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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Integris Health Inc

% KATHRYN INGERLY
Doing business as
SEE SCHEDULE O

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

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

F Name and address of principal officer:
TIMOTHY PEHRSON
5300 N INDEPENDENCE AVE
OKLAHOMA CITY, OK 73112

D Employer identification number

73-1192764

E Telephone number

(405) 951-2732

G Gross receipts \$ 329,276,297

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

J Website: ▶ WWW.INTEGRISOK.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 12,316

6 Total number of volunteers (estimate if necessary) 6 110

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -5,199,282

b Net unrelated business taxable income from Form 990-T, line 34 7b -5,212,935

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year Current Year

352,250 332,711

268,665,587 312,387,170

8,583,186 4,302,976

567,621 2,288,969

278,168,644 319,311,826

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

127,571,145 134,514,677

0 0

162,713,342 180,153,322

327,056,987 315,079,699

-48,888,343 4,232,127

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year End of Year

1,773,153,319 2,169,345,017

650,513,736 716,154,485

1,122,639,583 1,453,190,532

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.

Signature of officer

2020-07-15

Date

DOUGLAS M SMITH VP FINANCIAL REPORTING

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-07-14

Check ☐ if self-employed

PTIN P01284594

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 210 Park Ave Suite 2650

Phone no. (405) 239-6411

Oklahoma City, OK 73102

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 167,779,940	including grants of \$ 411,700) (Revenue \$ 312,387,170)
See Additional Data				

4b	(Code:)	(Expenses \$	including grants of \$) (Revenue \$)
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4c	(Code:)	(Expenses \$	including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)			
	(Expenses \$	including grants of \$) (Revenue \$)

4e	Total program service expenses ▶	167,779,940
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 1,057	
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 Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	12,316	2b	Yes	
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	Yes	
b If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter:						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter:						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
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 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
 ► KATHRYN INGERLY 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 (405) 949-3085

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 ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								18,872,591	155,046	1,169,527

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 ► 161

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GENERAL STATEMENT 1,		32,895,078

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 ► 128

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	332,711			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a - 1f:\$	105,967				
	h	Total. Add lines 1a-1f	332,711				
Program Service Revenue			Business Code				
	2a	AFFILIATED SERVICE REVENUE	900003	268,362,827	273,562,109	-5,199,282	
	b	RENTAL INCOME	532000	10,527,990	10,527,990		
	c	MANAGEMENT FEES	900003	30,337,547	30,337,547		
	d	CHILDREN'S PLACE	900003	1,938,679		1,938,679	
	e	TELEMEDICINE	900003	500,893	500,893		
	f	All other program service revenue.		719,234	38,206	681,028	
	g	Total. Add lines 2a-2f	312,387,170				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	4,293,094			4,293,094
	4		Income from investment of tax-exempt bond proceeds	0			
	5		Royalties	0			
	6a	(i) Real	(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
		0					
		0					
	d		Net rental income or (loss)	0			
	7a	(i) Securities	(ii) Other				
b	Less: cost or other basis and sales expenses						
c	Gain or (loss)						
d		Net gain or (loss)	9,882			9,882	
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	a	0					
b	Less: direct expenses						
c		Net income or (loss) from fundraising events	0				
9a	Gross income from gaming activities. See Part IV, line 19						
	a	0					
b	Less: direct expenses						
c		Net income or (loss) from gaming activities	0				
10a	Gross sales of inventory, less returns and allowances						
	a	0					
b	Less: cost of goods sold						
c		Net income or (loss) from sales of inventory	0				
Miscellaneous Revenue		Business Code					
11a	DISCOUNTS ON PURCHASES		900003	715,643			715,643
	b		OTHER REVENUE	900003	1,573,326		1,573,326
c							
d		All other revenue					
e		Total. Add lines 11a-11d	2,288,969				
12		Total revenue. See Instructions.	319,311,826	314,966,745	-5,199,282	9,211,652	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	411,700	411,700		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	13,162,098	7,008,817	6,153,281	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	379,818	202,253	177,565	
7 Other salaries and wages	91,938,656	48,957,334	42,981,322	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,693,947	3,032,027	2,661,920	
9 Other employee benefits	16,008,886	8,524,732	7,484,154	
10 Payroll taxes	7,331,272	3,903,902	3,427,370	
11 Fees for services (non-employees):				
a Management	98,524	52,464	46,060	
b Legal	776,957	413,730	363,227	
c Accounting	800,097	426,052	374,045	
d Lobbying	72,000	38,340	33,660	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	369,471	196,743	172,728	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,196,569	9,157,173	8,039,396	
12 Advertising and promotion	1,659,278	883,566	775,712	
13 Office expenses	4,055,967	2,159,802	1,896,165	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	9,225,161	4,912,398	4,312,763	
17 Travel	1,087,423	579,053	508,370	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,658,548	883,177	775,371	
20 Interest	1,167,980	621,949	546,031	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	39,178,122	20,862,350	18,315,772	
23 Insurance	1,081,038	575,653	505,385	
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	92,214,259	49,104,093	43,110,166	0
b PUBLIC RELATIONS	2,571,681	1,369,420	1,202,261	0
c BANK FEES	1,448,255	771,196	677,059	0
d UNRELATED BUS. INCOME TAXES	8,135	8,135	0	0
e All other expenses	5,483,857	2,723,881	2,759,976	
25 Total functional expenses. Add lines 1 through 24e	315,079,699	167,779,940	147,299,759	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		0	1	0	
	2	Savings and temporary cash investments		73,094,721	2	63,087,537	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		5,959,645	4	45,473,542	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		229,404	7	51,737	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		15,993,569	9	16,475,306	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	495,865,480			
	b	Less: accumulated depreciation	10b	288,144,582	226,006,484	10c	207,720,898
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		112,792,907	12	95,925,805	
	13	Investments—program-related. See Part IV, line 11		1,315,318,434	13	1,715,416,610	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		23,758,155	15	25,193,582	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,773,153,319	16	2,169,345,017		
Liabilities	17	Accounts payable and accrued expenses		357,490,313	17	363,525,808	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		293,023,423	25	352,628,677	
	26	Total liabilities. Add lines 17 through 25		650,513,736	26	716,154,485	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		1,122,639,583	27	1,453,190,532	
	28	Temporarily restricted net assets		0	28	0	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		1,122,639,583	33	1,453,190,532		
34	Total liabilities and net assets/fund balances		1,773,153,319	34	2,169,345,017		

Part XI Reconciliation of Net AssetsCheck 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	319,311,826
2	Total expenses (must equal Part IX, column (A), line 25)	2	315,079,699
3	Revenue less expenses. Subtract line 2 from line 1	3	4,232,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,122,639,583
5	Net unrealized gains (losses) on investments	5	2,188,396
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	324,130,426
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,453,190,532

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

Additional Data

Software ID:

Software Version:

EIN: 73-1192764

Name: Integris Health Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

INTEGRIS HEALTH IS THE CONTROLLING MEMBER OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES A WIDE VARIETY OF HEALTH CARE SERVICES IN THE STATE OF OKLAHOMA. SEE SCHEDULE O, GENERAL STATEMENTS 2 THROUGH 5.

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			
NEAL HOGAN PHD DIRECTOR	1.0 0.0	X						28,651	0	0
EDMUND O MARTIN DIRECTOR	1.0 0.0	X						28,490	0	0
PHILLIP MOSCA MD DIRECTOR	1.0 30.0	X						32,516	111,360	0
JOEY SAGER DIRECTOR	1.0 1.0	X						27,740	0	0
ELLIOTT R SCHWARTZ DO DIRECTOR	1.0 0.0	X						26,500	0	0
LINDA VYTLACIL PHD DIRECTOR	1.0 0.0	X						33,591	0	0
DAVID THOMPSON DIRECTOR	1.0 1.0	X						27,750	0	0
MARK WERNER MD DIRECTOR	1.0 0.0	X						30,307	0	0
LUKE R CORBETT DIRECTOR & CHAIR/GOV COMM	1.0 1.0	X		X				28,750	0	0
MARSHALL SNIPES DIRECTOR & CHAIR/FINANCE COMM	1.0 1.0	X		X				31,240	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			
GEORGIANNE SNOWDEN MD DIRECTOR & CHAIR/QUALITY COMM	1.0 0.0	X		X				27,775	0	0
PETER B DELANEY DIRECTOR & BOARD CHAIRMAN	1.0 1.0	X		X				37,528	0	0
CHRISTOPHER TURNER DIRECTOR & CHAIR/AUDIT COMM	1.0 1.0	X		X				29,447	0	0
C BRUCE LAWRENCE PRESIDENT/CEO THRU JULY 2018	33.0 7.0	X		X				5,512,290	0	20,890
TIMOTHY PEHRSON PRESIDENT/CEO	32.0 8.0	X						614,405	0	7,012
DANIEL DAVIS ASST. TREAS./CFO THRU NOV 2018	33.0 7.0			X				1,335,553	0	93,393
BETH A PAUCHNIK ASST. SEC. THRU NOV 2018	34.0 6.0			X				2,300,122	0	110,788
DOUGLAS M SMITH CFO OF IH	32.0 8.0			X				0	0	0
MICHAEL BOWLING VICE PRESIDENT	40.0 0.0				X			259,544	0	29,036
ANGELA COSBY PRESIDENT IMG	40.0 0.0				X			401,708	0	64,290

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			
JEFFREY CRUZAN MANAGING DIRECTOR	40.0 0.0				X			559,335	0	64,550
SUSAN DELL'OSSO MANAGING DIECTOR	40.0 0.0				X			665,720	0	46,207
JASON ELIOT VICE PRESIDENT	39.0 1.0				X			310,453	0	14,353
SUSAN GARCIA VICE PRESIDENT	40.0 0.0				X			304,451	0	3,656
CHRIS HAMMES EXECUTIVE VICE PRESIDENT	38.0 2.0				X			1,043,223	0	156,881
G EDWARD HEINEN MANAGING DIRECTOR	40.0 0.0				X			570,781	0	77,276
GEORG LUNDAY SYSTEM ADMIN DIRECTOR PHARMACY	40.0 0.0				X			265,925	0	45,416
MICHAEL MCCONNELL VICE PRESIDENT	40.0 0.0				X			253,098	0	12,624
MARK PASQUALE SENIOR VICE PRESIDENT	40.0 0.0				X			448,085	0	71,784
BRIAN ROBERTS VICE PRESIDENT	40.0 0.0				X			295,909	0	31,572

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			
KERRI BAYER	40.0				X			136,219	43,686	34,982
VICE PRESIDENT	0.0				X					
JACQUETTA CLEMONS	40.0				X			407,165	0	7,091
SENIOR VICE PRESIDENT	0.0				X					
HARTFORD WATKINS	40.0				X			248,345	0	20,371
VICE PRESIDENT	0.0				X					
TOMMY IBRAHIM	40.0				X			753,415	0	97,717
EXECUTIVE VICE PRESIDENT	0.0				X					
PATRICIA DYSINGER	40.0					X		300,093	0	24,411
VICE PRESIDENT	0.0					X				
CHELSEY GILBERTSON	40.0					X		286,005	0	32,988
MEDICAL DIRECTOR EDUCATION	0.0					X				
STEVEN LEITCH	40.0					X		367,910	0	25,301
VICE PRESIDENT	0.0					X				
BENJAMIN MANSALIS	40.0					X		289,670	0	23,978
ADMIN DIR MEDICAL INFORMATICS	0.0					X				
LEROY SOUTHMAYD III	40.0					X		308,490	0	52,960
DIRECTOR MEDICAL INFORMATICS	0.0					X				
DAVID R HADLEY	0.0						X	244,392	0	0
FORMER OFFICER	0.0						X			

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 the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Integrus Health Inc

Employer identification number

73-1192764

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☒

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

☐

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

☐

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

☐

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

☒

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

Enter the number of supported organizations

7
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	7					

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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 in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
1		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
3a		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
5a		No
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? <i>If "Yes," provide detail in Part VI.</i>		
6	Yes	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
9a		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
9b		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
9c		No
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)? <i>If "Yes," answer line 10b below.</i>		No
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		No
11b		No
11c		No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE A, PART IV, SECTION A. LINE 1 INTEGRIS HEALTH, INC.'S (INTEGRIS) AMENDED AND RESTATED CERTIFICATE OF INCORPORATION SPECIFIES INTEGRIS' SUPPORTED ORGANIZATIONS BY CLASS OR PURPOSE. SECTION 3, PARAGRAPH FOUR OF THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION SPECIFIES THAT INTEGRIS IS EXCLUSIVELY ORGANIZED AS A SUPPORTING ORGANIZATION, AS DEFINED UNDER SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE, TO BE OPERATED EXCLUSIVELY FOR THE SUPPORT AND BENEFIT OF ORGANIZATIONS OF WHICH IT IS DIRECTLY OR INDIRECTLY THE SOLE MEMBER AND WHICH ARE ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) AND ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN SECTIONS 509(A)(1) OR 509(A)(2) OF THE INTERNAL REVENUE CODE.

990 Schedule A, Supplemental Information	
Return Reference	Explanation
SUPPLEMENTAL INFORMATION 2	SCHEDULE A, PART IV, SECTION A. LINE 6 GRANTS ARE MADE AT THE DIRECTION OF THE SUPPORTED ORGANIZATIONS IN THE COMMUNITIES SERVED BY THEM.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 3	SCHEDULE A, PART IV, SECTION B. LINE 1 PURSUANT TO THE ORGANIZATION'S BYLAWS, AT ALL TIMES A MAJORITY OF INTEGRIS' OFFICERS MUST BE, AND ARE, INDIVIDUALS THAT ARE CONCURRENTLY OFFICERS OF ONE OR MORE OF ITS SUPPORTED ORGANIZATIONS AND ARE APPOINTED BY THE RESPECTIVE BOARDS OF THOSE SUPPORTED ORGANIZATIONS. ACCORDINGLY, INTEGRIS MEETS THE "OPERATED, SUPERVISED, OR CONTROLLED BY" RELATIONSHIP TEST FOR QUALIFICATION AS A TYPE I SECTION 509(A)(3) SUPPORTING ORGANIZATION.

Additional Data

Software ID:
Software Version:
EIN: 73-1192764
Name: Integris Health Inc

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) INTEGRIS BAPTIST MEDICAL CENTER INC	731034824	3	Yes		0	0
(A) INTEGRIS RURAL HEALTH INC	731444504	3	Yes		0	0
(B) INTEGRIS SOUTH OKLAHOMA CITY HOSPITAL CORPORATION	731089149	3	Yes		0	0
(C) INTEGRIS AMBULATORY CARE CORPORATION	731192765	3	Yes		0	0
(D) INTEGRIS HOSPICE INC	731369586	10	Yes		0	0
(E) WESTERN VILLAGE ACADEMY INC	731588764	2	Yes		0	0
(F) INTEGRIS HEALTH EDMOND INC	451027361	3	Yes		0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Integris Health Inc	Employer identification number 73-1192764
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated group
totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

263,222

263,222

263,222

263,222

167,516,718

1,656,673,010

167,779,940

1,656,936,232

1,000,000

1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☒ No

250,000

250,000

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

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	255,979	235,278	160,471	263,222	914,950
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE C, PART II-A, LINE 1 AFFILIATED GROUP LIST: INTEGRIS HEALTH, INC. 5300 N. INDEPENDENCE AVENUE, SUITE 130 OKLAHOMA CITY, OK 73112 EIN: 73-1192764 TOTAL PROGRAM EXPENSES \$167,779,940 THE OTHER AFFILIATED MEMBERS HAVE NOT INCURRED ANY EXPENSES FOR LOBBYING ACTIVITIES. SEE SCHEDULE R-1, PART II FOR A COMPLETE LIST OF AFFILIATED MEMBERS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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 the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Integrus Health Inc

Employer identification number
73-1192764

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

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

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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	0	17,937,465		17,937,465
b Buildings	0	60,446,978	48,555,147	11,891,831
c Leasehold improvements	0	5,504,809	5,453,692	51,117
d Equipment	0	402,972,987	231,539,580	171,433,407
e Other	0	9,003,241	2,596,163	6,407,078
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				207,720,898

Schedule D (Form 990) 2018

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	1,715,416,610	

Part IX

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

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

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
PENSION LIABILITY	309,935,221
POST-RETIREMENT HEALTH BENEFIT	2,638,719
OTHER LONG TERM LIABILITIES	36,739,897
LONG TERM LEASE PAYABLE	3,314,840
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	352,628,677

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	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 73-1192764
Name: Integris Health Inc

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)INTEGRIS BAPTIST MED.CTR.,INC.	626,184,319	F
(2)INTEGRIS HEALTH FDN., INC.	67,780,836	F
(3)INTEGRIS AMBULATORY CARE CORP	270,148,231	F
(4)INTEGRIS REALTY, LLC	61,905,742	F
(5)5300 GRAND LIMITED PARTNERSHIP	1,572,314	F
(6)MEDICAL PARKING, LLC	3,600,985	F
(7)INTEGRIS PROHEALTH, INC.	24,285,955	F
(8)INTEGRIS ARCADIA TRAILS	18,922,002	F
(9)QUALITY ALLIANCE ASSURANCE	478,860	F
(10)INTEGRIS HEALTH EDMOND, INC.	112,632,922	F
(11)INTEGRIS SO. OKC HOSP.CORP.	260,056,564	F
(12)INTEGRIS HEALTH PARTNERS, LLC	-1,667,211	F
(13)INTEGRIS CARDIOVASCULAR	-30,985,839	F
(14)BAPTIST HEALTHCARE OF OKLAHOMA	258,666,201	F
(15)INTEGRIS GROVE HOSPITAL	30,000,000	F
(16)LIFECARE HEALTH LLC	1,488,147	F
(17)2 CORP PLAZA	336,896	F
(18)INTEGRIS HOSPICE, INC.	10,009,686	F

SCHEDULE F (Form 990)	Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization Integrus Health Inc	Employer identification number 73-1192764

Part I

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

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3

Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	0	0	Program Services	CAPTIVE INSURANCE	18,267,000
3a Sub-total	0	0			18,267,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			18,267,000

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

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

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

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

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE F, PART I, LINE 3 INTEGRIS HEALTH, INC. IS THE SOLE OWNER OF A CAPTIVE INSURANCE COMPANY LOCATED IN THE CENTRAL AMERICA/CARIBBEAN REGION. THE EXPENDITURES SHOWN IN PART I LINE 3 REPRESENT THE EXPENSES INCURRED BY THE CAPTIVE INSURANCE COMPANY AS DETERMINED USING THE ACCRUAL METHOD FOR THE YEAR ENDING JUNE 30, 2019.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
Integris Health Inc

Employer identification number
73-1192764

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 7

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

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE I, PART I, LINE 2 AS PART OF ITS COMMITMENT TO THE COMMUNITIES IT SERVES, INTEGRIS HEALTH, INC. MAKES GRANTS TO OTHER CHARITABLE AND CIVIC ORGANIZATIONS THAT BENEFIT THOSE COMMUNITIES. GRANTS ARE REVIEWED AND APPROVED THROUGH THE ANNUAL BUDGETARY PROCESS BY THE CEO AND THE BOARD OF DIRECTORS OF INTEGRIS HEALTH. SEE SCHEDULE O, GENERAL STATEMENTS 2 THROUGH 6 FOR A FULL COPY OF THE INTEGRIS HEALTH SYSTEM COMMUNITY BENEFIT REPORT, WHICH PROVIDES GREATER DETAIL WITH RESPECT TO INTEGRIS HEALTH'S RETURNSHIP AND COMMUNITY BUILDING EFFORTS.

Additional Data

Software ID:
Software Version:
EIN: 73-1192764
Name: Integris Health Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA CITY COMMUNITY FOUNDATION PO BOX 1146 OKC, OK 731011146	23-7024262	501(C)(3)	10,000				GENERAL SUPPORT
MARCH OF DIMES 1550 CRYSTAL DR STE 1300 ARLINGTON, VA 222024144	13-1846366	501(C)(3)	9,200				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VARIETY CARE FOUNDATION 3000 N GRAND BLVD OKC, OK 731071818	73-0580273	501(C)(3)	10,000				GENERAL SUPPORT
OKLA HOSP EDUCATION & RESEARCH INSTITUTE 4000 LINCOLN BLVD OKC, OK 731055207	81-4357118	501(C)(3)	12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SCISSORTAIL PARK FOUNDATION 123 SOUTH HUDSON OKC, OK 731025030	81-1857531	501(C)(3)	25,000				GENERAL SUPPORT
UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKC, OK 731063430	73-0589829	501(C)(3)	85,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GREATER OKLAHOMA CITY CHAMBER OF COMMERCE 123 PARK AVENUE OKC, OK 73102	73-0381180	501(C)(6)	160,000				GENERAL SUPPORT
AMERICAN INDIAN CULTURAL CENTER FOUNDATION 659 AMERICAN INDIAN BLVD OKC, OK 731296100	73-1554119	501(C)(3)	100,000				GENERAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	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.	
Name of the organization Integris Health Inc		Employer identification number 73-1192764

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2 Yes	
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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

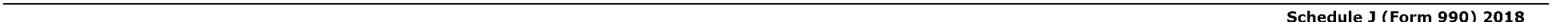
Part III **Supplemental Information**

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE J, PART 1, LINE 1A CERTAIN INTEGRIS HEALTH SYSTEM EMPLOYEES ARE ELIGIBLE TO RECEIVE EMPLOYER SPONSORED YMCA HEALTH CLUB MEMBERSHIP DUES. THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF FORM 990 PARTICIPATED IN THIS PROGRAM: C. BRUCE LAWRENCE BETH A. PAUCHNIK CHRIS HAMMES JAMES MOORE G. EDWARD HEINEN ERIN GERNER GEORG LUNDAY MICHAEL BOWLING WILLIAM R. WANDEL HARTFORD WATKINS THE HEALTH CLUB MEMBERSHIP BENEFITS ARE INCLUDED IN THE EMPLOYEES' TAXABLE COMPENSATION.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 2	SCHEDULE J, PART I, LINE 4B THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). THE SYSTEM PROVIDES TO CERTAIN EXECUTIVES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE PURPOSE OF THE PLAN IS TO SUPPLEMENT THE SPONSOR-PROVIDED RETIREMENT BENEFITS TO BE PAID TO SENIOR EXECUTIVES PURSUANT TO THE DEFINED BENEFIT PENSION PLAN, THE TAX DEFERRED ANNUITY PLAN AND OTHER QUALIFIED OR NON QUALIFIED RETIREMENT PLANS WHICH ARE MAINTAINED BY THE SPONSOR. THE PLAN PROVIDES AN OPPORTUNITY TO EARN SUPPLEMENTAL INCENTIVE INCOME BY PROVIDING ANNUAL CONTRIBUTIONS TO THE ACCOUNT SO LONG AS THE EXECUTIVE REMAINS EMPLOYED BY THE SPONSOR TO RETIREMENT AGE OF 65. THE FOLLOWING INDIVIDUALS LISTED IN PART VII OF FORM 990 PARTICIPATED IN THIS PLAN BUT DID NOT RECEIVE A PAYMENT DURING THE YEAR. ANGELA COSBY TOMMY IBRAHIM JEFFREY CRUZAN MARK PASQUALE DANIEL DAVIS, SUSAN DELL'OSSO, CHRIS HAMMES, G. EDWARD HEINEN, BETH A. PAUCHNIK, AND C. BRUCE LAWRENCE RECEIVED PAYMENTS FROM THE PLAN IN THE CURRENT YEAR EQUAL TO \$174,445, \$63,994, \$126,212, \$257,818, \$766,922, AND \$3,012,461 RESPECTIVELY.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 3	<p>SCHEDULE J, PART I, LINE 7 THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). THE SYSTEM HAS ESTABLISHED A FINANCIAL INCENTIVE PLAN THAT ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY AND FINANCIAL OPERATIONS OF THE ORGANIZATION. THE QUALITY COMPONENT IS DEFINED AS IMPROVEMENT IN PATIENT SAFETY, PATIENT SATISFACTION AND REDUCTION OF EMPLOYEE TURNOVER. THE FINANCIAL COMPONENT CONSISTS OF ACHIEVEMENT IN NET OPERATING INCOME THRESHOLD TO BE ACHIEVED TO ACTIVATE THE PLAN. A PREDETERMINED THRESHOLD IS CREATED WITHIN ALL ASPECTS OF THE PLAN BEFORE FINANCIAL ACHIEVEMENT IS PAYABLE. ALL PLANS ARE WRITTEN ACCORDING TO EXECUTIVE LEVEL AND ADOPTED BY INTEGRIS HEALTH BOARD RESOLUTION EACH PLAN YEAR AND PAYABLE AFTER INDEPENDENT AUDIT RESULTS ARE DETERMINED. IN THE SECOND PLAN, CERTAIN EMPLOYED PHYSICIANS ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION PURSUANT TO THEIR WRITTEN EMPLOYMENT AGREEMENTS. ALL INCENTIVE COMPENSATION IS SUBJECT TO A CAP AND DOES NOT EXCEED 50% OF THE PHYSICIAN'S TOTAL COMPENSATION. THERE ARE A VARIETY OF METHODS USED TO CALCULATE INCENTIVE COMPENSATION BASED ON THE PHYSICIAN'S PERSONAL PRODUCTION, RANGING FROM (I) A SPECIFIED PERCENTAGE OF NET INCOME LESS EXPENSES; (II) A SPECIFIED PERCENTAGE OF TOTAL COLLECTIONS LESS EXPENSES; (III) A SPECIFIED PERCENTAGE OF BASE SALARY BASED COMPLIANCE WITH CERTAIN QUALITY, PATIENT SATISFACTION, PRODUCTION AND FINANCIAL INDICATORS; (IV) A SPECIFIED PERCENTAGE OF BASE SALARY BASED ON COMPLIANCE WITH QUALITY, GUIDING VALUES, PATIENT SATISFACTION AND PRODUCTION CRITERIA; (V) A SPECIFIED PERCENTAGE OF FEE-BASED COLLECTIONS AND CAPITATION COLLECTIONS, IF APPLICABLE, IN EXCESS OF QUARTERLY SALARY; (VI) QUARTERLY BONUSES MEASURED BY RVUS THAT EXCEED A SPECIFIED TARGET PER QUARTER; AND (VII) PRO RATA SHARE OF ANNUAL INCENTIVE POOLS BASED UPON PRODUCTION, COMPLIANCE WITH CLINICAL GUIDELINES, QUALITY AND PATIENT SATISFACTION CRITERIA.</p>



Additional Data

Software ID:
Software Version:
EIN: 73-1192764
Name: Integris Health Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DANIEL DAVIS ASST. TREAS./CFO THRU NOV 2018	(i)	417,269	901,027	17,257	76,864	16,529	1,428,946	0
	(ii)	0	0	0	0	0	0	0
BETH A PAUCHNIK ASST. SEC. THRU NOV 2018	(i)	497,906	1,788,836	13,380	98,605	12,183	2,410,910	0
	(ii)	0	0	0	0	0	0	0
MICHAEL BOWLING VICE PRESIDENT	(i)	210,373	41,229	7,942	11,366	17,670	288,580	0
	(ii)	0	0	0	0	0	0	0
ANGELA COSBY PRESIDENT IMG	(i)	313,349	79,841	8,518	51,604	12,686	465,998	0
	(ii)	0	0	0	0	0	0	0
JEFFREY CRUZAN MANAGING DIRECTOR	(i)	411,248	130,356	17,731	46,539	18,011	623,885	0
	(ii)	0	0	0	0	0	0	0
SUSAN DELL'OSSO MANAGING DIRECTOR	(i)	220,469	435,610	9,641	39,575	6,632	711,927	0
	(ii)	0	0	0	0	0	0	0
JASON ELIOT VICE PRESIDENT	(i)	240,658	60,335	9,460	0	14,353	324,806	0
	(ii)	0	0	0	0	0	0	0
SUSAN GARCIA VICE PRESIDENT	(i)	246,277	48,600	9,574	3,472	184	308,107	0
	(ii)	0	0	0	0	0	0	0
CHRIS HAMMES EXECUTIVE VICE PRESIDENT	(i)	615,641	405,339	22,243	138,639	18,242	1,200,104	0
	(ii)	0	0	0	0	0	0	0
G EDWARD HEINEN MANAGING DIRECTOR	(i)	208,442	353,510	8,829	37,074	40,202	648,057	0
	(ii)	0	0	0	0	0	0	0
GEORG LUNDAY SYSTEM ADMIN DIRECTOR PHARMACY	(i)	222,470	26,116	17,339	27,710	17,706	311,341	0
	(ii)	0	0	0	0	0	0	0
MICHAEL MCCONNELL VICE PRESIDENT	(i)	237,132	7,647	8,319	5,356	7,268	265,722	0
	(ii)	0	0	0	0	0	0	0
MARK PASQUALE SENIOR VICE PRESIDENT	(i)	338,244	96,390	13,451	58,581	13,203	519,869	0
	(ii)	0	0	0	0	0	0	0
BRIAN ROBERTS VICE PRESIDENT	(i)	237,732	47,510	10,667	12,887	18,685	327,481	0
	(ii)	0	0	0	0	0	0	0
KERRI BAYER VICE PRESIDENT	(i)	103,846	22,504	9,869	17,342	17,640	171,201	0
	(ii)	43,686	0	0	0	0	43,686	0
JACQUETTA CLEMONS SENIOR VICE PRESIDENT	(i)	285,138	110,615	11,412	6,875	216	414,256	0
	(ii)	0	0	0	0	0	0	0
HARTFORD WATKINS VICE PRESIDENT	(i)	197,411	39,372	11,562	7,730	12,641	268,716	0
	(ii)	0	0	0	0	0	0	0
TOMMY IBRAHIM EXECUTIVE VICE PRESIDENT	(i)	549,977	190,192	13,246	79,558	18,159	851,132	0
	(ii)	0	0	0	0	0	0	0
C BRUCE LAWRENCE PRESIDENT/CEO THRU JULY 2018	(i)	205,684	5,306,315	291	20,375	515	5,533,180	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY PEHRSON PRESIDENT/CEO	(i)	354,491	253,599	6,315	0	7,012	621,417	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name 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				
PATRICIA DYSINGER VICE PRESIDENT	(i)	244,854	44,058	11,181	12,095	12,316	324,504	0
	(ii)	0	0	0	0	0	0	0
CHELSEY GILBERTSON MEDICAL DIRECTOR EDUCATION	(i)	252,394	31,980	1,631	14,858	18,130	318,993	0
	(ii)	0	0	0	0	0	0	0
STEVEN LEITCH VICE PRESIDENT	(i)	50,280	314,290	3,340	11,247	14,054	393,211	0
	(ii)	0	0	0	0	0	0	0
BENJAMIN MANSALIS ADMIN DIR MEDICAL INFORMATICS	(i)	256,467	32,805	398	4,597	19,381	313,648	0
	(ii)	0	0	0	0	0	0	0
LEROY SOUTHMAYD III DIRECTOR MEDICAL INFORMATICS	(i)	272,515	34,193	1,782	39,275	13,685	361,450	0
	(ii)	0	0	0	0	0	0	0
DAVID R HADLEY FORMER OFFICER	(i)	0	0	244,392	0	0	244,392	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Integrus Health Inc

Employer identification number
73-1192764

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	(A) NAME OF INTERESTED PERSON: ACKERMAN MCQUEEN, INC. (B) RELATIONSHIP: BOARD MEMBER HAS AN OWNERSHIP INTEREST IN ACKERMAN MCQUEEN, INC. (C) AMOUNT: \$6,011,837 (D) DESCRIPTION OF TRANSACTION: ADVERTISING SERVICES (E) SHARING OF ORGANIZATION'S REVENUES: NO (A) NAME OF INTERESTED PERSON: M. MARTIN (B) RELATIONSHIP: DAUGHTER-IN-LAW OF BOARD MEMBER (C) AMOUNT: \$135,426 (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT SERVICES (E) SHARING OF ORGANIZATION'S REVENUES: NO

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

2018

Open to Public Inspection

Name of the organization
Integris Health Inc

Employer identification number
73-1192764

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	56,459	FMV
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 ► (OFFICE RENOVATION)	X	1	49,508	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

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?

Yes

No

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

No

b If "Yes," describe in Part II.

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
Integrus Health Inc

Employer identification number

73-1192764

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 1	FORM 990, BOX C: DOING BUSINESS AS OKLAHOMA BUSINESS HEALTH INSTITUTE PARTNERS IN OKLAHOMA PARTNERS IN PRACTICE CARELINE INTEGRIS INTEGRIS HEALTH INTEGRIS HEALTHCARE INTEGRIS HEALTHCARE SYSTEM MISSION OF PREVENTION WORKING TOGETHER FOR A QUALITY LIFE LIFESPAN TELEREHAB MOVE FOR LIFE MAN CARD THE MOST DEDICATED PEOPLE HRANYTIME INTEGRIS CANCER INSTITUTE OF OKLAHOMA THE INTEGRIS PROTON CAMPUS INTEGRIS ONE CALL INTEGRIS ONE CALL TRANSFER CENTER INTEGRIS SLEEP DISORDERS CENTER OF OKLAHOMA THE CHILDREN'S PLACE AT INTEGRIS SOUTHWEST MEDICAL CENTER FUN AND FIT FUN AND FIT KIRKLAND THE MOST CHALLENGING HEALING INTEGRIS FAMILY OF FOUNDATIONS INTEGRIS CANCER INSTITUTE OF OKLAHOMA RESEARCH - METRO INTEGRIS TELESTROKE NETWORK OF OKLAHOMA TELESTROKE NETWORK OF OKLAHOMA INSTITUTE FOR ADVANCED THERAPEUTICS AND RESEARCH INTEGRIS HEART MIDWEST REGIONAL INTEGRIS COMMUNITY CLINIC INTEGRIS ONE CARE INTEGRIS OFFICE OF RESEARCH ADMINISTRATION

Return Reference	Explanation
GENERAL STATEMENT 2	<p>PART III, LINE 4A: COMMUNITY BENEFIT REPORT INTEGRIS COMMUNITY BENEFIT REPORT 2019 A MESSAGE FROM OUR PRESIDENT AND CEO INTEGRIS Health is an Oklahoman-based, not-for-profit health system that has served Oklahoma communities for more than 100 years. INTEGRIS is the largest health system in the state and is known for innovation and unparalleled quality, offering advanced treatment options and specialties found nowhere else in the region. Beyond the walls of our hospitals and clinics, INTEGRIS actively partners with other community organizations to improve access to care and outcomes. As a not-for-profit health system, our obligations are to the community, not shareholders. We look at the unique health care needs of the people in our community and seek to address those needs. Examples of these efforts include free clinics, health screenings, wellness promotions, health education, health support groups, mentoring programs for at-risk youth, clean up after natural disasters, assistance for the elderly and much more. Last year INTEGRIS provided more than \$20.3 million in financial assistance to more than 9,857 Oklahomans who otherwise could not afford life-changing care. This report highlights a few ways INTEGRIS positively impacted our community last year. We are humbled by the trust Oklahomans place in us and are committed to being the most trusted partner for health. Warmly, Tim Pehrson President and CEO INTEGRIS MISS! ON To improve the health of the people and communities we serve VISION Most Trusted Name in Health Care VALUES Love, Learn, Lead INTEGRIS FOR YOU. FOR HEALTH. FOR LIFE. We all have stories to tell. But at INTEGRIS, we have the unique opportunity to not only care for our patients, but to share in their stories, experiences and quite often ...triumphs. Our belief is we are more than a health care system. We are a life system united by one simple cause: to help people. INTEGRIS CONNECTIONS SERIES Experience the latest episode of Connections, a collection of episodes celebrating the human moments we all share, illustrating the INTEGRIS promise to be there For you. For health. For life. Watch the full story here. INTEGRIS INSPIRATIONS SERIES Everyone in the INTEGRIS family has a story to tell. Whether they're stories of joy, heartbreak, humor or miracles, what they all share is that vital, healing element of genuine human connection. Watch the full story here. CARING FOR OUR COMMUNITIES INTEGRIS Baptist Medical Center INTEGRIS FIT CLUB The INTEGRIS Fit Club focuses on obesity and hypertension prevention while increasing access to care via health lectures, exercise classes, nutrition classes and demonstrations, and providing screenings and referral resources to at-risk Oklahoma City residents. The lack of access to care remains a barrier to living a healthy lifestyle. INTEGRIS Fit Clubs weekly sessions focus on four core tenets: * Nutrition * Physical activity/active lifestyle * Mental health * Health screenings INTEGRIS Fit Club members are</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 2	<p>introduced to diverse exercise modalities such as walking, chair exercise, resistance bands and cardio calisthenics to motivate them to stay active and make healthful choices. Results * Average weight loss: 4.4 pounds * Combined weight loss: 78.75 pounds * Average waist circumference loss: 1.76 inches * Combined waist circumference loss: 29.97 inches * 59% of participants (23) saw a body mass index reduction. * 22 participants saw an A1C reduction. * 2 participants dropped from prediabetes to normal. * 9 participants saw a decrease in blood pressure category. ** Hypertension Stage 2 to Stage 1: 2 ** Hypertension Stage 2 to Elevated: 1 ** Hypertension Stage 1 to Elevated: 1 ** Hypertension Stage 1 to Normal: 1 ** Elevated to Normal: 4</p> <p>INTEGRIS Bass Baptist Health Center DEEP: DIABETES EMPOWERMENT EDUCATION PROGRAM The DEEP is an evidence-based program that provides tools to manage diabetes more effectively and to reduce complications, leading to healthier, longer lives. The Midwest Latino Health Research, Training and Policy Center launched DEEP at the University of Illinois at Chicago. Based on principles of empowerment and adult education the curriculum (created in English and Spanish) engages community residents in self-management practices for diabetes prevention and control. Currently implemented across the United States, in Puerto Rico and Peru, DEEP educates participants on priority indicators: * Heart disease prevention * Nutrition * Physical activity/obesity prevention DEEP also covers mental health issues including stress relief, depression and coping with diabetes. Enid, Piedmont, Oklahoma City and Mustang Location 113 Number enrolled 67% Attrition rate 80% % of participants who increased (or maintained) fruit and vegetable consumption (days in which five or more servings were eaten in the last week) 67% % of participants who increased (or maintained) exercise (days in which they exercised 30 minutes or longer in the last week) 91% % of participants who increased (or maintained) blood sugar monitoring (days in which they tested their blood sugar in the last week) 91% % of participants who increased (or maintained) 100% compliance) their medication compliance (days in which they took their medication as ordered in the last week)</p> <p>INTEGRIS Canadian Valley Hospital YOGA FOR KIDS The University of Arkansas Division of Agriculture Research and Extension developed Yoga for Kids. Intended for those ages five to 19, it incorporates adult yoga poses into kid-friendly routines and games. Participants achieve optimal physical, social and mental health while building their strength, flexibility and confidence. Breathing exercises promote relaxation and quiet the mind, and classroom yoga/stretch breaks are proven to improve concentration. This fun and simple program combines breath, physical postures and mindfulness to help strengthen and calm the body and mind. Yoga for Kids promotes stress relief as well as physical activity. Enid, Piedmont, Oklahoma</p>

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Return Reference	Explanation
GENERAL STATEMENT 2	<p>ma City and Mustang Yoga for Kids locations: churches, schools, YMCA and afterschool programs 3,195 No. of child participants 12 No. of staff participants 67% % of kids who dealt with stress in a positive way before Yoga for Kids 94% % of kids who dealt with stress in a positive way after Yoga for Kids 67% % of kids who felt happy and relaxed before Yoga for Kids 91% % of kids who felt happy and relaxed after Yoga for Kids 67% % of school administration and staff who rated the program as good or very good 91% % of teachers who will use yoga in the classroom to relax and stretch at least twice per week 91% Six-month follow up: No. of teachers currently using yoga on the classroom at least twice per week</p> <p>INTEGRIS Grove Hospital MENS HEALTH NIGHT</p> <p>INTEGRIS Grove Hospital joined forces with area leaders and organizations to sponsor its inaugural Mens Health Night. Presented in partnership with Grove Dental Associates, Delaware County Health Department, Lions Club International and the Oklahoma City Community Foundation, the nights focus included mens health topics and how to lead your healthiest life. For the 115 guests who attended, a variety of classic cars were on display, as well as race boats from the Whats Up Doc? Race team. Participants took advantage of free health screenings such as PSA testing and oral cancer screens. Local leaders included Tyson Trimble, D.O., who spoke about achy joints and the effects of diet on joint health. Stan Crawford, D.D.S., shared his personal testimony on the effects of sleep apnea. Mark Londagin spoke about how a simple PSA screening saved his life. Jim Rutte r, M.D., rounded out the nights discussions with a talk on the top mens health concerns. I NTEGRIS Health Edmond</p> <p>MILK BAR The Milk Bar offers mothers weekly meetings to support breastfeeding in our community. Breastfeeding provides numerous health benefits for infants as well as for mothers. Attendees include mothers who have delivered in hospitals or at home in the greater Oklahoma City community. Mothers enjoy the Milk Bar where they make new friends, weigh their infants and receive information and answers about infant feeding. Many mothers have expressed their appreciation and the importance of the Milk Bar in helping them reach their breastfeeding goals, saying they believe they would not have continued to breastfeed if not for the support they received at the Milk Bar. MILK BAR TESTIMONIALS "It helped me push through our rough start to breastfeeding. Coming to the Milk Bar really made all the difference in my confidence. I transitioned from formula within weeks of coming to the Milk Bar. I am so grateful for it."</p>

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Return Reference	Explanation
GENERAL STATEMENT 3	<p>PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED "Im very appreciative of this group! So many wonderful ladies that are helpful and supportive! My breastfeeding journey would have been more tough had it not been for the Milk Bar." "Its a great way to make new mom f riends." "I love how helpful it has been. If I have another child, I definitely will use b aby caf as a useful resource." "Great support in the first couple of weeks to get over the hump of my supply coming in. Great help when I got a clogged milk duct." "Milk Bar gave m e the confidence to keep going when I worried that I wasnt producing enough milk for my ba by. Bringing him and weighing him before and after feedings gave me the peace of mind I ne eded. Because of my babys reflux problems, I thought I was done breastfeeding after a few months. With one visit to the Milk Bar, I learned a new way to hold him while feeding that I still use today. My goal was to exclusively breastfeed for six months-I am now close to eight. Thank you, Milk Bar!"</p> <p>INTEGRIS Miami Hospital KIDS CAN BE HEROES INTEGRIS Miami Ho spital has had a longstanding relationship with Miami Public Schools. In addition to provi ding their employee wellness screenings, INTEGRIS Community Wellness also offers a variety of training and educational sessions for students and staff. This year, all 4th and 5th g rade students participated in Kids Can Be Heroes Too where they learned signs and symptoms of stroke. More than 300 students participated in the training, and nearly 100 students p articipated in a poster contest in which they were encouraged to share the information wit h loved ones.</p> <p>INTEGRIS Southwest Medical Center MADRINA TRAINING PROGRAM FOR RED DRESS EVE NT INTEGRIS Hispanic Initiative partners with the American Heart Association and the Vesti do Rojo (Go Red for Your Heart) to educate and motivate participants to act toward improve d cardiovascular health. Heart disease is the number one cause of death for Hispanic women , yet only one in three Hispanic women are aware of this fact. Vestido Rojo is a Go Red (P or Tu Corazon) conference held by the American Heart Association that celebrates the energ y, passion and power of Hispanic women. The event would not be possible without madrinas (Godmother in Spanish). Each madrina is committed to wiping out heart disease and becomes a health ambassador for her family, friends and community. The madrina program represents a collaboration of volunteer champions who work strategically to eliminate targeted root ca uses of health inequity and spur individual action that positively impacts heart health ou tcomes in the Hispanic community. These efforts include active support of projects that he lp build awareness of the prevalence of heart disease in minority communities. Madrinas pa rticipated in three seminars held by the INTEGRIS Hispanic Initiative in preparation for t he Go Red for Your Heart event. * Nutrition and physical activity * Hypertension and strok e * Cardiopulmonary resuscitat</p>

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Return Reference	Explanation
GENERAL STATEMENT 3	<p>ion Each madrina committed to share the information with at least eight women, who accompanied them to the breakout sessions and luncheon on the Go Red event day. During the 2019 sessions, 57 madrinass attended the seminars. Completion of the program is defined as those who took their BP at least twice per month for four months. INTEGRIS OUTREACH EVENTS AND PROGRAMS 10 Steps to Mental Fitness 14 Tips to Prevent Heat Illness 2018 Mens Health University Health Fair 2019 African American Mens Health Summit 2019 Native American Mens Health Fair 4th Annual Fishing with Dads 4th Grade Baking Classes Alzheimers Caregiver Support Group Annual Health and Science Fair Ask A Pharmacist Be Fit Buzz Run Blood Pressure Power Career Day Caring for the Caregiver Changing Your Weights Changing Your Weights at HLC-MAPS3 Rockwell Changing Your Weights at OIC Changing Your Weights at Yukon High School Chisholm Physicals and Vision Screening City of Yukon Health Fair Community Flu Shot Clinics Community Wellness Budget Cooking Camp at Crossings Community Center Cooking Demos at Miami, OK, Public Library Cooking Matters Program at Crossings Community Clinic Coping with Grief De Mujer a Mujer Dell Mens Health Presentation Diabetes Education at Good Shepherd Ministries Diabetes Empowerment Education Program (DEEP) Diabetes Prevention Program (DPP) Diabetes Self-Management Down Syndrome Support Group Eat Well, Move More, Be Well 1st of 4-part weight program for seniors End of Life planning Enid Community Screenings Family Fun Day 5K and Walk Feed the Neighborhood Festival of the Child-Yukon, OK Fit, Not Frail (1st of 4 week) class for senior weight management Fit, Not Frail Senior Weight Management (4-class series) Food and Nutrition related to Brain Health Food Demonstration at OKC County Health Dept. Food Demonstration at the Moore Food and Resource Center Food Demos at Myriad Botanica Gardens Go Red For Your Heart/Vestido Rojo Grocery Store Tours Hacking Your Snacks Health Ministry Academy Healthy Heart Walkers Club Hearing Helpers Demos and Health Fairs Heart saver CPR and AED, First Aid Heartwork Hinton Chamber Mens Health Presentation Hispanic Health Fair/Feria Hispana de la Salud Hispanic Radio, television and newspaper Holiday Eating (and Drinking) Tips HLC-MAPS3 (Rockwell) Holiday Eating program-Edmond Senior Center Holy Angels Health Fair/Feria de Salud en Santos Angeles Hospice and Palliative Care Identity Theft INTEGRIS Community Clinic INTEGRIS FitClub FY 2018-19 Kids in the Kitchen Label Literacy-HLC-MAPS3 (Rockwell) Lay Health Promoters/Promotoras de Salud Learning to Relax Live Strong Cancer Survivor Support Group Mens Health Month Tables (Metro) Mens Health Movember Tables (Metro) Mental Fitness and Brain Health Mental Health First Aid Mental Health First Aid Mini Health Fairs Mobile Screening Unit and Car Show Event Monthly Lectures/Conferencias Mensuales Monthly Nutrition ISMC Necessary or Needless Newsletters/VIVA INTEGRIS Nutrition Class Series/Clase de Nu</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 3	<p>tricin Nutrition Education at Rockwell Senior Center - MAPS 3 Nutrition Education at Staff Development Training for SHA Nutrition Education for Senior Wellness Program at Enid Bass Nutrition Presentation for Healthy Living Center - MAPS3 Nutrition Presentation for Meado wood Baptist Church, MWC Nutrition Presentation for Parkinsons Support Group, Mustang, OK Nutrition Presentation, Edmond Senior Center Nutrition Presentation, Edmond Senior Center Nutrition Presentation, HLC-MAPS3 Rockwell Nutrition Program-ISMIC Out of the Darkness Community Walk Physical Exercise and Brain Health Picnic for Progress Positive Directions Ment oring Project 31 Breast Cancer Support Group presentation Proton Center Wellness Initiativ e Kick-Off Resilience Sarcopenia, Bethany 1st Church of Nazarene Senior Cafe-ISMIC Senior H ealth and Fitness Day Senior Health Fair at MAPS 3 Senior Life and Community Wellness Open ing and Picnic Senior Life Wellness Budget Senior Nutrition Program-ISMIC Sleep and Relaxat ion related to Brain Health Snack Chat Sneaky Tips for Surviving the Holidays-TALC, Brookl ine Spanish Cancer Support Group/Grupo de Apoyo de Cancer Speaker Presentation at Bethany First Church, Bethany, OK Spices and Herbs St. Pauls Lutheran Mens Prayer Meeting, guest s peaker Stanley Hupfeld Academy Operational Funding Stanly Hupfeld Academy Clinic Survivors of Suicide support group TALC Educational Programs TALC Nutrition Program-Brookline Town Hall-Naloxone Training Walk this Way What Everyone Needs to Know About Mens Health Whats N ew on the Menu Yoga for Kids Yoga in Your Chair Youth Speak Out Yukon Community Screenings Yukon Public Schools Health Fair 2019 COMMUNITY BENEFITS BY THE NUMBERS INTEGRIS provided \$79,740,126 in community benefits including the cost of bad debt. This includes our retur nship, community building efforts, uncompensated services and Medicaid services.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>GENERAL STATEMENT 4</p>	<p>PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED RETURNSHIP Returnship epitomizes our mission of giving back to our community. It takes the form of hundreds of programs and acts of charity provided daily across the state of Oklahoma. * Free health screenings * Support groups * Medical services * Educational programs * Health fairs Total 2019 Returnship = \$4,088,758 COMMUNITY BUILDING Community building is another vital way we give back. These efforts mean addressing the root causes of health problems in our communities. * Making physical improvements in housing * Economic development * Community support * Environmental enhancements * Advocacy for community health advancements Total 2019 Community Building = \$290,476 UNCOMPENSATED SERVICES AND MEDICAID SERVICES Uncompensated services are the costs of providing free and reduced-cost care. As a system of not-for-profit hospitals, INTEGRIS provides services to everyone, regardless of the ability to pay for their insurance coverage. Thus, we provide a much-needed safety net for members of our community who would otherwise have no access to medical care. Charity care costs are based on the overall hospital cost-to-charge ratios. INTEGRIS also provides care to patients who qualify for Medicaid programs. Total 2019 charity care and Medicaid services - estimated cost of \$44,010,520 BAD DEBT In addition, INTEGRIS incurred bad debt with an estimated cost of \$31,350,372 based on the overall hospital cost-to-charge ratio.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 5	PART V: QUESTION 2A THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF EMPLOYEES REPORTED ON INTEGRIS HEALTH, INC.'S 2018 FORM W-3. INTEGRIS HEALTH, INC., AS THE PARENT ENTITY OF THE INTEGRIS HEALTH SYSTEM, ACTS AS THE PAYROLL AGENT FOR ALL OF THE SYSTEM ENTITIES AND ALL SYSTEM EMPLOYEES ARE INCLUDED ON ITS FORM W-3 AND ITS FORM 941, EMPLOYER'S QUARTERLY FEDERAL TAX RETURN. THE SALARIES ARE REIMBURSED TO INTEGRIS HEALTH, INC. BY INDIVIDUAL ENTITIES WITHIN THE SYSTEM, AND REPORTED ON THEIR RESPECTIVE FORMS 990 PARTS VII, IX, AND SCHEDULE J AS APPROPRIATE. THE AMOUNTS REPORTED ON PART V, LINE 2A OF THE FORMS 990 OF THE INDIVIDUAL ENTITIES WITHIN THE SYSTEM REPRESENT THE NUMBER OF FULL TIME EMPLOYEES, AS DETERMINED BY FTE HOURS WORKED, FOR THE RESPECTIVE FILING ORGANIZATIONS DURING THE 2018 TAX YEAR, AND THOSE EMPLOYEES ARE ALSO INCLUDED IN THE TOTAL REPORTED ON THE INTEGRIS HEALTH, INC. FORM 990, PART V, LINE 2A.

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Return Reference	Explanation
GENERAL STATEMENT 6	PART VI: QUESTION 2 THE FILING ORGANIZATION IS THE CONTROLLING MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). THE FOLLOWING OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF THEIR POSITIONS AS OFFICERS, DIRECTORS, EMPLOYEES, OR INDEPENDENT CONTRACTORS OF RELATED ENTITIES WITHIN THE SYSTEM: LUKE R. CORBETT TIMOTHY PEHRSON DANIEL DAVIS JOEY SAGER PETER DELANEY ELLIOTT SCHWARTZ, D.O. JASON ELIOT MARSHALL SNIPE DOUGLAS M. SMITH GEORGIANNE SNOWDEN, M.D. CHRIS HAMMES DAVID THOMPSON NEAL HOGAN, PH.D. CHRISTOPHER TURNER C. BRUCE LAWRENCE LINDA VYTLACIL, PH.D. PHILIP MOSCA, M.D. MARK WERNER, M.D. BETH A. PAUCHNIK

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 7	PART VI: SECTION B. POLICIES PART VI: QUESTION 11B - THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). THE SYSTEM HAS A SINGLE AUDIT COMPLIANCE COMMITTEE WHICH OVERSEES THE CONSOLIDATED FINANCIAL STATEMENT AUDIT AS WELL AS THE FILING OF FEDERAL AND STATE TAX FORMS. THE SYSTEM ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO PREPARE THE FORM. A DRAFT FORM 990 IS PROVIDED TO THE SYSTEM VICE PRESIDENT, FINANCE FOR REVIEW. A FINAL FORM 990 IS GIVEN TO THE SYSTEM CHIEF FINANCIAL OFFICER FOR REVIEW, APPROVAL, AND SIGNATURE. THE FINAL FORM 990 IS MADE AVAILABLE TO THE ORGANIZATION'S BOARD OF DIRECTORS, AS WELL AS TO THE SYSTEM'S AUDIT/COMPLIANCE COMMITTEE, FOR REVIEW PRIOR TO FILING THE RETURN.

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Return Reference	Explanation
GENERAL STATEMENT 8	PART VI: SECTION B. POLICIES PART VI: QUESTION 12C - THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). CONFLICT OF INTEREST IS ADDRESSED IN THE SYSTEM CODE OF CONDUCT. ALL SYSTEM EMPLOYEES RECEIVE TRAINING DURING NEW EMPLOYEE ORIENTATION AND ARE INSTRUCTED TO REPORT ANY POSSIBLE CONFLICTS, TO REFER ANY CONFLICT OF INTEREST QUESTIONS TO THE SYSTEMS'S COMPLIANCE OFFICER OR THROUGH THE ANONYMOUS INTEGRITY LINE. ALL NEW MANAGERS RECEIVE ADDITIONAL TRAINING ON CONFLICT OF INTEREST POLICIES DURING LEADERSHIP TRAINING. LEGAL SERVICES REVIEWS ALL CONTRACTS FOR CONFLICTS OF INTEREST. INTERNAL AUDIT CONDUCTS AUDITS FOR POSSIBLE CONFLICTS OF INTEREST BASED ON THEIR ANNUAL RISK ASSESSMENT. CORPORATE COMPLIANCE INCLUDES ASSESSMENTS FOR CONFLICTS OF INTEREST IN ITS ANNUAL WORK PLAN AND CONDUCTS SPECIALIZED TRAINING FOR HIGH RISK AREAS. THE GOVERANCE COMMITTEE, A COMMITTEE OF THE SYSTEM'S BOARD COMPRISED OF INDEPENDENT BOARD MEMBERS, REVIEWS AND APPROVES ANY AND ALL PROPOSED BUSINESS TRANSACTIONS BETWEEN ANY ENTITY OF THE SYSTEM AND A DISQUALIFIED PERSON.

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Return Reference	Explanation
GENERAL STATEMENT 9	PART VI: SECTION B. POLICIES PART VI: QUESTION 15A AND 15B - THE FILING ORGANIZATION IS THE CONTROLLING MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). COMPENSATION FOR THE CEO, MANAGING DIRECTORS AND VICE PRESIDENTS IS ANALYZED BY AN INDEPENDENT HEALTH CARE CONSULTING FIRM. THE ANALYSIS INCLUDES A FAIR MARKET VALUE ASSESSMENT AND ESTABLISHMENT OF A RANGE FOR EACH POSITION BASED ON RESEARCH OF COMPARABLE HEALTH CARE SYSTEMS OF SIMILAR SIZE. THE REPORT AND RECOMMENDED COMPENSATION LEVELS FOR EACH EXECUTIVE MANAGEMENT POSITION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE FILING ORGANIZATION'S BOARD OF DIRECTORS AND ULTIMATELY THE FULL BOARD OF DIRECTORS. THE MINUTES OF BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REFLECTS A REVIEW OF THE COMPARABILITY DATA, THE EXECUTIVE PERFORMANCE REVIEWS AND THE DECISION-MAKING PROCESS.

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Return Reference	Explanation
GENERAL STATEMENT 10	PART VI: SECTION C. DISCLOSURE PART VI: QUESTION 19 - THE FILING ORGANIZATION IS THE CONTROLLING MEMBER ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM (SYSTEM). THE SYSTEM DOES NOT MAKE ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC. HOWEVER, THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED FINANCIALS FOR THE SYSTEM. THESE CONSOLIDATED FINANCIALS ARE DISCLOSED FOR BOND COMPLIANCE PURPOSES USING DIGITAL ASSURANCE CERTIFICATION.

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Return Reference	Explanation
GENERAL STATEMENT 11	PART VII: SECTION B. INDEPENDENT CONTRACTORS VIZIENT INC. PROFESSIONAL SERVICES \$ 7,689,818 75 REMITTANCE DR., STE. 1855 CHICAGO, IL 60675 CERNER CORPORATION SOFTWARE LICENSE \$ 6,688,929 P.O. BOX 412702 MAINT AND REMOTE KANSAS CITY, MO 64141 HOSTING/MANAGED SVCS. GE HEALTHCARE REPAIR SERVICES \$ 7,282,815 P.O. BOX 96483 CHICAGO, IL 60693 EPIC SYSTEMS CORPORATION SOFTWARE SYSTEMS \$ 4,674,215 P.O. BOX 88314 MILWAUKEE, WI 53288 ACKERMAN MCQUEEN, INC. ADVERTISING/INSERTION \$ 6,559,301 1601 N.W. EXPRESSWAY ORDERS OKC, OK 73118

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Return Reference	Explanation
GENERAL STATEMENT 12	PART XI: RECONCILIATION OF NET ASSETS, LINE 9 ACTUARIAL ADJUSTMENT TO RETIREMENT PLAN BALANCE (\$ 74,430,155 INCOME FROM SUBSIDIARIES - EQUITY METHOD \$ 398,560,581 ----- TOTAL \$ 324,130,426

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

2018

Open to Public Inspection

Name of the organization
Integris Health Inc

Employer identification number
73-1192764

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MEDICAL PARKING LLC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1210537	PARKING FAC.	OK	1,122,995	3,594,973	IH
(2) INTEGRIS REALTY LLC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 73-1192750	PROPERTY MGMT	OK	12,599,298	62,191,103	IH
(3) INTEGRIS HEALTH AFFILIATES LLC 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112	HEALTH CARE	OK	0	0	IH

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

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	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) Disproportionate 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	

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	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.

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

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.

See Additional Data Table

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

Schedule R (Form 990) 2018

Part VII **Supplemental Information**

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	PART III AND PART IV: DIRECT CONTROLLING ENTITY THE ABBREVIATIONS SHOWN BELOW HAVE BEEN UTILIZED IN THE RETURN FOR THE FOLLOWING ENTITIES: INTEGRIS RURAL HEALTH HEALTH, INC. (IRH) INTEGRIS BAPTIST MEDICAL CENTER, INC. (IBMC) INTEGRIS HEALTH FOUNDATION, INC. (IH FDN.) INTEGRIS HEALTH, INC. (IH) INTEGRIS AMBULATORY CARE CORPORATION (IACC) INTEGRIS PROHEALTH, INC. (PROHEALTH)

Additional Data

Software ID:
Software Version:
EIN: 73-1192764
Name: Integris Health Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192765	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 10	IH	Yes	
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1034824	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IH	Yes	
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC	Yes	
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-0738716	HEALTH CARE	OK	501(C)(3)	LINE 3	IH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BMPA LTD 73-1228665 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MED. OFFICE BLDG.	OK	PROHEALTH	EXCLUDED				No			No	
(1) QC-III 20-8723857 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IBMC	RELATED				No			No	
(2) DIAGNOSTIC LAB 73-1560760 LYNDHURST NJ 07071 LYNDHURST, NJ 07071	CLINICAL LAB	NJ	QUEST DIAG	UNRELATED				No			No	
(3) MPI CENTER 73-1283942 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IACC	RELATED				No			No	
(4) HILLCRESTINTEGRIS HEALTH LLC OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	DORMANT	OK	NA	N/A				No			No	
(5) LAKESIDE HOSPITAL 73-1493662 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IACC	RELATED				No			No	
(6) 5300 GRAND 73-1306794 FRANKLIN TN 37067 FRANKLIN, TN 37067	REAL ESTATE	TN	IBMC	RELATED				No			No	
(7) INTEGRISUSP HLTH 35-2632292 ADDISON TX 75001 ADDISON, TX 75001	MEDICAL SERVICES	TX	IACC	RELATED				No			No	
(8) INTEGRIS EMER HOSP 90-1215089 THE WOODLANDS TX 77381 THE WOODLANDS, TX 77381	HEALTH CARE	TX	IACC	RELATED				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) INTEGRIS PROHEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1046179	RETAIL PHARMACY	OK	IH	C Corp	16,112,432	24,671,495	100.000 %	Yes	
(1) THE STANLEY F HUPFELD CHAR REMAIN TRUST 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 26-6238051	FINANCIAL	OK	IH FDN	Trust				Yes	
(2) QUALITY ALLIANCE ASSURANCE CO PO BOX 10027 KYI-1001 GRAND CAYMAN CJ 98-1060671	INSURANCE	CJ	IH	C Corp	17,278,058	94,920,781	100.000 %	Yes	
(3) BAPTIST HEALTH SYSTEM INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	IH	C Corp					No
(4) ONE CARE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	IRH	C Corp					No
(5) VADOVATIONS INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 27-0821922	HEALTH CARE	OK	IBMC	C Corp				Yes	
(6) INTEGRIS HEALTH PARTNERS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-3482852	HEALTH CARE	OK	IH	C Corp	2,172,573	523,788	100.000 %	Yes	
(7) INTEGRIS CARDIOVASCULAR PHYSICIANS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-2867352	HEALTH CARE	OK	IH	C Corp	61,314,681	40,015,332	100.000 %	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	INTEGRIS AMBULATORY CARE CORPORATION	j	3,892,982	COST
(1)	INTEGRIS AMBULATORY CARE CORPORATION	l	188,259	COST
(2)	INTEGRIS AMBULATORY CARE CORPORATION	p	7,623,790	COST
(3)	INTEGRIS AMBULATORY CARE CORPORATION	q	237,100,174	COST
(4)	INTEGRIS HOSPICE INC	q	5,876,376	COST
(5)	INTEGRIS HOSPICE INC	r	823,415	COST
(6)	INTEGRIS BAPTIST MEDICAL CENTER INC	j	577,009	COST
(7)	INTEGRIS BAPTIST MEDICAL CENTER INC	l	7,439,779	COST
(8)	INTEGRIS BAPTIST MEDICAL CENTER INC	m	273,985	COST
(9)	INTEGRIS BAPTIST MEDICAL CENTER INC	p	11,864,493	COST
(10)	INTEGRIS BAPTIST MEDICAL CENTER INC	q	858,106,744	COST
(11)	INTEGRIS BAPTIST MEDICAL CENTER INC	r	58,708,374	COST
(12)	INTEGRIS BAPTIST MEDICAL CENTER INC	s	149,036	COST
(13)	INTEGRIS RURAL HEALTH INC	k	460,253	COST
(14)	INTEGRIS RURAL HEALTH INC	l	4,502,830	COST
(15)	INTEGRIS RURAL HEALTH INC	m	120,123	COST
(16)	INTEGRIS RURAL HEALTH INC	p	3,332,732	COST
(17)	INTEGRIS RURAL HEALTH INC	q	237,676,573	COST
(18)	INTEGRIS RURAL HEALTH INC	r	17,873,481	COST
(19)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	k	705,398	COST
(20)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	l	3,054,069	COST
(21)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	m	73,185	COST
(22)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	p	3,062,897	COST
(23)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	q	230,221,711	COST
(24)	INTEGRIS SOUTHWEST MEDICAL CENTER INC	r	21,858,972	COST

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	INTEGRIS HEALTH FOUNDATION INC	c	226,744	COST
(1)	INTEGRIS HEALTH FOUNDATION INC	p	173,042	COST
(2)	INTEGRIS HEALTH FOUNDATION INC	q	2,376,137	COST
(3)	BAPTIST MEDICAL PLAZA ASSOCIATES LTD	k	2,008,720	COST
(4)	BAPTIST MEDICAL PLAZA ASSOCIATES LTD	q	835,979	COST
(5)	INTEGRIS PROHEALTH INC	j	325,568	COST
(6)	INTEGRIS PROHEALTH INC	m	69,996	COST
(7)	INTEGRIS PROHEALTH INC	p	21,048,498	COST
(8)	INTEGRIS PROHEALTH INC	q	93,617,059	COST
(9)	QUALITY ALLIANCE ASSURANCE COMPANY	m	17,059,949	COST
(10)	INTEGRIS HEALTH PARTNERS LLC	p	1,064,282	COST
(11)	INTEGRIS HEALTH PARTNERS LLC	q	2,178,125	COST
(12)	INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	j	1,715,439	COST
(13)	INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	l	91,471	COST
(14)	INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	p	85,537	COST
(15)	INTEGRIS CARDIOVASCULAR PHYSICIANS LLC	q	54,279,073	COST
(16)	INTEGRIS HEALTH EDMOND INC	k	807,736	COST
(17)	INTEGRIS HEALTH EDMOND INC	l	832,515	COST
(18)	INTEGRIS HEALTH EDMOND INC	p	532,573	COST
(19)	INTEGRIS HEALTH EDMOND INC	q	94,652,683	COST
(20)	LAKESIDE WOMEN'S HOSPITAL LLC	l	215,569	COST
(21)	LAKESIDE WOMEN'S HOSPITAL LLC	p	162,324	COST
(22)	LAKESIDE WOMEN'S HOSPITAL LLC	q	29,850,063	COST