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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

Doing business as
SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
3001 QUAIL SPRINGS PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
OKLAHOMA CITY, OK 73134

D Employer identification number
73-1034824

E Telephone number
(405) 949-6026

G Gross receipts $ 1,075,007,940

F Name and address of principal officer:
DOUGLAS M SMITH
3001 QUAIL SPRINGS PARKWAY
OKLAHOMA CITY, OK 73134

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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	4,071
6	Total number of volunteers (estimate if necessary)	**6**	328
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,389,341
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	1,535,356

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	19,650,915	43,506,086
9	Program service revenue (Part VIII, line 2g)	927,067,412	1,021,490,592
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,405,420	9,832,479
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	142,479
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	960,123,747	1,074,971,636
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,611,309	15,165,971
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)	297,742,517	307,625,830
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)	613,962,679	672,121,962
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	920,316,505	994,913,763
19	Revenue less expenses. Subtract line 18 from line 12	39,807,242	80,057,873

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,700,861,827	2,058,378,701
21	Total liabilities (Part X, line 26)	1,155,426,125	1,320,895,956
22	Net assets or fund balances. Subtract line 21 from line 20	545,435,702	737,482,745

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

****** 2022-05-16
Signature of officer Date

DOUGLAS M SMITH 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
				P01943677

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 60 E RIO SALADO PARKWAY SUITE 800
TEMPE, AZ 85281 — Phone no. (480) 459-3500

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 $ 834,729,494 including grants of $ 15,165,971) (Revenue $ 1,012,783,517)

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 ▶** 834,729,494

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	Yes	
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
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	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		
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			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	4,071		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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**	15		
	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**	11		
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**		No
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**	Yes	
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-A 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:
▶DOUGLAS M SMITH 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73112 (405) 951-2744

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.

See instructions for the order in which to list the persons above.

☐ 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) ▶								6,356,682	3,733,883	912,866

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 ▶ 342

			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
DIAGNOSTIC LABORATORY OF OKLAHOMA LLC 225 NE 97TH ST OKLAHOMA CITY, OK 73114	REFERENCE LAB	29,826,701
MEDICAL STAFFING NETWORK PO BOX 840292 DALLAS, TX 75284	CONTRACT STAFFING	13,880,019
LIFESHARE TRANSPLANT DONOR SERVICES 4705 NW EXPRESSWAY OKLAHOMA CITY, OK 73132	ORGAN ACQUISITION	9,908,250
US ANESTHESIA PARTNERS OF TX PA 3705 MEDICAL PARKWAY SUITE 570 AUSTIN, TX 78705	ANESTHESIA SERVICES	2,394,120
AMERIPATH OKLAHOMA CITY PO BOX 849893 DALLAS, TX 75284	PATHOLOGY SERVICES	2,350,675

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 ▶ 59

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	1,653,384			
e Government grants (contributions)	1e	41,852,702			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f:$	1g	966,863			
h **Total.** Add lines 1a-1f		43,506,086			
Program Service Revenue	Business Code				
2a NET PATIENT REVENUE	621990	955,538,044	953,148,751	2,389,293	
b JOINT VENTURE INCOME	900099	27,899,756	27,899,756		
c 340B PHARMACY INCOME	446110	27,416,383	27,416,383		
d CAFETERIA	900099	4,430,524			4,430,524
e RENTAL INCOME	531120	2,884,745	2,884,745		
f All other program service revenue.		3,321,140	1,291,451		2,029,689
g **Total.** Add lines 2a–2f	1,021,490,592				
3 Investment income (including dividends, interest, and other similar amounts)		9,838,933			9,838,933
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		48		48	
	(i) Real	(ii) Personal			
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c					
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a		29,850			
b Less: cost or other basis and sales expenses 7b		36,304			
c Gain or (loss) 7c		-6,454			
d Net gain or (loss)		-6,454			-6,454
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
b Less: direct expenses 8b					
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances 10a					
b Less: cost of goods sold 10b					
c Net income or (loss) from sales of inventory					
Other Revenue Miscellaneous Revenue	Business Code				
11a PENSION RELATED CHANGES	900099	142,431	142,431		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		142,431			
12 **Total revenue.** See instructions		1,074,971,636	1,012,783,517	2,389,341	16,292,692

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,135,971	15,135,971		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,000	30,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,693,414	1,693,414		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	244,620,706	244,620,706		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	43,994,906	43,994,906		
10 Payroll taxes	17,316,804	17,316,804		
11 Fees for services (non-employees):				
a Management	160,960,788	776,519	160,184,269	
b Legal	26,682	26,682		
c Accounting	11,500	11,500		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,505,991	17,505,991		
12 Advertising and promotion	161,332	161,332		
13 Office expenses	228,096,331	228,096,331		
14 Information technology				
15 Royalties				
16 Occupancy	11,035,605	11,035,605		
17 Travel	336,838	336,838		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	313,146	313,146		
20 Interest	11,637,429	11,637,429		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,935,677	26,935,677		
23 Insurance	8,247,301	8,247,301		
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	86,631,729	86,631,729		
b RIF & RECRUITMENT	70,333,267	70,333,267		
c CONTRACT LABOR	29,563,529	29,563,529		
d UBI TAXES	540,426	540,426		
e All other expenses	19,784,391	19,784,391		
25 **Total functional expenses.** Add lines 1 through 24e	994,913,763	834,729,494	160,184,269	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		481,704	1	482,466
	2	Savings and temporary cash investments		692,851,827	2	556,369,101
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		452,116,483	4	769,225,849
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		12,000,000	7	10,500,000
	8	Inventories for sale or use		26,932,686	8	28,058,130
	9	Prepaid expenses and deferred charges		936,738	9	905,696
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 534,407,787			
	b	Less: accumulated depreciation	10b 362,542,987	181,613,693	10c	171,864,800
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		302,338,025	12	485,373,421
	13	Investments—program-related. See Part IV, line 11		3,431,487	13	15,428,661
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		28,159,184	15	20,170,577
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,700,861,827	16	2,058,378,701
Liabilities	17	Accounts payable and accrued expenses		325,157,598	17	117,418,197
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		573,064,140	20	1,082,630,552
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		257,204,387	25	120,847,207
	26	**Total liabilities.** Add lines 17 through 25		1,155,426,125	26	1,320,895,956
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		545,435,702	27	737,482,745
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		545,435,702	32	737,482,745
	33	Total liabilities and net assets/fund balances		1,700,861,827	33	2,058,378,701

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	1,074,971,636
2	Total expenses (must equal Part IX, column (A), line 25)	2	994,913,763
3	Revenue less expenses. Subtract line 2 from line 1	3	80,057,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	545,435,702
5	Net unrealized gains (losses) on investments	5	112,815,611
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	-826,441
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	737,482,745

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 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS HAMMES COO OF IH	1.00 39.00	X		X				0	1,055,410	179,573
VIVEK KOHLI DIRECTOR	40.00 0.00	X						776,330	0	37,718
JULIE WATSON CHIEF MEDICAL OFFICER	40.00 0.00	X						352,180	0	33,417
MATTHEW BRITT DIRECTOR	1.00 0.00	X						79,200	0	0
JOEY SAGER DIRECTOR	1.00 1.00	X						0	21,230	0
BILL HULSE DIRECTOR	1.00 0.00	X						0	0	0
BRYAN GARCIA CHAIRMAN	1.00 0.00	X						0	0	0
CARL RACZKOWSKI MD DIRECTOR	1.00 0.00	X						0	0	0
JAMES PARRACK DIRECTOR	1.00 0.00	X						0	0	0
JOHN MATHENA DIRECTOR	1.00 0.00	X						0	0	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			
LAURA BOYD PHD DIRECTOR	1.00 0.00	X						0	0	0
MIKE ROSS DIRECTOR	1.00 0.00	X						0	0	0
ROBERT KELLOGG DIRECTOR	1.00 0.00	X						0	0	0
STEPHEN MERRILL DIRECTOR	1.00 0.00	X						0	0	0
STEPHEN YOUNG DIRECTOR	1.00 0.00	X						0	0	0
DOUGLAS M SMITH CFO OF IH	1.00 40.00			X				0	698,028	120,666
JORDAN D CASH VP CLINICAL PROGRAMS	1.00 40.00			X				0	426,037	77,916
LEWIS PERKINS VP CHIEF NURSING OFFICER	40.00 0.00				X			359,473	0	31,372
CHERYL PERRY CFO-VP OF IBMC	40.00 0.00				X			307,243	0	26,467
JAMES LONG PHYSICIAN	40.00 0.00					X		1,262,433	0	27,092

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			
ALY EL BANAYOSY PHYSICIAN/MEDICAL DIRECTOR	40.00 0.00					X		930,616	0	32,895
ABBAS RAZA PHYSICIAN/MEDICAL DIRECTOR	40.00 0.00					X		768,966	0	36,691
TRUSHAR B PATEL PHYSICIAN/MEDICAL DIRECTOR	40.00 0.00					X		771,273	0	33,864
DOUGLAS A HORSTMANSHOF MEDICAL DIRECTOR	40.00 0.00					X		748,968	0	37,931
TIMOTHY PEHRSON FORMER OFFICER & DIRECTOR	0.00 40.00						X	0	1,291,453	237,264
DAVID R HADLEY FORMER OFFICER	0.00 0.00						X	0	241,725	0

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 331/3% 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 331/3% 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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 *(explain in* ***Part VI****)*. **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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 7/25/06, 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 FASB 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 FASB 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 FASB 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 Term 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		1,905,098		1,905,098
b Buildings		231,788,320	137,823,952	93,964,368
c Leasehold improvements		1,499,682	1,478,863	20,819
d Equipment		290,373,820	219,282,674	71,091,146
e Other		8,840,867	3,957,498	4,883,369
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				171,864,800

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) CASH SURRENDER VALUE	1,022,013	F
(B) BOARD DESIGNATED BOND FUNDS	158,150,000	F
(C) RESTRICTED FOR CONSTRUCTION (BOND)	3,164,375	F
(D) ESCROWED FUNDS	235,000	F
(E) MARGIN CALLS-RESTRICTED CASH	25,030,000	F
(F) LONG-TERM INVESTMENTS	297,772,033	F
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	485,373,421	

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)		
(10)		
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)	
(10)	
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	
(2) ASSET RETIREMENT OBLIGATION	3,826,282
(3) OTHER LONG TERM LIABILITY	235,000
(4) LINE OF CREDIT	102,494,824
(5) LT SOCIAL SECURITY TAX WITHHELD	9,726,938
(6) LEASE LIABILITIES	4,564,163
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	120,847,207

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
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	INTEGRIS HEALTH, INC. AND ITS TAX-EXEMPT CONTROLLED AFFILIATES HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT UNDER THE PROVISION OF INTERNAL REVENUE CODE (IRC) SEC TION 501(A) AS ENTITIES DESCRIBED UNDER IRC SECTION 501(C)(3). ACCORDINGLY, NO RESERVES FO R UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL ST ATEMENTS.

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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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

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: ☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
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: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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)			22,978,118		22,978,118	2.310 %
b Medicaid (from Worksheet 3, column a)			125,278,776	111,353,355	13,925,421	1.400 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			148,256,894	111,353,355	36,903,539	3.710 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			276,199		276,199	0.030 %
f Health professions education (from Worksheet 5)			7,861,566	1,874,665	5,986,901	0.600 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			41,886		41,886	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			152,724		152,724	0.020 %
j **Total.** Other Benefits			8,332,375	1,874,665	6,457,710	0.650 %
k **Total.** Add lines 7d and 7j			156,589,269	113,228,020	43,361,249	4.360 %

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			2,951		2,951	0 %
3 Community support			308		308	0 %
4 Environmental improvements						
5 Leadership development and training for community members			276		276	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			3,535		3,535	0 %

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 Healthcare 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	9,022,284		
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	0		
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	225,569,700
6	Enter Medicare allowable costs of care relating to payments on line 5	6	242,641,135
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-17,071,435
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	1 QUALITY CARDIAC CARE CENTERS LLC (DBA QC-III)	CARDIAC CARE	49.420 %	0 %	50.580 %
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 18			
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 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url): SEE PART V, SECTION C **a**			
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 150.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
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): HTTPS://INTEGRISOK.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE			
b ☑	The FAP application form was widely available on a website (list url): HTTPS://INTEGRISOK.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE			
c ☑	A plain language summary of the FAP was widely available on a website (list url): HTTPS://INTEGRISOK.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE			
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 nonpayment?	**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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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, 20a, 20b, 20c, 20d, 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
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
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
PART III, LINE 2:	COSTING METHODOLOGY FOR AMOUNTS REPORTED ON LINE 2 IS DETERMINED USING THE ORGANIZATION'S COST/CHARGE RATIO OF 19.13%. WHEN DISCOUNTS ARE EXTENDED TO SELF-PAY PATIENTS, THESE PATIENT ACCOUNT DISCOUNTS ARE RECORDED AS A REDUCTION IN REVENUE, NOT AS BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	IBMC DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	IBMC DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS. HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF INTEGRIS HEALTH, INC. THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS:A PORTFOLIO APPROACH BY MAJOR PAYOR CATEGORIES AND TYPES OF SERVICE WAS USED TO ESTIMATE THE HISTORICAL COLLECTIONS EXPERIENCE. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. PORTFOLIO COLLECTION ESTIMATES ARE UPDATED AT LEAST QUARTERLY BASED ON ACTUAL COLLECTIONS EXPERIENCE.INTEGRIS HEALTH BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WAS USED. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE ASSESSED FIRST FOR ELIGIBILITY FOR CHARITY CARE OR RECORDED AS BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	COMMUNITY BENEFIT: ----------THE HOSPITAL BELIEVES THAT ALL OF THE $17,071,435 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
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
PART VI, LINE 2:	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
PART VI, LINE 3:	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
PART VI, LINE 4:	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
PART VI, LINE 5:	EVIDENCE OF THE ORGANIZATIONS' RESPONSIVENESS TO THE COMMUNITY, INCLUDING OPPORTUNITIES FO R COMMUNITY INVOLVEMENT IN GOVERNANCE AND ADVISORY GROUPS. ALL INTEGRIS HEALTH FACILITIES ARE GOVERNED BY A BOARD OF DIRECTORS SPECIFICALLY MADE UP OF MEN AND WOMEN WHO LIVE AND WO RK IN THE COMMUNITY INCLUDING: LOCAL BUSINESS OWNERS, CIVIC LEADERS, COMMUNITY VOLUNTEERS, REPRESENTATIVES WORKING IN HIGHER EDUCATION, UTILITY COMPANIES, AND A VARIETY OF NON-PROF IT ORGANIZATIONS. PATIENT AND COMMUNITY ADVISORY GROUPS HAVE ALSO BEEN ESTABLISHED AT SEVE RAL INTEGRIS FACILITIES ACROSS THE STATE. THESE GROUPS GIVE HOSPITAL LEADERS INPUT, SUGGES TIONS, AND FEEDBACK ON WAYS TO IMPROVE PROGRAMS, SERVICES, COMMUNITY NEEDS, AND PROCESS IM PROVEMENT IN CLINICAL AREAS.PROGRAMS ESTABLISHED TO MEET COMMUNITY NEEDS THIS TAX YEAR INC LUDE A FALLS PREVENTION PROGRAM FOR SENIOR CITIZENS, COMMUNITY HEALTH SCREENINGS AND PHYSI CIAN LECTURES REQUESTED BY LOCAL SCHOOLS, CHURCHES, CIVIC GROUPS, AND COMMUNITY LEADERS TO ADDRESS SPECIFIC HEALTH ISSUES WHICH INCLUDE: DIABETES, CANCER DIAGNOSIS AND TREATMENT OP TIONS, OBESITY AND PHYSICAL FITNESS PROGRAMS, MEN'S UROLOGICAL HEALTH PROGRAMS AND PROSTAT E SCREENINGS, CANCER SCREENINGS, SPANISH DIABETES SUPPORT GROUP, AFRICAN AMERICAN MEN AND WOMEN'S HEART HEALTH, AND STROKE LECTURES. ADVOCACY INITIATIVES FOR PROMOTING COMMUNITY-WI DE, STATE OR NATIONAL EFFORTS TO IMPROVE HEALTH OF THE POPULATION AND INCREASE ACCESS. INT EGRIS HEALTH PARTNERS WITH THE OKLAHOMA LIONS CLUB MOBILE HEALTH UNIT, THE OKLAHOMA STATE HEALTH DEPARTMENT, AND THE OKLAHOMA TURNING POINT PROGRAM TO INCREASE HEALTH SCREENING OPP ORTUNITIES AND HEALTH ACCESS FOR PEOPLE LIVING IN RURAL, UNDERSERVED AREAS OF OKLAHOMA. TH E PARTNERSHIP INCLUDES DONATION OF RESOURCES AND MONEY TO SPONSOR THE OPERATION OF THE LIO NS MOBILE HEALTH UNIT WHICH TRAVELS AROUND THE STATE OFFERING FREE HEALTH SCREENINGS AND M EDICAL INFORMATION. THE OKLAHOMA STATE HEALTH DEPARTMENT AND THE OKLAHOMA TURNING POINT PR OGRAM ASSIST WITH HEALTH SCREENINGS AND HELP WITH REFERRALS TO MEDICAL HOMES AND CLINICS F OR PEOPLE WITHOUT A PHYSICIAN AND FOR THOSE UNINSURED OR UNDERINSURED. INTEGRIS HEALTH PAR TNERS WITH THE OKLAHOMA TURNING POINT PROGRAM, LOCAL CIVIC GROUPS, SUCH AS OUR CHAMBERS OF COMMERCE, ROTARY, AND KIWANIS CLUBS, TECHNOLOGY SCHOOLS, COMMUNITY COLLEGES, CHURCHES, AN D LOCAL SCHOOLS IN A VARIETY OF EVENTS AND PROGRAMS TO EDUCATE THE COMMUNITY ON HEALTH/WEL LNESS ISSUES, CREATE OPPORTUNITIES FOR HEALTH ACCESS, PROVIDE COMMUNITY SCREENINGS IN UNDE RSERVED AREAS OF OKLAHOMA, AND TO GIVE STUDENTS AND COMMUNITY MEMBERS THE OPPORTUNITY TO V OLUNTEER FOR THESE EVENTS. THIS INCLUDES MEDICAL STUDENTS WHO WORK WITH INTEGRIS ACROSS TH E STATE AT OUR EVENTS TO LEARN MORE ABOUT PROVIDING HEALTH SERVICES TO THE COMMUNITY AND T O HELP TRAIN THEM FOR FUTURE WORK IN THE HEALTHCARE ARENA. THE HOSPITAL'S ROLE IN WORKING WITH OTHERS TO IDENTIFY COMMUNITY NEEDS AND ADDRESS COMMUNITY PROBLEMS. INTEGRIS HEALTH WO RKS WITH THE OKLAHOMA HOSPITAL ASSOCIATION, THE OKLAHOMA STATE MEDICAL ASSOCIATION, THE AL LIANCE FOR THE UNINSURED, THE OKLAHOMA STATE HEALTH DEPARTMENT, 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 CAN CER SOCIETY, AND OTHER LOCAL HEALTH AND WELLNESS ORGANIZATIONS AND AGENCIES TO DETERMINE H EALTH CARE NEEDS IN THE STATE, ISSUES CONCERNING SPECIFIC CITIES, ACCESS TO HEALTH ISSUES, NEIGHBORHOOD AND ENVIRONMENT ISSUES, AND OTHER SOCIAL DETERMINANTS OF HEALTH THAT AFFECT THE LIVES OF OUR RESIDENTS. A VARIETY OF COALITIONS, TASK FORCES, AND COMMITTEES HAVE BEEN STARTED TO ADDRESS SPECIFIC HEALTH AND WELLNESS ISSUES AND TO DETERMINE INTERVENTIONAL ST RATEGIES FOR IMPLEMENTATION. THE IMPACT PROGRAMS ARE HAVING ON COMMUNITY HEALTH, ESPECIALL Y PREVENTION ACTIVITIES, EFFORTS TO IMPROVE HEALTH AND INCREASE ACCESS TO HEALTH CARE SERV ICES, AND REDUCING HEALTH CARE COSTS. INTEGRIS COMMUNITY HEALTH PROGRAMS ACROSS THE STATE ARE IMPLEMENTED TO EDUCATE OUR RESIDENTS ABOUT HEALTH AND WELLNESS ISSUES AFFECTING THEM A ND THEIR COMMUNITIES. WORKING WITH PARTNER AGENCIES AND ORGANIZATIONS IN THE COMMUNITIES W E SERVE GIVES US THE OPPORTUNITY TO CREATE PROGRAMS THAT SPECIFICALLY ADDRESS NEGATIVE HEA LTH INDICATORS AFFECTING THE COMMUNITY. PREVENTION AND HEALTH EDUCATION HAVE BEEN THE PRIO RITY 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 BEHAVIORS MAY NEGATIVELY AFFECT THE IR 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 SOM E INDICATORS, SUCH AS CHILDHOOD IMMUNIZATIONS, ADULT IMMUNIZATIONS, AND SMALL STEP TOWARD IMPROVING CHILDHOOD OBESITY WITH SEVERAL PROGRAMS IMPLEMENTED IN THE METROPOLITAN AREAS, I NCREASING ACCESS BY DEVELOPING REFERRAL NETWORKS B

Form and Line Reference	Explanation
PART VI, LINE 5:	ETWEEN FREE CLINICS ACROSS OKLAHOMA CITY AND IN SOME RURAL AREAS. ALL OF THESE PROGRAMS AN D PARTNERSHIPS, COUPLED WITH EDUCATING THE COMMUNITY ABOUT AVAILABLE SERVICES, CAN HELP US CONTINUE TO REDUCE SOME OF THE HEALTHCARE COSTS WE SEE IN OUR HOSPITALS, CLINICS, AND EME RGENCY DEPARTMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	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 FOR ADDITIONAL INFORMATION REGARDING THE INTEGRIS HEALTH SYSTEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7: STATE FILING OF COMMUNITY BENEFIT REPORT	ALL STATES 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION A:	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.
INTEGRIS BAPTIST MEDICAL CENTER, INC.	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 KLESZYNSKIIN 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
INTEGRIS BAPTIST MEDICAL CENTER, INC.	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 (I.E. LARGE HISPANIC POPULATION, HIGHER SOCIOECONOMIC 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 MIAMI HOSPITAL 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 WEBSITE'S HOME PAGE.
INTEGRIS BAPTIST MEDICAL CENTER, INC.	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
INTEGRIS BAPTIST MEDICAL CENTER, INC.	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.
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HIGH SCHOOL SCHOLARSHIPS	30	30,000			
(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
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. AS PART OF ITS COMMITMENT TO THE COMMUNITIES IT SERVES, INTEGRIS BAPTIST MEDICAL CENTER, INC. MAKES GRANTS TO OTHER CHARITABLE AND CIVIC ORGANIZATIONS THAT BENEFIT THOSE COMMUNITIES. GRANTS ARE REVIEWED AND APPROVED THROUGH THE ANNUAL BUDGETARY PROCESS BY THE CEO AND THE BOARD OF DIRECTORS OF INTEGRIS BAPTIST MEDICAL CENTER, INC. SEE SCHEDULE O FOR A FULL COPY OF THE INTEGRIS HEALTH SYSTEM COMMUNITY BENEFIT REPORT, WHICH PROVIDES GREATER DETAIL WITH RESPECT TO INTEGRIS BAPTIST MEDICAL CENTER, INC.'S RETURNSHIP AND COMMUNITY BUILDING EFFORTS. 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 SOUTHWEST MEDICAL CENTER INC 3001 QUAIL SPRINGS PKWY OKLAHOMA CITY, OK 73134	73-1089149	501(C)(3)	5,019,566				TO FUND OPERATIONS
INTEGRIS AMBULATORY CARE CORPORATION 3001 QUAIL SPRINGS PKWY OKLAHOMA CITY, OK 73134	73-1192765	501(C)(3)	3,933,825				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 RURAL HEALTH INC 3001 QUAIL SPRINGS PKWY OKLAHOMA CITY, OK 73134	73-1444504	501(C)(3)	4,926,610				TO FUND OPERATIONS
INTEGRIS HEALTH EDMOND INC 3001 QUAIL SPRINGS PKWY OKLAHOMA CITY, OK 73134	45-1027361	501(C)(3)	1,255,970				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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 on 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 on 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 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 nonfixed 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
PART I, 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 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 AND RECEIVED A PAYMENT IN THE CURRENT YEAR: CHRIS HAMMES $161,707 JORDAN D. CASH $ 51,584 THE FOLLOWING INDIVIDUALS LISTED IN PART VII OF FORM 990 PARTICIPATED IN THIS PLAN BUT DID NOT RECEIVE A PAYMENT DURING THE YEAR: TIMOTHY PEHRSON DOUGLAS M. SMITH
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.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TIMOTHY PEHRSON FORMER OFFICER & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	901,075	375,000	15,378	216,281	20,983	1,528,717	0
1JAMES LONG PHYSICIAN	(i)	1,244,130	0	18,303	11,200	15,892	1,289,525	0
	(ii)	0	0	0	0	0	0	0
2CHRIS HAMMES COO OF IH	(i)	0	0	0	0	0	0	0
	(ii)	614,078	250,000	191,332	158,848	20,725	1,234,983	134,900
3ALY EL BANAYOSY PHYSICIAN/MEDICAL DIRECTOR	(i)	865,063	54,885	10,668	17,931	14,964	963,511	0
	(ii)	0	0	0	0	0	0	0
4DOUGLAS M SMITH CFO OF IH	(i)	0	0	0	0	0	0	0
	(ii)	486,517	200,000	11,511	100,077	20,589	818,694	0
5VIVEK KOHLI DIRECTOR	(i)	710,040	19,946	46,344	16,917	20,801	814,048	0
	(ii)	0	0	0	0	0	0	0
6ABBAS RAZA PHYSICIAN/MEDICAL DIRECTOR	(i)	733,057	12,545	23,364	15,895	20,796	805,657	0
	(ii)	0	0	0	0	0	0	0
7TRUSHAR B PATEL PHYSICIAN/MEDICAL DIRECTOR	(i)	668,797	101,516	960	12,953	20,911	805,137	0
	(ii)	0	0	0	0	0	0	0
8 DOUGLAS A HORSTMANSHOF MEDICAL DIRECTOR	(i)	745,464	1,572	1,932	16,997	20,934	786,899	0
	(ii)	0	0	0	0	0	0	0
9JORDAN D CASH VP CLINICAL PROGRAMS	(i)	0	0	0	0	0	0	0
	(ii)	296,764	75,000	54,273	57,565	20,351	503,953	52,117
10LEWIS PERKINS VP CHIEF NURSING OFFICER	(i)	272,814	76,000	10,659	10,745	20,627	390,845	0
	(ii)	0	0	0	0	0	0	0
11JULIE WATSON CHIEF MEDICAL OFFICER	(i)	350,923	750	507	32,394	1,023	385,597	0
	(ii)	0	0	0	0	0	0	0
12CHERYL PERRY CFO-VP OF IBMC	(i)	174,393	127,385	5,465	18,649	7,818	333,710	0
	(ii)	0	0	0	0	0	0	0
13DAVID R HADLEY FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	241,725	0	0	241,725	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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

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	OK DEVELOPMENT FINANCE AUTH-2020BCD	73-1083741	67884XCS4	10-13-2020	192,400,000	SEE PART VI		X		X		X
B	OK DEVELOPMENT FINANCE AUTH-2019A	73-1083741		11-26-2019	100,000,000	SEE PART VI		X		X		X
C	OK DEVELOPMENT FINANCE AUTH-2015A	73-1083741	67884XBR7	04-15-2015	222,198,189	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			42,060,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	192,400,000	152,741,076	222,198,189	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,407,879		1,737,424	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		49,578,969		
11	Other spent proceeds	190,992,121	100,000,000	220,460,765	
12	Other unspent proceeds		3,164,375		
13	Year of substantial completion	2020	2021	2011	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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			
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			
c	Are there any research agreements that may result in private business use of bond-financed property?		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 %		0 %		
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 ▶		0 %		0 %		0 %		
6	Total of lines 4 and 5		0.010 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?		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		
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?								
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			

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		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X			X		
b	Exception to rebate?		X		X		X		
c	No rebate due?		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		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		
b	Name of provider	SEE PART VI		BARCLAYS					
c	Term of hedge	1280.0000000000 %		2960.0000000000 %					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		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		
b	Name of provider								
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		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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			

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

Return Reference	Explanation
PART I, COLUMN F, BOND A:	THE SERIES 2020BCD REFUNDED SERIES 2015C, DATED 6/1/2015, SERIES 2015B, DATED 4/15/2015; AND SERIES 2013AB, DATED 5/3/2013. PART I, COLUMN F, BOND B: THE SERIES 2019A REFUNDED SERIES 2017A, ISSUED 12/28/17 PART I, COLUMN F, BOND C: THE SERIES 2015A REFUNDED SERIES 2008B/C, ISSUED 07/30/08

Return Reference	Explanation
PART II, LINE 3, BOND B:	THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO INVESTMENT EARNINGS ON THE PROJECT FUND AND THE TRANSFERRED PROCEEDS FROM THE SERIES 2017A BONDS. APPROXIMATELY $52,548,717 OF UNEXPENDED PROCEEDS FROM THE 2017A BONDS WAS TRANSFERRED OVER TO THE 2019A BONDS ON THE DATE OF ISSUANCE, WITH THE AMOUNT OF $45,151,400 TRANSFERRED ON 1/29/2020 UPON CLOSURE OF THE 2017A PROCEEDS FUND.

Return Reference	Explanation
PART II, LINE 11, BONDS A, B, & C:	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW.

Return Reference	Explanation
PART IV, LINE 2C, BOND C:	A REBATE ANALYSIS WAS PERFORMED ON 4/15/2020 WITH NO REBATE DUE.

Return Reference	Explanation
PART IV, LINE 4B, BOND A:	THE HEDGE PROVIDER FOR THE SERIES 2020BCD ISSUE IS JP MORGAN CHASE BANK & GOLDMAN SACHS CAPITAL MARKETS, LP.

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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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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				
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 EQUIP)	X	21	581,524	FMV
26	Other ▶ (BUILDING UPGRADES)	X	7	247,925	FMV
27	Other ▶ (OTHER EQUIP)	X	6	137,414	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 isn't 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 nonstandard 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 didn't 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
PART I, COLUMN (B):	PART I, COL(B) REPORTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

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
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 $22,978,118. 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 2025. THIS FISCAL YEAR THE SHOPP PAYMENT HELPED OFFSET COSTS RELATED TO MEDICAID PATIENTS. IBMC'S UNPAID COSTS OF MEDICAID PROGRAMS EQUALED $13,925,421. IN ADDITION IBMC BAD DEBT COSTS ARE BASED ON THE OVERALL HOSPITAL COST TO CHARGE RATIOS. IBMC'S BAD DEBT COSTS WERE $9,022,284. FOR ADDITIONAL DETAILS REGARDING COMMUNITY BENEFIT SEE THE ATTACHED COMPLETE COMMUNITY BENEFIT REPORT ON SCHEDULE O.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A: COMMUNITY BENEFIT REPORT	INTEGRIS COMMUNITY BENEFIT REPORT 2021 A MESSAGE FROM OUR PRESIDENT AND CEO: INTEGRIS HEAL TH IS OKLAHOMA'S LARGEST NOT-FOR-PROFIT HEALTH SYSTEM AND HAS SERVED OKLAHOMA COMMUNITIES FOR MORE THAN 100 YEARS. OUR MISSION IS PARTNERING WITH PEOPLE TO LIVE HEALTHIER LIVES. BE YOND THE WALLS OF OUR HOSPITALS AND CLINICS, INTEGRIS HEALTH PARTNERS WITH OTHER COMMUNITY ORGANIZATIONS TO IMPROVE ACCESS TO HEALTH CARE. SOME EXAMPLES OF THIS INCLUDE FUNDING FRE E CLINICS, HEALTH SCREENINGS, WELLNESS PROMOTIONS, HEALTH EDUCATION, HEALTH SUPPORT GROUPS , MENTORING PROGRAMS FOR AT-RISK YOUTH, CLEAN UP AFTER NATURAL DISASTERS, ASSISTANCE FOR T HE ELDERLY AND SERVING AS A LEADER DURING A PANDEMIC. THIS REPORT HIGHLIGHTS IN GREATER DE TAIL A FEW WAYS INTEGRIS HEALTH POSITIVELY IMPACTED OUR COMMUNITIES LAST YEAR. WE ARE GRAT EFUL AND HUMBLED TO BE OKLAHOMANS' MOST TRUSTED PARTNER FOR HEALTH. WARMLY, TIMOTHY PEHRSO N PRESIDENT AND CEO MISSION: PARTNERING WITH PEOPLE TO LIVE HEALTHIER LIVES VISION: THE MO ST TRUSTED PARTNER FOR HEALTH VALUES: ICARE- INTEGRITY. COMPASSION. ACCOUNTABILITY. RESPECT . EXCELLENCE. INTEGRIS HEALTH COMMUNITY GIVING FUND INTEGRIS HEALTH HAS LONG BEEN A LEADER IN COMMUNITY HEALTH OUTREACH. MANY ARE NOT AWARE OF THE COMMUNITY BENEFIT ASPECT OF OUR O RGANIZATION'S WORK. THIS GRANT INITIATIVE IS A GREAT OPPORTUNITY TO TELL THE STORY TO OUR INTERNAL AND EXTERNAL COMMUNITIES. INTEGRIS HEALTH HAS ESTABLISHED PRIORITIES FOR IMPROVIN G COMMUNITY HEALTH FOR 2020 THROUGH 2022. INTEGRIS HEALTH'S 2020-2022 COMMUNITY HEALTH PRI ORITY IS TO ADDRESS OBESITY, MENTAL HEALTH, ACCESS TO CARE, FOOD INSECURITY AND TOBACCO TH ROUGH RISK REDUCTION AND BEHAVIOR CHANGE, SCREENING AND TREATMENT STRATEGIES. THE GRANTS A LLOW US TO PARTNER WITH OTHER ORGANIZATIONS, HELPING PEOPLE LIVE HEALTHIER LIVES AND MAXIM IZING THE IMPACT OF OUR COMMUNITY BENEFIT DOLLARS TO IMPROVE HEALTH OUTCOMES. FOR MORE INF ORMATION CONTACT TOBI.CAMPBELL@INTEGRISOK.COM. VARIETY CARE NAME OF PROJECT: VARIETY CARE MAMMOGRAPHY PLAN IN PARTNERSHIP WITH THE URBAN LEAGUE PROJECT DESCRIPTION: VARIETY CARE AN D THE URBAN LEAGUE WORK TOGETHER TO PROVIDE A PROGRAM OF OUTREACH, CLIENT NAVIGATION, CASE MANAGEMENT AND COUNSELING TARGETING AFRICAN AMERICAN WOMEN TO INCREASE ACCESS TO MAMMOGRA MS. PROGRESS: AS OF SEPTEMBER 2021, THE URBAN LEAGUE REFERRED 29 AFRICAN AMERICAN WOMEN TO VARIETY CARE FOR THEIR INITIAL HEALTH VISIT, WITH 16 OF THE 29 COMPLETING THEIR VISIT. FO URTEEN REFERRED BY THE URBAN LEAGUE ARE IN THE PROCESS OF OBTAINING AN APPOINTMENT. THE UR BAN LEAGUE CONTINUES TO PROVIDE ENROLLMENT, CASE MANAGEMENT, PROMOTIONS AND FOLLOW-UP ACTI VITIES WITH CLIENTS. IN OCTOBER, THE URBAN LEAGUE HOSTED A "DAY OF PINK" BRUNCH EVENT FOR LOW-INCOME, UNINSURED AND UNDERINSURED AFRICAN AMERICAN WOMEN TO PROMOTE BREAST CANCER AWA RENESS AND ASSIST CLIENTS TO REGISTER FOR THEIR VARIETY CARE OFFICE VISIT AND INTEGRIS HEA LTH MAMMOGRAM. THE DAY OF PINK EVENT PROVIDED RESOURCES, SUPPORT AND INFORMATION FOR AFRIC AN AMERICAN WOMEN WHO HAVE LOS

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PART III, LINE 4A: COMMUNITY BENEFIT REPORT	T LOVED ONES, ARE WORRIED ABOUT DEVELOPING BREAST CANCER OR NEED ANSWERS TO QUESTIONS ABOU T PREVENTING AND RECOGNIZING SYMPTOMS OF BREAST CANCER. IN ADDITION TO WOMEN IDENTIFIED BY THE URBAN LEAGUE, VARIETY CARE CARE MANAGEMENT STAFF LINK PATIENTS WITH RESOURCES FOR MAM MOGRAMS AND PERFORM IN-REACH WITH STAFF AND PATIENTS. BETWEEN JANUARY 1 AND SEPTEMBER 15, 2021, 3,165 WOMEN WERE REFERRED FOR MAMMOGRAMS, 279 (8.8%) OF WHICH WERE AFRICAN AMERICAN/ BLACK, AN INCREASE FROM 7.9% AT THE SIX-MONTH MARK. UNINSURED WOMEN COMPRISED 1,382 (43.7%) OF THOSE REFERRED FOR MAMMOGRAMS. VARIETY CARE NAME OF PROJECT: MENTAL HEALTH AWARENESS AND REFERRAL TO TREATMENT PROJECT DESCRIPTION: VARIETY CARE MEDICAL ASSISTANTS SCREEN PATI ENTS AGE 12 AND OLDER FOR DEPRESSION. IF THE SCREEN IS POSITIVE, THE MEDICAL PROVIDER WILL MAKE AN IN-HOUSE REFERRAL TO A BEHAVIORAL HEALTH PROVIDER. PROGRESS: IN THE FIRST NINE MO NTHS OF THE GRANT YEAR, MEDICAL TEAMS SCREENED 22,609 (60.2%) OUT OF 37,574 MEDICAL PATIEN TS FOR DEPRESSION AND DEVELOPED A TREATMENT PLAN FOR THOSE WITH A POSITIVE SCREEN. OF THOS E, 7,192 (31.8%) WERE UNINSURED. WE HAVE SEEN AN INCREASE IN THE NEED FOR BEHAVIORAL HEALT H DURING THE PANDEMIC. SOME THERAPISTS ARE SCHEDULED OUT FOUR TO FIVE WEEKS, WITH PSYCHIAT RISTS BOOKED OUT ABOUT THREE WEEKS. IN ADDITION TO AN INCREASE IN THE NEED FOR TREATMENT O F DEPRESSION AND ANXIETY, WE SEE A CONTINUING NEED FOR MEDICATION ASSISTED TREATMENT. TELE HEALTH REMAINS AN ESSENTIAL METHOD OF SERVICE DELIVERY IN RESPONSE TO THE PANDEMIC. VARIET Y CARE NAME OF PROJECT: OBESITY PREVENTION, REFERRAL TO TREATMENT AND HEALTHY FOOD ACCESS PROJECT DESCRIPTION: VARIETY CARE DIETITIANS AND BEHAVIORAL HEALTH STAFF WORK WITH OVERWEI GHT PATIENTS WITH DIABETES OR HYPERTENSION TO ATTAIN A HEALTHY WEIGHT. PROGRESS: IN THE FI RST NINE MONTHS OF THE GRANT YEAR, VARIETY CARE MEDICAL TEAMS DOCUMENTED BMI FOR 14,646 OU T OF 20,153 CHILDREN (72.7%) AND 14,689 OUT OF 31,232 ADULTS (47.0%), PROVIDING COUNSELING TO THOSE WHOSE WEIGHT WAS OUTSIDE NORMAL PARAMETERS. OF THE 14,646 CHILDREN WHOSE BMI WAS DOCUMENTED AND WHO RECEIVED COUNSELING, 395 (2.0%) MADE SUSTAINED PROGRESS TOWARD IDEAL W EIGHT. OF THE 14,689 ADULTS WHOSE BMI WAS DOCUMENTED AND WHO RECEIVED COUNSELING, 13,224 (90.0%) MADE PROGRESS TOWARD THEIR IDEAL WEIGHT. OF THOSE WHOSE BMI WAS DOCUMENTED AND WHO RECEIVED COUNSELING, 8.3% OF CHILDREN AND 19.6% OF ADULTS WERE UNINSURED. HEALTHY FOODS AR E AN ESSENTIAL PART OF A DAILY DIET. OBTAINING FRESH FRUITS AND VEGETABLES IS ESPECIALLY D IFFICULT FOR LOW-INCOME PATIENTS. VARIETY CARE REGISTERED DIETITIANS DISTRIBUTED 41 $50 GI FT CARDS TO LOW-INCOME PATIENTS WITH HYPERTENSION AND/OR PREDIABETES OR DIABETES TO REMOVE A BARRIER TO THEIR ABILITY TO CHOOSE FRESH FRUITS AND VEGETABLES. THIRTEEN OF THE PATIENT S THAT RECEIVED GIFT CARDS FOR HEALTHY FOOD WERE UNDER AGE 18.

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PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	YMCA OF GREATER OKLAHOMA CITY NAME OF PROJECT: EXERCISE IS MEDICINE PROJECT DESCRIPTION: T HE EXERCISE IS MEDICINE PROGRAM INCORPORATES CARDIOVASCULAR, FLEXIBILITY, STRENGTH TRAININ G AND MIND BODY EXERCISES, AWARENESS OF NUTRITIONAL IMPACT ON HEALTH, APPLICATION OF SUSTA INED HEALTHY HABITS, AND BEHAVIORAL AND ENVIRONMENTAL SUPPORT TO ELICIT LONG-TERM SUCCESS. PARTICIPANTS ARE REFERRED BY HEALTH CARE PROVIDERS. INSTRUCTION IS OVERSEEN BY A TEAM OF EXERCISE IS MEDICINE TRAINERS FOR 12 WEEKS, TWICE PER WEEK FOR A TOTAL OF 24 ONE-HOUR SESS IONS. THIS PROGRAM IS FACILITATED IN A SMALL GROUP SETTING WITH A RATIO OF 1:8 FOR OPTIMAL INSTRUCTION. PROGRESS: THE FIRST COHORT HAS FINALIZED THEIR PROGRAMMING AND ASSESSMENTS. WE ARE IN THE PROCESS OF RECRUITING FOR THE NEXT COHORT OF APPROXIMATELY 40 PARTICIPANTS T HROUGH A PARTNERSHIP WITH LYNN INSTITUTE. THE NEXT QUARTER WILL BE THE LARGEST FOR PARTICI PATION AND EXPENDITURES. YWCA ENID NAME OF PROJECT: YWCA ENID'S SEXUAL ASSAULT NURSE EXAMI NER (SANE) AND COUNSELING PROGRAMS. PROJECT DESCRIPTION: YWCA ENID'S SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM OFFERS FREE FORENSIC EXAMS TO ADULT VICTIMS OF SEXUAL ASSAULT. THE SPECIALLY TRAINED SANE NURSE PROVIDES AN EXAM AND PROTOCOL MEDICATIONS TO VICTIMS IN A CO MFORTABLE AND CONFIDENTIAL MEDICAL ROOM ON-SITE AT THE YWCA. REQUESTS ARE RECEIVED FROM IN DIVIDUALS FOR EXAMS, OR REFERRALS FROM LAW ENFORCEMENT. AFTER THE EXAM IS COMPLETE AND EVI DENCE IS TURNED OVER TO LAW ENFORCEMENT, THE SANE NURSE WILL THEN FOLLOW UP WITH THE VICTI M TWO WEEKS AFTER THE EXAM TO PROVIDE NEEDED RESOURCES AND ADDITIONAL MEDICAL ASSISTANCE. SEXUAL ASSAULT RESPONSE ADVOCATES (SARAS) ARE SPECIALLY TRAINED RECRUITED VOLUNTEERS PROVI DING EMOTIONAL SUPPORT AND RESOURCES TO VICTIMS AT THE TIME OF THE EXAM AND IN THE WEEKS F OLLOWING. THE STAFF COURT ADVOCATE IS ALSO AVAILABLE TO ACCOMPANY THE VICTIMS IN THE INSTA NCE OF PROSECUTION. THE SANE NURSE REGULARLY TESTIFIES IN COURT TO AID IN THIS PROSECUTION . WITHOUT YWCA'S SANE PROGRAM, VICTIMS WOULD TRAVEL TO WOODWARD, STILLWATER OR PONCA CITY FOR AN EXAM IN THE MIDST OF THEIR TRAUMATIC INCIDENT. YWCA ENID'S COUNSELING PROGRAM OFFER S FREE INDIVIDUAL AND GROUP COUNSELING TO VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING, AS WELL AS THE COMMUNITY AT LARGE. REQUESTS COME FROM INDIVIDUALS FOR SERVICES, AND OCCASIONALLY OKDHS ARE RECEIVED WITH THIS PROGRAM. THE LICENSED PROFESSIONAL COUNSELO R WILL MEET WITH THOSE INDIVIDUALLY OR IN A GROUP SETTING TO FACILITATE AN UNDERSTANDING O F TRAUMA, NORMALIZE THEIR EXPERIENCE AND PROVIDE SUPPORT AND HEALTHY COPING SKILLS. OTHER SKILLS FOSTERED ARE APPROPRIATE PARENTING SKILLS AND TECHNIQUES TO MANAGE ANXIETY, DEPRESS ION AND PTSD. PROGRESS: THE SANE NURSE PROVIDED ONE DOMESTIC VIOLENCE AND THREE SEXUAL ASS AULT EXAMS IN JULY 2021, TWO SEXUAL ASSAULT EXAMS IN AUGUST 2021, AND ONE SEXUAL ASSAULT E XAM IN SEPTEMBER. IN TOTAL, THE SANE NURSE PERFORMED SEVEN EXAMS THIS QUARTER. 100% OF IND IVIDUALS REQUESTING A SANE/DVN

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PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	E EXAM WERE PROVIDED WITH ONE. 100% OF CLIENTS SERVED BY THE YWCA CRISIS CENTER SHELTER WE RE ALSO OFFERED A SANE/DVNE EXAM. YWCA'S SANE NURSE ALSO FACILITATED 81 HOURS OF ADVOCACY SERVICES FOR THESE VICTIMS AND SUPPLIED FOUR LAW ENFORCEMENT DEPARTMENTS WITH FORENSIC EVI DENCE FOR PROSECUTION. ADDITIONALLY, THE SANE NURSE PROVIDED ONE TRAINING TO LAW ENFORCEME NT THIS QUARTER. YWCA HOSTED A SEXUAL ASSAULT RESPONSE ADVOCATE (SARA) OPEN HOUSE IN OCTOB ER DURING DOMESTIC VIOLENCE AWARENESS MONTH TO RECRUIT MORE VOLUNTEERS TO ASSIST WITH THE SANE PROGRAM. YWCA ENID'S COUNSELING PROGRAM HAS BEEN EXTREMELY BUSY THIS QUARTER. IN FACT , AFTER REVIEWING METRICS FROM LAST FISCAL YEAR, COUNSELING SERVICES HAVE INCREASED BY 70% SINCE THE ONSET OF THE COVID-19 PANDEMIC. DURING THIS QUARTER (JULY- SEPTEMBER 2021), THE LICENSED PROFESSIONAL COUNSELOR PROVIDED 144 HOURS OF COUNSELING TO 70 CLIENTS. NINE OF T HESE CLIENTS WERE NEW ADMISSIONS, AND 85% WERE NON-RESIDENTIAL COMMUNITY MEMBERS. 100% OF VICTIMS REQUESTING SERVICES IN ANY CAPACITY WERE OFFERED COUNSELING AT NO CHARGE. 92% OF C LIENTS SERVED ACQUIRED HEALTHY COPING SKILLS AND DEMONSTRATED IMPROVEMENT IN THEIR QUALITY OF LIFE.

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PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	NORTH ENID LIONS CLUB NAME OF PROJECT: EYEGLASSES FOR NEEDY RESIDENTS PROJECT DESCRIPTION: AS A CIVIC CLUB, THE GOAL IS TO PROVIDE SERVICE PROJECTS. THE PROJECT WE ARE WORKING ON I S TO PROVIDE EYE EXAMS AND GLASSES TO NEEDY INDIVIDUALS. PROGRESS: THE NORTH ENID LIONS CL UB HAS SPENT A TOTAL OF $1,115 ON EYEGLASSES FROM MAY THROUGH SEPTEMBER 2021. COMMUNITY DE VELOPMENT SUPPORT ASSOCIATION, INC. (CDSA) NAME OF PROJECT: EMERGENCY MEDICATION AND SHORT -TERM MEDICATION AND MEDICAL SUPPLIES SUPPORT PROJECT DESCRIPTION: PROGRAM SUPPORT TO ADDR ESS THE LONG-STANDING NEED FOR EMERGENCY MEDICATIONS AND SHORT-TERM MEDICATION SUPPORT WHI LE ACCESSING OTHER ASSISTANCE AND EMERGENCY MEDICAL SUPPLY NEEDS, INCLUDING THE NEED FOR A DULT INCONTINENCE SUPPLIES. PROGRESS: 1. PURCHASED INCONTINENCE SUPPLIES. 2. BEGAN MARKETI NG AVAILABILITY OF SUPPLIES. 3. DISTRIBUTED INCONTINENCE SUPPLIES TO FOUR INDIVIDUALS IN T HE FIRST QUARTER AND SEVEN IN THE SECOND QUARTER DURING 2021. 4. DEVELOPED PARTNERSHIP WIT H FAMILY PHARMACY FOR DISCOUNTED MEDICATION/SUPPLIES PRICING. 5. DISTRIBUTED TEST STRIPS A ND TESTING MACHINE TO ONE DIABETIC PATIENT. 6. MARKETED SERVICES TO ENID COMMUNITY CLINIC, LOAVES AND FISHES, OUR DAILY BREAD, MEADOWS POINT APARTMENTS, AREA AGENCY ON AGING, ENID SENIOR CENTER AND TO RSVP TO DISTRIBUTE MATERIALS TO RECIPIENTS OF ENID MOBILE MEALS. 7. P ROVIDED FIRST AID SUPPLIES (BANDAGES, ANTIBIOTIC OINTMENT, CLEANSING PADS, HOT/COLD PACKS AND TYLENOL FOR OUTREACH TO ENID SOS FOR HOMELESS OUTREACH. 8. ASSISTED 13 CLIENTS WITH ME DICATIONS CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY (CCAOKC) NAME OF PROJECT: COUNSELING SERVICES AND FAMILY SUPPORT SERVICES PROJECT DESCRIPTION: CATHOLIC CHARITIES O FFERS COUNSELING SERVICES THROUGH THEIR REGIONAL OFFICE. LICENSED PROFESSIONAL COUNSELORS OFFER AFFORDABLE OUTPATIENT COUNSELING FOR INDIVIDUALS, FAMILIES AND CHILDREN TO ADDRESS L IFE'S STRESSES AND PROBLEMS HINDERING THEIR DAILY FUNCTIONING. COUNSELORS PROVIDE A MENTAL HEALTH CONTINUUM OF CARE THAT INCLUDES SUPPORT, PREVENTION, INTERVENTION AND TREATMENT. T HE SKILLED AND CARING STAFF ARE GUIDED BY EVIDENCE-BASED STRATEGIES AND WORK COLLABORATIVE LY WITH THE CLIENT TO DEVELOP CARE PLANS THAT ARE INDIVIDUALIZED. ALSO OFFERED THROUGH THI S REGIONAL OFFICE IS THE FAMILY SUPPORT SERVICES PROGRAM, WHICH HAS TWO KEY COMPONENTS (EM ERGENCY RENT AND UTILITY ASSISTANCE, AND FAMILY HOPE) THAT ADDRESS IMMEDIATE CLIENT NEEDS AND FACILITATE A PATH TO A STABLE AND ECONOMICALLY INDEPENDENT FUTURE. THROUGH THE EMERGEN CY RENT AND UTILITY ASSISTANCE PROGRAM CLIENTS FACING A FINANCIAL CRISIS ARE ASSISTED WITH A PORTION OF THEIR PAST DUE RENT AND/OR UTILITY PAYMENT. THE PROGRAM OBJECTIVES ARE TO PR EVENT HOMELESSNESS AND UNSAFE LIVING CONDITIONS BY HELPING CLIENTS AVOID EVICTION DUE TO O VERDUE RENT OR UTILITY SHUT-OFFS, WHICH IS GROUNDS FOR EVICTION IN OKLAHOMA. THE FAMILY HO PE (HELP, ORGANIZE, PRIORITIZE AND EMPOWER) PROGRAM PROMOTES INDEPENDENCE AND EQUIPS CLIEN TS WITH THE SKILLS TO OVERCOME

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PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	OBSTACLES AND GAIN ECONOMIC STABILITY. CASE MANAGERS WORK WITH CLIENTS TO CREATE ACTION-O RIENTED, GOAL- CENTERED SERVICE PLANS. SERVICE PLANS FOCUS ON UNMET NEEDS (E.G., FINANCIAL MANAGEMENT, EDUCATION, HEALTH AND WELLNESS, EMPLOYMENT, HOUSING AND MENTAL HEALTH) AND ST EPS FOR GOAL COMPLETION. PROGRESS: COUNSELING SERVICES PROGRAM BENCHMARK PERCENTAGES HAVE BEEN MET, ADDING FIVE FAMILIES TO OUR COUNSELING PROGRAM, THUS IMPACTING THE LIVES OF 19 M ORE PEOPLE. EMERGENCY RENT AND UTILITY ASSISTANCE PROGRAM WE HAVE MET OUT BENCHMARK PERCEN TAGES IN EMERGENCY ASSISTANCE, INCLUDING COVID RELIEF. WE HAVE SERVED A TOTAL OF 254 PEOPL E WITH THESE SERVICES. FAMILY HOPE PROGRAM THE BENCHMARK PERCENTAGES CONTINUE TO BE MET FO R FAMILY HOPE. THERE ARE SIX NEW FAMILIES IN THIS PROGRAM, MAKING A TOTAL OF 10 ACTIVE CAS ES. DIABETES SOLUTIONS-OK, INC. NAME OF PROJECT: DSOK CAMP ENDRES PROJECT DESCRIPTION: THE DIABETES CAMPS, CAMP ENDRES, PROVIDE A CRUCIAL PART OF CHILDREN'S JOURNEY WITH DIABETES. WITH HELP FROM INTEGRIS HEALTH, WHEN WE FIRST FORMED DSOK IN 2000, WE HOSTED ONE 10-DAY SU MMER CAMP PROGRAM. CURRENTLY WE HOST SIX ANNUAL CAMPING PROGRAMS TO SUIT EVERYONE'S NEEDS. ROUGHLY 300 CHILDREN, TEENS, ADULTS AND FAMILIES ARE HOSTED DIRECTLY WITH CAMP ENDRES PRO GRAMS THROUGHOUT THE CALENDAR YEAR. PROGRESS: DUE TO COVID-19, THE SPRING FLING FOR TEENS AND THE SEPTEMBER ADULT GETAWAY WERE CANCELLED. WE HOPE TO RESUME THESE TWO PROGRAMS IN 20 22.

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PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	CHRISTIAN MEDICAL CLINIC OF GRAND LAKE, INC. NAME OF PROJECT: FILLING THE GAP IN THE COMMU NITY'S HEALTH CARE SYSTEM. PROJECT DESCRIPTION: HELP WITH PURCHASING MEDICATIONS FOR OUR P ATIENTS. PROGRESS: OVER 500 PATIENTS ARE SEEN FROM OUR FOUR COUNTIES EVERY THREE MONTHS. D URING JULY THROUGH SEPTEMBER 2021, 1,733 PRESCRIPTIONS WERE FILLED AT NO COST TO THE PATIE NTS. YOUTH & FAMILY SERVICES OF NORTH CENTRAL OKLAHOMA NAME OF PROJECT: CHAMPION DAY TREAT MENT PROGRAM PROJECT DESCRIPTION: THE TREATMENT PROGRAM, CHAMPION, IS DESIGNED TO HELP STU DENTS WHO HAVE DIFFICULTY WITH SCHOOL DUE TO POSSIBLE MENTAL HEALTH SYMPTOMOLOGY RELATED T O ENVIRONMENTAL FACTORS, TRAUMA EXPOSURE, DEPRESSION AND ANXIETY, OR LACK OF EMOTIONAL REG ULATION. OFTEN, THESE ARE CHILDREN WHO WOULD BE STEPPING DOWN FROM THE INTEGRIS HEALTH MEA DOWLAKE FACILITY. FOR THESE PARTICULAR CHILDREN, THE SCHOOL SYSTEM SIMPLY CANNOT MEET THEI R NEEDS. THE PROGRAM PROVIDES COUNSELING, EDUCATION AND PROBLEM-SOLVING SKILLS WHILE COLLA BORATING WITH THE TEACHER IN AN EFFORT TO REINTEGRATE STUDENTS INTO THE MAINSTREAM CLASSRO OM SETTING. THE MODEL FOCUSES ON THE STUDENT'S PERSONAL STRENGTHS AND ABILITIES AS THEY RE LATE TO ACADEMICS, SOCIAL SKILLS AND COLLABORATIVE PROBLEM SOLVING. PROGRESS: SINCE JUNE 2 021, WE HAVE MAINTAINED SIX CHILDREN FROM THE PROGRAM AND WERE ABLE TO WORK WITH THEM IN P ERSON OVER THE SUMMER AT OUR FACILITY. UNDERSTANDING HOSPITAL CHARGES CAN SOMETIMES BE CHA LLENGING: AT INTEGRIS HEALTH OUR GOAL IS TO DELIVER THE HIGHEST QUALITY CARE AT THE MOST R EASONABLE PRICES THROUGH OUTSTANDING CUSTOMER SERVICE. WE PLEDGE TO BE TRANSPARENT IN OUR COST, QUALITY AND CUSTOMER SERVICE REPORTING. THESE DAYS PATIENTS ARE SHARING MORE IN THE COSTS OF THEIR OWN HEALTH CARE, THEREFORE INTEGRIS HEALTH BELIEVES YOU SHOULD HAVE ACCESS TO THE INFORMATION YOU NEED TO MAKE INFORMED HEALTH CARE CHOICES. OUR PRICING PHILOSOPHY I S THIS: INTEGRIS HEALTH SEEKS TO ESTABLISH PRICES THAT ARE FAIR TO PATIENTS AND PAYORS, RE ASONABLE IN THE MARKETS WE SERVE, CONSISTENT WITH OUR PEERS WHO PROVIDE SIMILAR SERVICES W HILE IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE. WE ALSO BELIEVE IT IS IM PORTANT FOR YOU TO UNDERSTAND HOW EACH DOLLAR OF BILLED CHARGES IS SPENT AT INTEGRIS HEALT H. AS A NOT-FOR-PROFIT COMPANY, INTEGRIS HEALTH REINVESTS ANY BUDGET SURPLUS BACK INTO THE ORGANIZATION TO IMPROVE THE LEVEL OF SERVICES THAT IT PROVIDES TO THE COMMUNITY. WHILE YO UR HEALTH PLAN OR PERSONAL PREFERENCE MAY DICTATE WHERE YOU DECIDE TO RECEIVE CARE, COMPAR ING CHARGES BETWEEN LOCAL PROVIDERS FOR SIMILAR PROCEDURES, COMBINED WITH QUALITY DATA, MA Y BETTER PROVIDE YOU WITH AN OVERALL PICTURE OF THE TOTAL VALUE YOU WILL RECEIVE AT THE HO SPITAL OF YOUR CHOICE. INTEGRIS HEALTH HOSPITAL BILLS DO NOT INCLUDE FEES FOR PHYSICIAN SE RVICES. YOU MAY RECEIVE MORE THAN ONE BILL FOR YOUR HOSPITAL VISIT. 2021 BENEFITS TO THE C OMMUNITY BY THE NUMBERS INTEGRIS HEALTH PROVIDED $72,073,512.56 IN COMMUNITY BENEFITS. THI S INCLUDES OUR RETURNSHIP, COM

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PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	MUNITY BUILDING EFFORTS, UNCOMPENSATED SERVICES AND MEDICAID SERVICES. RETURNSHIP RETURNSH IP EPITOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNITY. IT TAKES THE FORM OF HUNDREDS O F PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA FREE HEALTH SCR EENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE AS REFLECTED IN THE PREVIOUS PAGES. OUR RETURNSHIP EFFORTS EQUALED $5,656,217.41. COMMUNITY B UILDING COMMUNITY BUILDING IS ANOTHER VITAL WAY WE GIVE BACK. THESE EFFORTS ADDRESS THE RO OT CAUSES OF HEALTH PROBLEMS. SOME OF OUR ACTIVITIES IN COMMUNITY BUILDING ARE PHYSICAL IM PROVEMENTS IN HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL ENHANCEMENTS AND ADVOCACY FOR ADVANCEMENTS IN COMMUNITY HEALTH. OUR COMMUNITY BUILDING EFFORTS EQUALED $107,306. UNCOMPENSATED SERVICES UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE A ND REDUCED-COST CARE. AS A SYSTEM OF NOT-FOR-PROFIT HOSPITALS, INTEGRIS HEALTH PROVIDES SE RVICES TO EVERYONE, REGARDLESS OF THE ABILITY TO PAY FOR THEIR INSURANCE COVERAGE. THUS, W E PROVIDE A MUCH-NEEDED SAFETY NET FOR MEMBERS OF OUR COMMUNITY WHO WOULD OTHERWISE HAVE N O ACCESS TO MEDICAL CARE. INTEGRIS HEALTH IS COMMITTED TO PROVIDING MEDICALLY NECESSARY CA RE BY OFFERING FINANCIAL ASSISTANCE TO QUALIFYING PATIENTS. INTEGRIS HEALTH PROVIDED CHARI TY CARE AT AN ESTIMATED COST OF $41,886,204.13. BAD DEBT IN ADDITION TO CHARITY CARE, INTE GRIS HEALTH INCURRED BAD DEBT WITH AN ESTIMATED COST OF $20,912,368.12 BASED ON THE OVERAL L HOSPITAL COST-TO-CHARGE RATIO. BAD DEBT CONSISTS OF SERVICES FOR WHICH THE SYSTEM ANTICI PATED BUT DID NOT RECEIVE PAYMENT. THIS HAPPENS WHEN PATIENTS ARE UNABLE TO PAY THEIR BILL S BUT DO NOT APPLY FOR FINANCIAL ASSISTANCE OR ARE UNWILLING TO PAY THEIR BILLS. MEDICAID SERVICES INTEGRIS HEALTH ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS. THIS INCLUDES THE ACTUAL UNPAID COST OF PROVIDING CARE TO MEDICAID PATIENTS AND REPRESENT S A SHORTFALL BETWEEN COST OF CARE AND PAYMENTS RECEIVED BY MEDICAID. INTEGRIS HEALTH PROV IDED MEDICAID SERVICES AT AN ESTIMATED COST OF $24,423,785.02.

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PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	INTEGRIS HEALTH OUTREACH EVENTS AND PROGRAMS A CHANCE TO CHANGE ACS - HOPE LODGE GROUNDBRE AKING CEREMONY ACS - OK STATEWIDE BOARD CALL ACS - OK STATEWIDE BOARD MEETING ACS BOARD CO MM ENGAGEMENT SUBCOMMITTEE MEETING ACS CATTLE BARON'S BRAINSTORMING MEETING ALA - 2021 FFA C PLANS & COMMITTEE MEETING ALA - FFAC COMMITTEE ALA - FFAC COMMITTEE MEETING ALA - FIGHT FOR AIR CLIMB MEETING ALA FFAC COMMITTEE ALA FIGHT FOR AIR CLIMB COMMITTEE MEETING ALZHEIM ER'S ASSOCIATION OF OKLAHOMA AMERICAN CANCER SOCIETY AMERICAN CANCER SOCIETY - CHAD RICHIS ON LODGE - GROUNDBREAKING CEREMONY AMERICAN CANCER SOCIETY - OKTXNM AREA BOARD MEETING AME RICAN CANCER SOCIETY - OKTXPAN AREA BOARD MEETING AMERICAN CANCER SOCIETY MEETING AMERICAN CANCER SOCIETY STATEWIDE BOARD MEETING AMERICAN HEART ASSOCIATION AMERICAN LUNG ASSOCIATI ON AMERICAN LUNG ASSOCIATION - FFAC COMMITTEE AMERICAN LUNG ASSOCIATION - FIGHT FOR AIR CL IMB AMERICAN LUNG ASSOCIATION - FIGHT FOR AIR CLIMB BOOTH AT IBMC-NW AMERICAN LUNG ASSOCIA TION - FIGHT FOR AIR LUNG CLIMB AMERICAN LUNG ASSOCIATION - LUNG FORCE GALA AN INTRODUCTIO N TO COMPASSION CULTIVATION ASK THE DIETITIAN DIETARY CONSULTS BAM INFUSIONS BRIGHT FUTURE S MENTORING BUFFALO RUN CASINO HEALTH FAIR CALM WATERS CENTER FOR CHILDREN AND FAMILIES CA RDIOLOGY EDUCATION TO GREAT PLAINS RESIDENTS CENTRAL OKLAHOMA HEALTH IMPACT TEAM CHANGING YOUR WEIGHS (SEVEN SESSIONS) WEIGHT MANAGEMENT CHANGING YOUR WEIGHS (EIGHT SESSION) WEIGHT MANAGEMENT CHILD ABUSE MEDICAL EXAMINER FOR DELAWARE COUNTY CHNA FOCUS GROUP CI HEALTH GR OUP INTERNSHIP COMMUNITY CLINICS COMMUNITY COVID EDUCATION COMMUNITY EDUCATION STROKE AWAR ENESS COMMUNITY EDUCATION STROKE EDUCATION COMMUNITY FLU SHOTS AND BP READINGS COMMUNITY G RANT RECIPIENT - CATHOLIC CHARITIES OF OKC REGIONAL COMMUNITY GRANT RECIPIENT - CDSA COMMU NITY GRANT RECIPIENT - LIONS CLUB NORTH ENID COMMUNITY GRANT RECIPIENT - YWCA COMMUNITY HE ALTH FAIR AT WILL ROGERS SENIOR CENTER COMMUNITY HOURS FOR TAMARA CLIFT, FY 2020-21 COMMUN ITY HOURS FOR TIM PEHRSON, CEO, FY2020-21 COMMUNITY ROTATION FOR DIETETIC INTERNS FROM OUH S COMMUNITY WELLNESS BUDGET FY 2020-21 COPING SKILLS PRESENTATION MIAMI HIGH SCHOOL COVID VACCINATION CLINIC FOR PACIFIC ISLANDERS COVID VACCINATION SHOTS DAYCARE FLU SHOTS AND BP READINGS DCCAN FLU SHOTS AND BP READINGS DCCP COVID ANTIBODY TESTING DE MUJER A MUJER DELA WARE COUNTY ELDERS DRIVE THRU HEALTH FAIR DIABETES EDUCATION AT ICC DIABETES PREVENTION PR OGRAM (DPP) EASTERN OKLAHOMA LIBRARY HEALTH SERIES EATING WELL WITH DIABETES MABEL C FRY L IBRARY ADULT PROGRAMS ECONOMIC DEVELOPMENT FOR RONDA LITTLE, FY20-21 ECONOMIC DEVELOPMENT FOR TIM PEHRSON, CEO FOR FY20 EMERGENCY MEDICAL SERVICE COMMUNITY SERVICE FACEBOOK LIVE IN FORMATION SESSIONS IN SPANISH FOCUS GROUP MEETING FOR CHNA IN ENID, OK FOCUS GROUP MEETING FOR CHNA IN MUSTANG, OK FOOD DEMONSTRATION AT THE MOORE FOOD AND RESOURCE FOOD DISTRIBUTI ONS FOR COMMUNITY MEMBERS FRANCIS TUTTLE CART ! SPRING 2021 RESPIRATORY THERAPY CLINICAL F RANCIS TUTTLE NICU RESPIRATORY

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Return Reference	Explanation
PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	THERAPY CLINICALS FRANCIS TUTTLE PFT RESPIRATORY THERAPY CLINICALS FRANCIS TUTTLE RESPIRA TORY THERAPY STUDENTS (FALL 2020) FRANCIS TUTTLE RESPIRATORY THERAPY STUDENTS (FALL 220) C ART 1 FRANCIS TUTTLE RESPIRATORY THERAPY STUDENTS CART 1 SUMMER 2020 FRANCIS TUTTLE RESPIR ATORY THERAPY STUDENTS FALL 2020 FRANCIS TUTTLE SUMMER 2020 RESPIRATORY THERAPY STUDENTS F Y21 EXPENSES FOR NON-EMPLOYED STUDENTS, RESIDENTS FY21 STUDENT, RESIDENT AND FELLOW EDUCAT ION HOURS FY21 STUDENT, RESIDENT AND FELLOW EDUCATION HOURS WITH PHYSICIANS GO RED FOR YOU R HEART/VESTIDO ROJO GRACELAND UNIVERSITY NURSING STUDENT GRADUATE MEDICAL EDUCATION SUPER VISOR SALARY GROVE PASTORAL CARE GROVE TWEEN FAIR HEALTH ALLIANCE FOR THE UNINSURED HEALTH Y LIVING, LIVESTRONG AT THE YMCA HEDGES SILENT FILM SPONSORSHIP HES 200 STUDENT INTERNSHIP S JANUARY 1 TO JUNE 30, 2021 HES 200 STUDENT INTERNSHIPS JULY 1 TO DECEMBER 31, 2020 HISPA NIC HERITAGE MONTH MEN'S HEALTH PRESENTATION HISPANIC RADIO, TELEVISION AND NEWSPAPER HOSP ICE CIRCLE OF LOVE MINT JULEP JUBLIEE SPONSOR INTEGRIS HEALTH COMMUNITY CLINIC INTEGRIS HE ALTH GROVE RESPIRATORY THERAPY STUDENTS (AUGUST 2020-MAY 2021) INTEGRIS HEALTH JIM THORPE REHAB STUDENT HOURS INTEGRIS HEALTH MOBILE CARE CLINIC INTEGRIS HEALTH PHARMACEUTICAL ASSI STANCE PROGRAM FY 2020-21 INTEGRIS HEALTH PHYSICIAN MEDICAL MEETINGS INTEGRIS HEALTH REHAB AND SPORTS MEDICINE STUDENTS HOURS J & M FARMS HEALTH FAIR JOHN ADAMS-OBI (OK BLOOD INSTI TUTE) BOARD MEETINGS JOHN ADAMS-SOUTH OKC CHAMBER OF COMMERCE ADVISORY JOHN ADAMS-SOUTH OK LAHOMA CITY CHAMBER OF COMMERCE LEADERSHIP OKC BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	LEADERSHIP OKLAHOMA CITY - EXECUTIVE COMMITTEE LEADERSHIP OKLAHOMA CITY EXECUTIVE COMMITTE E MEETING LEADERSHIP OKLAHOMA CITY HOLIDAY DRIVE THROUGH EVENT LEUKEMIA & LYMPHOMA SOCIETY LEUKEMIA & LYMPHOMA SOCIETY - LIGHT THE NIGHT KICK LYNN INSTITUTE LYNN INSTITUTE ON THE R OAD TO HEALTH WELLNESS PROGRAM MAKE-A-WISH SPONSORSHIP MEALS ON WHEELS FY 2020-21 MEDICAL STUDENT FAMILY MEDICINE ROTATION 20-21 MEDITATION MEETINGS WITH NON PROFIT ORGANIZATIONS M ENTORING PROGRAM FY 2020-21 MIAMI FIRE DEPARTMENT REFRESHER COURSE MIAMI LIONS CLUB MIAMI RESPIRATORY THERAPY STUDENTS (AUGUST 2020-MAY 2021) MINI HEALTH FAIRS MONTHLY LECTURES / C ONFERENCIAS MENSUALES MPS OSWE MT 200 STUDENT INTERNSHIPS JULY 1 TO DECEMBER 31, 2020 NEO NURSING STUDENTS NON-REIMBURSED IRB FEES FY 2021 (JULY 2020-JUNE 2021) NORTHEAST TRIBAL HE ALTH SYSTEM HEALTH AWARENESS NORTHEASTERN TRIBAL HEALTH SYSTEM (NTHS) DIABETES BOARD MEETI NGS NTC AFTON NURSING STUDENTS NTC KANSAS NURSING STUDENTS NURSES, AUA, SURGICAL TECH AND PARAMEDIC STUDENTS NURSING STUDENTS IN A CLINICAL NURSE INTERN ROLE NUTRITION CLASS SERIES / CLASE DE NUTRICIN NUTRITION PROGRAM FOR OKC VILLAGES (ZOOM) OK ACS CAN NATIVE AMERICAN HEALTH DISPARITIES CONFERENCE OK BLACK PHYSICIAN'S ALLIANCE: HEART HEALTHY COOKING OK COLO RECTAL CANCER COALITION MEETING OK SCHOOL OF SCIENCE AND MATHEMATICS BOARD MEETING OKC CHA MBER STATE OF HEALTH CONFERENCE OKLAHOMA BLOOD INSTITUTE - BLOODMOBILE OKLAHOMA MEN COUNT SPONSORSHIP OKLAHOMA SCHOOL OF SCIENCE AND MATHEMATICS FOUNDATION OSSM BOARD MEETING OSSM FOUNDATION OUTREACH COMMITTEE MEETING OSU COMMUNITY RURAL HEALTH ROTATION OT AND OTA 100 S TUDENT INTERNSHIPS JANUARY 1 TO JUNE 30, 2021 OT AND OTA 100 STUDENT INTERNSHIPS JULY 1 TO DECEMBER 31, 2020 OT AND OTA 200 STUDENT INTERNSHIPS JANUARY 1 TO JUNE 30, 2021 OT AND OT A 200 STUDENT INTERNSHIPS JULY 1 TO DEC 31, 2020 OTTAWA COUNTY FARMERS MARKET BOARD MEETIN GS OTTAWA COUNTY UNITED WAY CORPORATE CHALLENGE COMMITTEE POSITIVE DIRECTIONS MENTORING PR OGRAM FY 2020-21 PRE AND POST CONFERENCE ROOMS FOR CLINICAL NURSING PROJECT 31 PT 100 STUD ENT INTERNSHIPS JANUARY 1 TO JUNE 30, 2021 PT 100 STUDENT INTERNSHIPS JULY 1 TO DECEMBER 3 1, 2020 PT AND PTA 200 STUDENT INTERNSHIPS JANUARY 1 TO JUNE 30, 2021 PT AND PTA 200 STUDE NT INTERNSHIPS JULY 1 TO DECEMBER 31, 2020 RADIOLOGY STUDENTS RESOURCE ROOM ROOSEVELT ELEM ENTARY COPING SKILLS PRESENTATION ROOSEVELT ELEMENTARY FIELD DAY ROSE STATE FALL 2020 RESP IRATORY THERAPY FLOOR ROSE STATE FALL 2020 RESPIRATORY THERAPY STUDENTS FLOOR ROSE STATE R ESPIRATORY THERAPY CLINICALS SUMMER 2021 ROSE STATE RESPIRATORY THERAPY STUDENTS FALL 2020 ROSE STATE RESPIRATORY THERAPY STUDENTS NICU SUMMER 2020 ROSE STATE RESPIRATORY THERAPY S TUDENTS SUMMER 2021 ROSE STATE SUMMER 2020 RESPIRATORY THERAPY STUDENT SCHOOL COOKS TRAINI NG INFORMATIONAL BAGS SHA COMMUNITY CLINIC SINK FOR PINK SPONSORSHIP SLP 100 STUDENT INTER NSHIPS JANUARY 1 TO JUNE 30, 2021 SLP 100 STUDENT INTERNSHIPS JULY 1 TO DECEMBER 31, 2020 SLP 200 STUDENT INTERNSHIPS JA

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED	NUARY 1 TO JUNE 30, 2021 SLP 200 STUDENT INTERNSHIPS JULY 1 TO DECEMBER 31, 2020 SPANISH C ANCER SUPPORT GROUP/GRUPO DE APOYO DE CANCER SPORTS PHYSICAL BY HEALTH DEPARTMENT SPORTS P HYSICALS FOR ENID HIGH SCHOOL STUDENTS STANLEY HUPFELD ACADEMY BUDGET FY 2020-21 STITCHING FOR SANITY STRESS COPING SKILLS PRESENTATION TERESA GRAY: YUKON CC 2021 THE FOUNDATION FO R OKCPS THE OKLAHOMA CARING FOUNDATION, INC. TOBACCO AND VAPE PRESENTATION MIAMI HIGH SCHO OL TURMERIC, THE SPICE OF LIFE UCO COMMUNITY & PUBLIC HEALTH INTERNSHIPS UNITED WAY GOLF T OURNAMENT SPONSOR UNITED WAY OF CENTRAL OKLAHOMA UNITED WAY OF CENTRAL OKLAHOMA SNOWFLAKE GALA VOLUNTEER CLINICAL INSTRUCTOR FOR APRN STUDENT WASHINGTON ELEMENTARY COPING SKILLS PR ESENTATION YMCA YMCA GOLF TOURNAMENT SPONSORSHIP YODA NIDRA EXPERIENCE YOGA HEALING THROUG H MOVEMENT/SAFER AT HOME YOGA

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART V: LINE 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: LINE 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 2020 TAX YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE HOSPITAL ADVISORY BOARD FULFILLS THE NECESSARY GOVERNANCE AUTHORITY FOR MEDICAL STAFF MEMBERSHIP AND QUALITY OF CARE OVERSIGHT AS REQUIRED BY THE CENTER FOR MEDICARE AND MEDICAID SERVICES CONDITIONS OF PARTICIPATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	INTEGRIS HEALTH UPDATED ALL HOSPITAL ENTITY BYLAWS IN THE FALL OF 2019 TO SUBORDINATE THE HOSPITAL BOARDS TO THE INTEGRIS HEALTH, INC. GOVERNING BOARD. AS THE SOLE MEMBER OF THE HOSPITAL ENTITIES, INTEGRIS HEALTH, INC. GOVERNING BOARD HAS THE CAPABILITY TO REMOVE AND REPLACE ANY HOSPITAL ADVISORY BOARD MEMBER AT ANY TIME. THE INTEGRIS HEALTH GOVERNING BOARD RETAINS ALL FINANCIAL AUTHORITY AND FIDUCIARY RESPONSIBILITY FOR THE HOSPITAL OPERATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	INTEGRIS HEALTH, INC. IS THE SOLE MEMBER OF INTEGRIS BAPTIST MEDICAL CENTER, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	INTEGRIS HEALTH, INC. IS THE SOLE MEMBER OF INTEGRIS BAPTIST MEDICAL CENTER, INC. AS SUCH IT HAS THE POWER (1) TO CONFIRM OR DENY THE ELECTION OF EACH MEMBER OF THE BOARD OF DIRECTORS, (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, AND (4) TO SET THE FEES AND COMPENSATION, IF ANY, FOR DIRECTORS AND MEMBERS OF THE COMMITTEES OF THE ORGANIZATION AND TO AUTHORIZE REIMBURSEMENT FOR EXPENSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PLEASE REFER TO PART VI, SECTION A, LINE 7A RESPONSE ABOVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 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 AND 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PART VI: LINE 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: LINE 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
FORM 990, PART VI, SECTION C, LINE 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
FORM 990, PART XI, LINE 9:	TRANSFER TO INTEGRIS CARDIOVASCULAR PHYSICIANS, LLC -826,441.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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 COCHLEAR EAR IMPLANT CLINIC COCHLEAR IMPLANT CLINIC INTEGRIS HEARING ENRICHMENT LANGUAGE PROGRAM INTEGRIS HEALTH HOSPITAL HEART FAILURE INSTITUTE 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 MENTAL HEALTH PHYSICIANS INTEGRIS MEDICAL SUPPLY INTEGRIS HEART HOSPITAL INTEGRIS HEART HOSPITAL - DIAGNOSTIC CARDIOLOGY, NUCLEAR CARDIOLOGY INTEGRIS HOME CARE OKLAHOMA CITY INTEGRIS JIM THORPE OUTPATIENT REHABILITATION AT ICIO THE OKLAHOMA ECMO HOTLINE THE OKLAHOMA ECMO NETWORK INTEGRIS OKLAHOMA ECMO NETWORK INTEGRIS CHILDREN'S AT BAPTIST MEDICAL CENTER DECISIONS MENTAL HEALTH & ADDICTION RECOVERY PROGRESS INTEGRIS DEACONESS MEDICAL PLAZA SURGERY CENTER INTEGRIS BAPTIST MEDICAL CENTER PORTLAND AVENUE INTEGRIS BAPTIST PORTLAND WOUND CARE INTEGRIS COMPREHENSIVE BREAST CENTER INTEGRIS HEART HOSPITAL CARDIAC REHABILITATION INTEGRIS CANCER INSTITUTE MEDICAL ONCOLOGY CLINIC OKLAHOMA SHOCK NETWORK

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1457016	MED.RES.PROG.	OK	2,003,374	647,074	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) 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.

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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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) Section 512(b)(13) controlled entity? 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

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
3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1192765	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 10	IH		No
3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1192764	HEALTH CARE	OK	501(C)(3)	LINE 12A, I	N/A		No
3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IH		No
3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC		No
3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-0738716	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BMPA LTD 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1228665	MED. OFFICE BLDG.	OK	N/A	N/A				No			No	
QC-III 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 20-8723857	MEDICAL	OK	IBMC	RELATED	-1,550	69,525		No		Yes		60.680 %
DIAGNOSTIC LAB 500 PLAZA DR TAX DEPT FL 8 SECAUCUS, NJ 07094 73-1560760	CLINICAL LAB	OK	N/A	RELATED	27,609,099	12,392,668		No		Yes		49.000 %
MPI CENTER 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1283942	MEDICAL	OK	N/A	N/A				No			No	
LAKESIDE WOMEN'S HOSPITAL 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1493662	MEDICAL	OK	N/A	N/A				No			No	
5300 GRAND 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1306794	REAL ESTATE	OK	IBMC	N/A	-11,288			No		Yes		
INTEGRISUSP HEALTH 14201 DALLAS PARKWAY DALLAS, TX 75254 35-2632292	MEDICAL SERVICES	TX	N/A	N/A				No			No	
INTEGRIS EMERGENCY HOSPITAL 8686 NEW TRAILS DRIVE THE WOODLANDS, TX 77381 90-1215089	HEALTH CARE	TX	N/A	N/A				No			No	
INTEGRIS DDSI ENDOSCOPY CENTERS LLC 3366 NORTHWEST EXPRESSWAY STE 400 OKLAHOMA CITY, OK 73112 85-4253589	HEALTH CARE	OK	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
INTEGRIS PROHEALTH INC 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1046179	RETAIL PHARMACY	OK	N/A	C					No
THE STANLEY F HUPFELD REMAIN TRUST 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 26-6238051	FINANCIAL	OK	N/A	T				Yes	
QUALITY ALLIANCE ASSURANCE CO PO BOX 10027 GRAND CAYMAN KYI-1001 CJ 98-1060671	INSURANCE	CJ	N/A	C					No
BAPTIST HEALTH SYSTEM INC 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 73-1477468	DORMANT	OK	N/A	C					No
ONE CARE INC 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134	DORMANT	OK	N/A	C					No
VADOVATIONS INC 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 27-0821922	HEALTH CARE	OK	IBMC	C	51	2,173,135	100.000 %		No
INTEGRIS HEALTH PARTNERS LLC 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 45-3482852	HEALTH CARE	OK	N/A	C					No
INTEGRIS CARDIOVASCULAR PHYSICIANS LLC 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134 45-2867352	HEALTH CARE	OK	N/A	C					No