEGRIS MENTAL HEALTH CENTER - SPENCER MIRTH (MEDICAL INSTITUTE FOR RECOVERY THROUGH HUMOR) CHANGING YOUR WEIGHS INTEGRIS MENTAL HEALTH - SPENCER NAZIH ZUHDI TRANSPLANTATION INSTITUTE CERTIFIED BREAST FEEDING EDUCATOR CERTIFIED LACTATION EDUCATOR THIRD AGE LIFE THIRD AGE LIFE CENTER THE CHILDREN'S PLACE INTEGRIS ONCOLOGY SERVICES INTEGRIS ONCOLOGY SERVICES, NORTH HENRY G BENNETT, JR FERTILITY INSTITUTE TROY AND DOLLIE SMITH CANCER CENTER INTEGRIS ONCOLOGY SERVICES, NORTH/SOUTH COMPREHENSIVE BREAST CENTER OF OKLAHOMA HEARTSCAN OKLAHOMA INTEGRIS MENTAL HEALTH - INTEGRIS BEHAVIORAL SPECIALISTS INTEGRIS JOINT REPLACEMENT CENTER INTEGRIS HEARING RESOURCE CENTER OF OKLAHOMA AT HOUGH EAR INSTITUTE INTEGRIS DECISIONS DAY TREATMENT INTEGRIS CORPORATE ASSISTANCE PROGRAM INTEGRIS HEART CENTER HEARTSCAN COMPREHENSIVE BREAST CENTER INTEGRIS HEALTH HOSPITAL HEART FAILURE INSTITUTE MAT MOBILE ASSESSMENT TEAM SAMARITAN HOME BASED SERVICES INTEGRIS SLEEP DISORDERS CENTER - EDMOND INTEGRIS JIM THORPE OUTPATIENT REHABILITATION AT INTEGRIS BAPTIST MEDICAL CENTER CANCER INSTITUTE - BAPTIST CANCER INSTITUTE OF BAPTIST INTEGRIS CANCER INSTITUTE OF OKLAHOMA PROTON CAMPUS INTEGRIS BAPTIST MEDICAL CENTER - PROTON CAMPUS INTEGRIS ADVANCED CARDIAC CARE SAMARITAN INFUSION SERVICES INTEGRIS CANCER INSTITUTE OF OKLAHOMA RESEARCH - METRO INTEGRIS MENTAL HEALTH PHYSICIANS INTEGRIS MEDICAL SUPPLY INTEGRIS BENNETT FERTILITY CENTER INTEGRIS BENNETT FERTILITY INSTITUTE INTEGRIS HEART HOSPITAL INTEGRIS HEART HOSPITAL - DIAGNOSTIC CARDIOLOGY, NUCLEAR CARDIOLOGY INTEGRIS HOME CARE OKLAHOMA CITY INTEGRIS JIM THORPE OUTPATIENT REHABILITATION AT ICIO INTEGRIS CHILDREN'S AT BAPTIST MEDICAL CENTER DECISIONS MENTAL HEALTH & ADDICTION RECOVERY PROGRESS INTEGRIS COCHLEAR EAR IMPLANT CLINIC

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GENERAL STATEMENT 2	PART III, LINE 4A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS INTEGRIS BAPTIST MEDICAL CENTER, INC (IBMC) IS A MEMBER OF THE INTEGRIS HEALTH SYSTEM (INTEGRIS HEALTH) INTEGRIS HEALTH IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION WITH HOSPITALS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, ASSISTED LIVING CENTERS AND HOME HEALTH AGENCIES THROUGHOUT THE STATE AS A MEMBER OF INTEGRIS HEALTH AND A NOT FOR PROFIT ORGANIZATION, EACH YEAR IBMC PROVIDES MILLIONS OF DOLLARS OF CHARITY CARE TO PATIENTS THROUGHOUT THE STATE OF OKLAHOMA WHILE THIS CARE REPRESENTS A LARGE PERCENTAGE OF IBMC'S GIFT BACK TO THE COMMUNITY, IT IS STILL ONLY PART OF WHAT IBMC CHOOSES TO CALL RETURNSHIP RETURNSHIP EPITOMIZES IBMC'S MISSION OF GIVING BACK TO ITS COMMUNITY IT TAKES THE FORM OF HUNDREDS OF PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA - FREE HEALTH SCREENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE IN ADDITION, IBMC PROVIDES SIGNIFICANT AMOUNTS OF UNCOMPENSATED SERVICES UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED COST CARE AS A NOT-FOR-PROFIT HOSPITAL, IBMC PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE COVERAGE THUS, IT PROVIDES A MUCH-NEEDED SAFETY NET FOR MEMBERS OF THE IBMC COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE CHARITY CARE COSTS ARE BASED ON THE OVERALL HOSPITAL COST TO CHARGE RATIOS IBMC PROVIDED CHARITY CARE OF $5,427,899 IBMC ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS FOR WHICH THE ORGANIZATION HAD RECEIVED INADEQUATE PAYMENTS IN PRIOR YEARS THE SUPPLEMENTAL HOSPITAL OFFSET PAYMENT PROGRAM (SHOPP) WAS CREATED AND IMPLEMENTED BY THE STATE OF OKLAHOMA IN FISCAL YEAR 2012 FOR THE PURPOSE OF ASSURING ACCESS TO QUALITY CARE FOR OKLAHOMA MEDICAID MEMBERS THE PROGRAM IS DESIGNED TO ASSESS QUALIFIED OKLAHOMA HOSPITALS A FEE FOR THE SUPPLEMENTAL HOSPITAL OFFSET PAYMENT PROGRAM THE COLLECTED FEES ARE PLACED IN POOLS AND THEN ALLOCATED TO HOSPITALS AS DIRECTED BY LEGISLATION THE OKLAHOMA HEALTH CARE AUTHORITY DOES NOT GUARANTEE THAT ALLOCATIONS WILL EQUAL OR EXCEED THE AMOUNT OF FEE PAID INTO THE POOL BY THE HOSPITAL THE SHOPP PROGRAM IS EXPECTED TO REMAIN IN EFFECT THROUGH FISCAL YEAR 2018 THIS FISCAL YEAR THE SHOPP PAYMENT HELPED OFFSET COSTS RELATED TO MEDICAID PATIENTS IN ADDITION IBMC BAD DEBT COSTS ARE BASED ON THE OVERALL HOSPITAL COST TO CHARGE RATIOS IBMC's BAD DEBT COSTS WERE $7,579,937 FOR ADDITIONAL DETAILS REGARDING COMMUNITY BENEFIT SEE THE ATTACHED COMPLETE COMMUNITY BENEFIT REPORT ON SCHEDULE O STATEMENTS 3 THROUGH 4

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GENERAL STATEMENT 3	PART III, LINE 4A COMMUNITY BENEFIT REPORT INTEGRIS COMMUNITY BENEFIT REPORT 2017 INTEGRI S BAPTIST MEDICAL CENTER PROSTATES AND PANCAKES COME FOR ONE STAY FOR THE OTHER INTEGRI S MENS HEALTH UNIVERSITY OFFERS A HEARTY PANCAKE DINNER AND ROUTINE SCREENINGS FOR PROSTAT E CANCER FREE PSA BLOOD TESTS ARE AVAILABLE FOR MEN 50 YEARS OF AGE AND OLDER UNLESS THEY HAVE A PREVIOUS FAMILY HISTORY ONE IN SIX MEN WILL BE DIAGNOSED WITH PROSTATE CANCER DUR ING HIS LIFETIME A LARGE PERCENTAGE OF MEN HAVE ONLY LIMITED CONTACT WITH PHYSICIANS AND THE HEALTH CARE SYSTEM AS A WHOLE MEN NOT ONLY FAIL TO GET ROUTINE CHECK-UPS AND PREVENTI VE CARE, BUT OFTEN IGNORE SYMPTOMS OR DELAY SEEKING MEDICAL ATTENTION WHEN SICK OR IN PAIN BLOOD PRESSURE, GLUCOSE AND CHOLESTEROL HEALTH SCREENINGS WERE ALSO OFFERED TO APPROXIMA TELY 55 MEN THIS YEAR INTEGRIS BASS BAPTIST HEALTH CENTER (ENID) MENTAL HEALTH FIRST AID MENTAL HEALTH FIRST AID IS AN INTERNATIONAL EVIDENCE-BASED PROGRAM MANAGED BY THE NATIONAL COUNCIL FOR BEHAVIORAL HEALTH THE PROGRAM INTRODUCES PARTICIPANTS TO RISK FACTORS AND WA RNING SIGNS OF MENTAL HEALTH PROBLEMS, BUILDS UNDERSTANDING OF THEIR IMPACT AND OVERVIEWS APPROPRIATE SUPPORTS THIS EIGHT-HOUR COURSE USES ROLE-PLAYING AND SIMULATIONS TO DEMONSTR ATE HOW TO OFFER INITIAL HELP IN A MENTAL HEALTH CRISIS AND CONNECT PEOPLE TO THE APPROPRI ATE PROFESSIONAL, PEER, SOCIAL AND SELF-HELP CARE THE PROGRAM ALSO TEACHES COMMON RISK FA CTORS AND WARNING SIGNS OF SPECIFIC ILLNESSES LIKE ANXIETY, DEPRESSION, SUBSTANCE ABUSE, B IPOLAR DISORDER, EATING DISORDERS AND SCHIZOPHRENIA MENTAL HEALTH FIRST AID TEACHES PARTI CIPANTS A FIVE-STEP ACTION PLAN TO SUPPORT SOMEONE DEVELOPING SIGNS AND SYMPTOMS OF A MENT AL ILLNESS OR EXPERIENCING AN EMOTIONAL CRISIS INTEGRIS CANADIAN VALLEY HOSPITAL (YUKON) DEEP DIABETES EMPOWERMENT EDUCATION PROGRAM THE DEEP (DIABETES EMPOWERMENT EDUCATION PROG RAM) IS AN EVIDENCE BASED PROGRAM DEVELOPED TO PROVIDE THE COMMUNITY WITH THE TOOLS TO BET TER MANAGE THEIR DIABETES IN ORDER TO REDUCE COMPLICATIONS AND LEAD HEALTHIER, LONGER LIVE S BASED ON PRINCIPLES OF EMPOWERMENT AND ADULT EDUCATION THE PROGRAM WAS DEVELOPED BY THE MIDWEST LATINO HEALTH RESEARCH, TRAINING AND POLICY CENTER AT THE UNIVERSITY OF ILLINOIS AT CHICAGO IN ENGLISH AND SPANISH AS A CURRICULUM DESIGNED TO ENGAGE COMMUNITY RESIDENTS I N SELF-MANAGEMENT PRACTICES FOR THE PREVENTION AND CONTROL OF DIABETES THE PROGRAM IS CUR RENTLY BEING IMPLEMENTED ACROSS THE U S , IN PUERTO RICO AND IN PERU DEEP CURRICULUM EDUC ATES PARTICIPANTS ON THE PRIORITY INDICATORS OF HEART DISEASE PREVENTION, NUTRITION AND PH YSICAL ACTIVITY/OBESITY PROGRAM CURRICULUM ALSO COVERS MENTAL HEALTH ISSUES INCLUDING STR ESS RELIEF, DEPRESSION AND COPING WITH DIABETES INTEGRIS CANCER INSTITUTE 23RD ANNUAL CEL EBRATION OF LIFE ART SHOW THE TROY AND DOLLIE SMITH WELLNESS CENTER AT THE INTEGRIS CANCER INSTITUTE CELEBRATED ITS 23RD ANNUAL ART EXHIBIT, DEDICATED TO THE CURATIVE POWERS OF CRE ATIVITY AND TO ALL WHOSE LIVES

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GENERAL STATEMENT 3	HAVE BEEN AFFECTED BY CANCER THE EXHIBIT SHOWCASES ALL FORMS OF ART INCLUDING FIBER, GRA PHICS, OIL, WATERCOLOR, MIXED MEDIA, PHOTOGRAPHY, POTTERY, SCULPTURE, WRITING AND POETRY WORK BY ARTISTS OF ALL AGES IS ON DISPLAY EXPRESSING HOW THEIR LIVES HAVE BEEN AFFECTED BY CANCER MORE THAN 200 PIECES OF ART WERE INCLUDED THIS YEAR AND ARTISTS, CANCER SURVIVORS , FAMILIES AND FRIENDS WERE RECOGNIZED AT AN OPENING RECEPTION INTEGRIS GROVE HOSPITAL CO MMUNITY GARDEN NUTRITION TRAINING IN CONJUNCTION WITH THE DELAWARE COUNTY BOYS AND GIRLS C LUB AND THE DELAWARE COUNTY COMMUNITY COALITION, WE PARTICIPATED IN A NUTRITION TRAINING E VENT WITH APPROXIMATELY 70 CHILDREN FROM THE GROVE AREA ON DAY ONE, WE VISITED THE COMMUN ITY GARDEN THE STUDENTS TOURED THE GARDEN, THEN GOT UP CLOSE AND PERSONAL WITH SEEDS, HER BS AND FRESH PRODUCE AS WELL AS PACKAGED ITEMS FROM THE GROCERY STORE ON DAY TWO, WE WENT TO THE DELAWARE COUNTY BOYS AND GIRLS CLUB TO DEMONSTRATE HOW TO MAKE HEALTHY SNACKS WITH ITEMS FROM THE GARDEN WE CREATED A "SUSHI" TURKEY AND VEGETABLE ROLL WITH CARROTS, CUCUM BERS, RADISHES AND A SPINACH TORTILLA THE KIDS HAD A GREAT TIME LEARNING ABOUT THE GARDEN AND INCORPORATING THAT INTO MAKING A HEALTHY AND FUN SNACK! MANY OF THEM WERE VERY SURPRI SED THEY ENJOYED THE SNACK WITH FRESH PRODUCE IN IT THEY ALSO LEARNED ABOUT PORTION SIZES FOR EACH FOOD GROUP INTEGRIS HEALTH EDMOND SUNSET ELEMENTARY SCHOOL MAY 5 CINCO DE MAYO FESTIVAL THE INTEGRIS COMMUNITY WELLNESS DEPARTMENT PARTICIPATED IN THE ANNUAL CINCO DE MA YO FESTIVAL AT SUNSET ELEMENTARY SCHOOL MANY PARENTS OF THE STUDENTS ATTENDED THE EVENT INCLUDED FUN PHYSICAL ACTIVITIES INCLUDING MAKING HEALTHY FRUIT SMOOTHIES USING BLENDERS P OWERED BY PEDALING BICYCLES THE RESPONSE FROM THE CHILDREN WAS GREAT, AS THEY COMPETED AG AINST THEIR TEACHERS TO SEE WHO COULD POWER THE BLENDER THE FASTEST EVERYONE WATCHED HOW TO MAKE ONE, AND MANY SAID THEY WERE GOING TO TRY IT AT HOME A SAMPLE OF THE SMOOTHIE WAS GIVEN TO APPROXIMATELY 500 CHILDREN AT THE SCHOOL FROM 1ST THROUGH 5TH GRADES INTEGRIS C OMMUNITY WELLNESS CONTINUES TO PARTNER WITH SUNSET ELEMENTARY SCHOOL THE SCHOOL HAS ONE O F THE HIGHEST PERCENTAGES OF CHILDREN WHO ARE ELIGIBLE FOR FREE OR REDUCED COST LUNCHES IN THE EDMOND PUBLIC SCHOOLS INTEGRIS MENTAL HEALTH MENTAL HEALTH SCREENING IN PARTNERSHIP WITH INTEGRIS, MEMBERS OF THE OKLAHOMA CITY COUNTY HEALTH DEPARTMENTS WELLNESS NOW MENTAL HEALTH AND ADDICTION RECOVERY WORK GROUP ACCEPTED THE FUTURE OF POPULATION HEALTH AWARD FR OM THE PUBLIC HEALTH FOUNDATION IN MAY THIS AWARD RECOGNIZES EXEMPLARY PRACTICE BY HOSPIT ALS AND HEALTH SYSTEMS THAT ARE COLLABORATING WITH PUBLIC HEALTH DEPARTMENTS AND OTHER COM MUNITY PARTNERS ON HEALTH IMPROVEMENT STRATEGIES AND IMPLEMENTATION EFFORTS THE AWARDEES FOR THE 2016 PROGRAM WERE INTEGRIS HEALTH IN OKLAHOMA AND WELLSPAN HEALTH IN PENNSYLVANIA THESE ORGANIZATIONS ARE ENGAGED IN INNOVATIVE AND AMBITIOUS LOCAL PARTNERSHIPS TO IMPROVE ACCESS TO MENTAL HEALTH SERVI

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GENERAL STATEMENT 3	CES IN THE COMMUNITIES THEY SERVE "THESE HOSPITALS AND THEIR PARTNERS ARE BUILDING ON ONE ANOTHER'S STRENGTHS AS THEY TAKE ON TOUGH, LONGSTANDING COMMUNITY HEALTH PROBLEMS," SAID PHF PRESIDENT RON BIALEK "OUR MISSION AT INTEGRIS IS TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE," SAID BRUCE LAWRENCE, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF I NTEGRIS "IN ORDER TO MAKE A MEANINGFUL DIFFERENCE IN TODAY'S HEALTH CARE ENVIRONMENT WE H AVE TO CHANGE BEHAVIORS, AND THE ONLY WAY TO DO THAT IS THROUGH COLLABORATION " THE GROUP IS RECOGNIZED FOR THEIR JOINT EFFORTS TO PROMOTE THE FREE, ANONYMOUS, ONLINE SCREENINGS PR OVIDED BY INTEGRIS THROUGH THE WEBSITE, MENTALHEALTHSCREENING ORG, AND FOR THE GROUPS' EFF ORTS TO PROVIDE MENTAL HEALTH FIRST AID TRAINING THROUGHOUT THE COMMUNITY

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GENERAL STATEMENT 4	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED INTEGRIS MIAMI HOSPITAL YOGA FOR KID S YOGA FOR KIDS WAS DEVELOPED BY THE UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE RESEAR CH AND EXTENSION PROGRAM FOR AGES 5-19 IT INCORPORATES ADULT YOGA POSES INTO KID-FRIENDLY YOGA ROUTINES AND GAMES THE YOGA FOR KIDS PROGRAM FOCUSES ON HELPING KIDS ACHIEVE OPTIMA L PHYSICAL, SOCIAL AND MENTAL HEALTH PRACTICING YOGA BUILDS STRENGTH, FLEXIBILITY AND CON FIDENCE IN ADDITION, THE BREATHING TECHNIQUES PROMOTE RELAXATION AND QUIET THE MIND YOGA AND STRETCH BREAKS IN THE CLASSROOM ARE PROVEN TO IMPROVE CONCENTRATION THIS FUN AND SIM PLE EXERCISE PROGRAM COMBINES BREATH, PHYSICAL POSTURES AND MINDFULNESS TO HELP STRENGTHEN AND CALM THE BODY AND MIND YOGA FOR KIDS PROMOTES STRESS RELIEF AS WELL AS PHYSICAL ACTI VITY SCHOOLS IN THE MIAMI AND GROVE AREA ARE SO EXCITED THAT WE OFFER THIS FOR THEM IN RU RAL OKLAHOMA MANY OF THE SCHOOLS WERE LOOKING FOR WAYS TO INCORPORATE MENTAL HEALTH AWARE NESS, BUT WERE UNSURE WHERE TO TURN WE NOW HAVE 13 SCHOOL DISTRICTS THAT HAVE YOGA FOR KI DS ON THE CALENDAR FOR THIS SCHOOL YEAR WE ALSO SERVE EACH LOCAL BOYS AND GIRLS CLUB AT L EAST ONCE A MONTH AND THERE ARE MANY TEACHERS WHO NOW INCORPORATE SOME FORM OF YOGA IN THE IR CLASSROOMS INTEGRIS SOUTHWEST MEDICAL CENTER GO RED FOR YOUR HEART/CHECK CHANGE CONT ROL CHECK CHANGE CONTROL IS AN AMERICAN HEART/ STROKE ASSOCIATION EVIDENCE-BASED HYPERT ENSION MANAGEMENT PROGRAM THAT UTILIZES AN ONLINE HEALTH TRACKER TO EMPOWER PARTICIPANTS T O TAKE OWNERSHIP OF THEIR CARDIOVASCULAR HEALTH THE PROGRAM INCORPORATES SELF-MONITORING, MENTORING AND ONLINE TRACKING AS KEY FEATURES TO IMPROVE OUTCOMES IN HYPERTENSION MANAGEM ENT, PHYSICAL ACTIVITY AND WEIGHT REDUCTION PARTICIPANTS ENGAGE IN LEARNING OPPORTUNITIES RELATED TO BLOOD PRESSURE MANAGEMENT SUCH AS HEART HEALTHY NUTRITION, INCREASING PHYSICAL ACTIVITY, REDUCING STRESS AND QUITTING SMOKING THE PROGRAM HAS A GRAND FINALE WITH THE G O RED FOR YOUR HEART EVENT WHERE THE PARTICIPANTS SHARE THEIR LEARNING EXPERIENCE WITH OTH ER PARTICIPANTS FROM ACROSS THE STATE LAKESIDE WOMENS HOSPITAL RAISES $7,500 FOR MARCH OF DIMES PROGRAMS LAKESIDE WOMENS HOSPITAL PARTICIPATED IN THE 2017 MARCH OF DIMES WALK ON M AY 6 AT THE MYRIAD GARDENS IN OKLAHOMA CITY TO RAISE AWARENESS FOR PREVENTION OF PRE-TERM BIRTHS THEY RAISED OVER $7,500 TO SUPPORT PROGRAMS THAT HELP PRETERM NEWBORN BABIES AND T HEIR MOTHERS THE MARCH OF DIMES MISSION IS TO WORK IN COMMUNITIES TO IMPROVE THE HEALTH O F MOTHERS AND BABIES THROUGH EDUCATION ON HEALTHY PREGNANCY, PRENATAL CARE AND OTHER SERVI CES TO REDUCE THE RISK OF PREMATURE BIRTH AND OTHER POOR BIRTH OUTCOMES, AND TO PROVIDE SU PPORT FOR FAMILIES WHOSE BABIES NEED SPECIALIZED CARE IN THE NICU LAKESIDE STAFF MEMBERS AND PHYSICIANS ALSO WORKED TO RAISE AWARENESS AND FINANCIAL SUPPORT THROUGH FUNDRAISING TH AT INCLUDED A GIFT BASKET AUCTION, HOSTING JEANS DAYS AND SPONSORSHIP OF THE HOPE SECTION AT THE MARCH OF DIMES WALK IT

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GENERAL STATEMENT 4	WAS A FULL EFFORT BY HOSPITAL AND CLINIC PHYSICIANS AND STAFF, AND LAKESIDE PATIENTS, TO RAISE THESE FUNDS TO HELP MEET AN URGENT NEED FOR NEWBORN BABIES AND MOTHERS FOR IMPORTANT RESOURCES AND EDUCATION TO HELP PREVENT PRETERM BIRTHS SERVING OUR COMMUNITY OUR MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE WE LEARNED A LONG TIME A GO THAT WE CANT FULLY CARE FOR OUR COMMUNITY BY STAYING EXCLUSIVELY WITHIN THE WALLS OF OU R FACILITIES THAT'S WHY "RETURNSHIP" IS SUCH AN IMPORTANT PART OF OUR PHILOSOPHY WHAT IS RETURNSHIP? IT'S GIVING BACK PART OF OURSELVES TO THE COMMUNITIES WE SERVE AT INTEGRIS H EALTH, THE PHYSICIANS, EMPLOYEES AND VOLUNTEERS TAKE THEIR EDUCATION AND SKILLS INTO THE C OMMUNITY TO MAKE A DIFFERENCE IN THE LIVES OF FELLOW OKLAHOMANS THEIR DEDICATION, COMBINE D WITH OUR RESOURCES, HELPS ACCOMPLISH A VARIETY OF THINGS FROM PROVIDING FREE CLINICAL SE RVICES, SCREENINGS AND EDUCATION PROGRAMS TO WORKING WITH JUVENILE OFFENDERS AND PROVIDING ACTIVITIES FOR SENIOR CITIZENS WE ALSO REALIZE THAT THE HEALTH OF A COMMUNITY ISNT JUST PHYSICAL AND MENTAL ITS ECONOMIC AND SPIRITUAL AS WELL THATS WHY WE OFFER A MYRIAD OF PRO GRAMS THAT ADDRESS ALL OF THESE IMPORTANT ISSUES INTEGRIS PROVIDED $47,862,516 IN COMMUNI TY BENEFITS INCLUDING THE COST OF BAD DEBT THIS INCLUDES OUR RETURNSHIP, COMMUNITY BUILDI NG EFFORTS, UNCOMPENSATED SERVICES AND MEDICAID SERVICES RETURNSHIP RETURNSHIP EPITOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNITY IT TAKES THE FORM OF HUNDREDS OF PROGRAMS AN D ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA FREE HEALTH SCREENINGS, SUPP ORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE AS REFLECTED IN THE PREVIOUS PAGES OUR RETURNSHIP EFFORTS EQUALED $5,032,848 COMMUNITY BUILDING COMMUNIT Y BUILDING IS ANOTHER VITAL WAY WE GIVE BACK THESE EFFORTS ADDRESS THE ROOT CAUSES OF HEA LTH PROBLEMS SOME OF OUR ACTIVITIES IN COMMUNITY BUILDING ARE PHYSICAL IMPROVEMENTS IN HO USING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL ENHANCEMENTS AND ADVOCACY FO R ADVANCEMENTS IN COMMUNITY HEALTH OUR COMMUNITY BUILDING EFFORTS EQUALED $198,041 UNCOM PENSATED 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 SER VICES TO EVERYONE, REGARDLESS OF THE ABILITY TO PAY FOR THEIR INSURANCE COVERAGE THUS, WE PROVIDE A MUCH NEEDED SAFETY NET FOR MEMBERS OF OUR COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE CHARITY CARE COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHAR GE RATIOS INTEGRIS ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS INTE GRIS PROVIDED CHARITY CARE AND MEDICAID SERVICES AT AN ESTIMATED COST OF $24,125,641 BAD DEBT IN ADDITION, INTEGRIS INCURRED BAD DEBT WITH AN ESTIMATED COST OF $18,505,986 BASED O N THE OVERALL HOSPITAL COST-TO-CHARGE RATIO

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GENERAL STATEMENT 5	PART V QUESTION 1A - INTEGRIS HEALTH, INC , AS THE PARENT ENTITY OF THE INTEGRIS HEALTH SYSTEM, PAYS ALL VENDORS FOR SERVICES PROVIDED TO ALL ENTITIES WITHIN THE SYSTEM ACCORDINGLY, COMPENSATION PAID TO INDEPENDENT CONTRACTORS IS REPORTED ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS OF INTEGRIS HEALTH, INC , EIN 73-1192764 EXPENSES ARE ALLOCATED TO AND REIMBURSED BY INDIVIDUAL ENTITIES WITHIN THE SYSTEM, AND REPORTED ON THEIR RESPECTIVE FORMS 990, PART VII, SECTION B AND PART IX, AS APPROPRIATE PART V QUESTION 2A - THE SALARIES REFLECTED ON FORM 990, PART IX, LINE 7, WERE ALL REPORTED ON THE FORM 941 EMPLOYER'S QUARTERLY FEDERAL TAX RETURN, OF INTEGRIS HEALTH, INC ,EIN 73-1192764 THESE SALARIES WERE REIMBURSED TO INTEGRIS HEALTH, INC AND WERE INCLUDED IN THE NUMBER OF EMPLOYEES ON INTEGRIS HEALTH, INC 'S FORM W-3 THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF FULL TIME EMPLOYEES, AS DETERMINED BY FTE HOURS WORKED, FOR THE FILING ORGANIZATION DURING THE 2016 TAX YEAR

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GENERAL STATEMENT 6	PART VI SECTION A GOVERNING BODY AND MANAGEMENT PART VI QUESTION 2 THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (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, OR EMPLOYEES OF RELATED ENTITIES WITHIN THE SYSTEM C BRUCE LAWRENCE DAVID R HADLEY BETH A PAUCHNIK TOM HONAN JOEY SAGER DANIEL DAVIS HANI BARADI

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GENERAL STATEMENT 7	PART VI SECTION A GOVERNING BODY AND MANAGEMENT PART VI QUESTIONS 6, 7A AND 7B - INTEGRIS HEALTH, INC IS THE SOLE MEMBER OF INTEGRIS BAPTIST MEDICAL CENTER, INC AS SUCH IT HAS THE POWER (1) TO ELECT THE DIRECTORS AND TO REMOVE THE ENTIRE BOARD OF DIRECTORS OR ANY INDIVIDUAL DIRECTOR AT ANY TIME WITH OR WITHOUT CAUSE, (2) TO APPROVE OR DISAPPROVE ANY ACTION TAKEN BY THE BOARD OF DIRECTORS AMENDING, ALTERING, CHANGING OR REPEALING THE BYLAWS, (3) TO VOTE ON ALL MATTERS WHERE THE AUTHORIZATION OR APPROVAL OF THE SOLE MEMBER IS REQUIRED BY THE CERTIFICATE OF INCORPORATION, THE BYLAWS OR STATE LAW

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GENERAL STATEMENT 8	PART VI SECTION B POLICIES PART VI QUESTION 11B - THE ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (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, FINANCE 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

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GENERAL STATEMENT 9	PART VI SECTION B POLICIES PART VI QUESTION 12C - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (INTEGRIS OR SYSTEM) CONFLICT OF INTEREST IS ADDRESSED IN THE INTEGRIS 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 SYSTEM'S COMPLIANCE OFFICER OR THROUGH THE ANONYMOUS INTEGRITY LINE ALL NEW MANAGERS RECEIVE ADDITIONAL TRAINING ON CONFLICT OF INTEREST POLICES DURING LEADERSHIP TRAINING LEGAL SERVICES REVIEWS ALL CONTRACTS FOR CONFLICTS OF INTEREST INTERNAL AUDIT CONDUCTS AUDITS FOR POSSIBLE CONFLICTS OF INTEREST BASED ON THEIR ANNUAL RISK ASSESSMENT CORPORATE COMPLIANCE INCLUDES ASSESSMENTS FOR CONFLICTS OF INTEREST IN ITS ANNUAL WORK PLAN AND CONDUCTS SPECIALIZED TRAINING FOR HIGH RISK AREAS THE GOVERNANCE COMMITTEE, A COMMITTEE OF THE INTEGRIS HEALTH BOARD COMPRISED OF INDEPENDENT BOARD MEMBERS, REVIEWS AND APPROVES ANY AND ALL PROPOSED BUSINESS TRANSACTIONS BETWEEN ANY ENTITY OF INTEGRIS AND A DISQUALIFIED PERSON

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GENERAL STATEMENT 10	PART VI SECTION B POLICIES PART VI QUESTION 15A - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (INTEGRIS OR 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 INTEGRIS HEALTH 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 PART VI QUESTION 15B - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (INTEGRIS OR SYSTEM) ALL DEPARTMENT DIRECTORS COMPENSATION IS REVIEWED ANNUALLY BY THE INTEGRIS COMPENSATION DEPARTMENT OF HUMAN RESOURCES INDEPENDENT SALARY SURVEY SOURCES FROM THIRD PARTY PROVIDERS ARE USED TO DETERMINE LOCAL AND REGIONAL FAIR MARKET COMPETITIVENESS ADJUSTMENTS IN SALARIES BASED ON INDIVIDUAL PERFORMANCE STANDARDS OR ANY MARKET EQUITY ADJUSTMENTS ARE APPROVED BY THE RESPECTIVE VICE PRESIDENT OR MANAGING DIRECTOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 11	PART VI SECTION C DISCLOSURE PART VI QUESTION 19 - THE ORGANIZATION DOES NOT MAKE ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC HOWEVER, THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED FINANCIALS FOR INTEGRIS HEALTH, INC , A RELATED CORPORATION THESE CONSOLIDATED FINANCIALS ARE DISCLOSED FOR BOND COMPLIANCE PURPOSES USING DIGITAL ASSURANCE CERTIFICATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 12	PART VII SECTION B INDEPENDENT CONTRACTORS DIAGNOSTIC LABORATORY REFERENCE LAB $24,549,292 OF OKLAHOMA, LLC 225 N E 97TH STREET OKLA CITY, OK 73114 INTELISTAFF OF OKLAHOMA CONTRACT STAFFING $19,639,425 HEALTHCARE LLC P O BOX 840292 DALLAS, TX 75284 OKLAHOMA HEALTHCARE SHOPP FEE $18,949,696 AUTHORITY (OHCA) 4345 N LINCOLN BLVD OKLA CITY, OK 73105 LIFESHARE TRANSPLANT DONOR ORGAN ACQUISITION $ 6,957,746 4705 N W EXPRESSWAY OKLA CITY, OK 73132 AMERIPATH PHYSICIAN CALL PAY $ 1,566,186 P O BOX 849893 DALLAS, TX 75284

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 13	PART XI RECONCILIATION OF NET ASSETS, LINE 9 EQUITY TRANSFER TO INTEGRIS HEALTH, INC ($35,500,000) TRANSFER TO INTEGRIS CARDIOVASCULAR ($ 432,800) PHYSICIANS, LLC ---------- TOTAL ($35,932,800) ==========

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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

2016

Open to Public Inspection

Name of the organization
INTEGRIS BAPTIST MEDICAL CENTER INC

Employer identification number
73-1034824

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) GREAT PLAINS MEDICAL FOUNDATION 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1457016	MED RES PROG	OK	1,922,933	-22,361,759	IBMC

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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BMPA LTD 73-1228665 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MED OFFICE BLDG	OK	NA	N/A				No			No	
(2) QC-III 20-8723857 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IBMC	RELATED	-9,187	82,335		No	0	Yes		60 684 %
(3) DIAGNOSTIC LAB 73-1560760 LYNDHURST NJ 07071 LYNDHURST, NJ 07071	CLINICAL LAB	NJ	NA	RELATED	16,626,614	10,722,097		No	2,749,364	Yes		49 000 %
(4) MPI CENTER 73-1283942 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	NA	N/A				No			No	
(5) HILLCRESTINTEGRIS HEALTH LLC OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	DORMANT	OK	NA	N/A				No			No	
(6) LAKESIDE HOSPITAL 73-1493662 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	NA	N/A				No			No	

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

See Additional Data Table

(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	(i) No

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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	SCHEDULE R, PART III UNRELATED BUSINESS INCOME FOR DIAGNOSTIC LABORATORY OF OKLAHOMA WAS CALCULATED FOLLOWING THE APPROACH ALLOWED BY PLR 200605013

Additional Data

Software ID:
Software Version:
EIN: 73-1034824
Name: INTEGRIS BAPTIST MEDICAL CENTER 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) 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192765	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
(1) 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 10	IH		No
(2) 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192764	HEALTH CARE	OK	501(C)(3)	LINE 12-I	NA		No
(3) 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
(4) 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
(5) 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IH		No
(6) 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC		No
(7) 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
(8) 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-0738716	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) INTEGRIS PROHEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1046179	RETAIL PHARMACY	OK	NA	C Corp					No
(1) THE STANLEY F HUPFELD CHAR REMAIN TRUST 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 26-6238051	FINANCIAL	OK	NA	Trust				Yes	
(2) QUALITY ALLIANCE ASSURANCE CO PO BOX 10027 KYI-1001 GRAND CAYMAN CJ 98-1060671	INSURANCE	CJ	NA	C Corp					No
(3) BAPTIST HEALTH SYSTEM INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1477468	DORMANT	OK	NA	C Corp					No
(4) ONE CARE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	NA	C Corp					No
(5) VADOVATIONS INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 27-0821922	HEALTH CARE	OK	IBMC	C Corp	3,179,721	5,456,843	100 000 %		No
(6) INTEGRIS HEALTH PARTNERS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-3482852	HEALTH CARE	OK	NA	C Corp					No
(7) INTEGRIS CARDIOVASCULAR PHYSICIANS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-2867352	HEALTH CARE	OK	NA	C Corp					No