

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2008 calendar year, or tax year beginning** 07/01, 2008, and ending 06/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BAPTIST HEALTHCARE OF OKLAHOMA, INC.</b> Doing Business As <b>SEE SCHEDULE O</b> Number and street (or P O box if mail is not delivered to street address) Room/suite <b>5300 N. INDEPENDENCE AVE., STE. 130</b> City or town, state or country, and ZIP + 4 <b>OKLAHOMA CITY, OK 73112</b> <b>F</b> Name and address of principal officer <b>BRUCE LAWRENCE</b> <b>5300 N. INDEPENDENCE AVE. OKLAHOMA CITY, OK 73112</b>	<b>D</b> Employer identification number <b>23-7456301</b>	
		<b>E</b> Telephone number <b>(405) 949-6026</b>	<b>G</b> Gross receipts \$ <b>107,529,412.</b>
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	<b>H(c)</b> Group exemption number

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

**J** Website **WWW.INTEGRIS-HEALTH.COM**

**K** Type of organization  Corporation  Trust  Association  Other

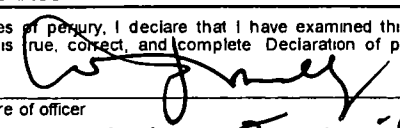
**L** Year of formation **1975** **M** State of legal domicile **OK**

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <u>TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.</u>		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its 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	6
	5 Total number of employees (Part V, line 2a)	5	NONE
	6 Total number of volunteers (estimate if necessary)	6	163
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	191,294.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-46,377.	
<b>Revenue</b>	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	663,890.	1,605,990.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	89,493,116.	106,032,249.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	949,652.	-291,472.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,034,880.	107,511,089.
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,131.
14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		47,248,367.	54,943,503.
16a Professional fundraising fees (Part IX, column (A), line 11e)		NONE	NONE
b Total fundraising expenses, Part IX, column (D), line 25			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		50,474,449.	59,825,138.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	97,730,947.	114,827,273.	
19 Revenue less expenses Subtract line 18 from line 12	-5,696,067.	-7,316,184.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	61,067,395.	58,398,596.
	22 Net assets or fund balances Subtract line 21 from line 20	46,450,979.	52,129,309.
		14,616,416.	6,269,287.

**Part II Signature Block**

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

Sign Here:  Date **4/15/08**

Signature of officer: **W. J. Miller CFO**

Type or print name and title

Paid Preparer's Use Only: Preparer's signature **Karen L. Meyer** Date **4/15/2008** Check if self-employed  Preparer's identifying number (see instructions) **13-5565207**

Firm's name (or yours if self-employed), address, and ZIP + 4 **KPMG LLP** **210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102** EIN **13-5565207** Phone no **405-239-6411**

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

SCANNED JUL 13 2010

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**Part III** Statement of Program Service Accomplishments (see instructions)

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 106,161,424. including grants of \$ 58,632. ) (Revenue \$ 106,032,249 )

BAPTIST HEALTHCARE OF OKLAHOMA, INC. (BHO) IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS). BHO IS A NON-PROFIT HOSPITAL THAT PROVIDES HEALTH CARE SERVICES IN RURAL AREAS. SEE SCHEDULE O STATEMENTS 2 THROUGH 5 FOR ADDITIONAL DETAILS.

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4d Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4e Total program service expenses ► \$ 106,161,424. (Must equal Part IX, Line 25, column (B) )

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

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

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 8282, and Form 1041.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (14); 1b Enter the number of voting members that are independent (6); 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? (X); 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? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9a Does the organization have local chapters, branches, or affiliates? (X); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (X); 11 Is there any officer, director or 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 (X).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 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? (X); b Other officers or key employees of the organization? (X); 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? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization (BARBARA DEAN, 5300 N. INDEPENDENCE AVE., STE. 130, OKLAHOMA CITY, OK 73112, (405) 951-2747).





**Part VIII Statement of Revenue**

23-7456301

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	1,605,990.			
	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 \$ . . . . .		456,610.			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		1,605,990			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	2a	NET PATIENT REVENUE . . . . .	621990	105,173,787.	105,173,787		
	b	RENTAL INCOME . . . . .	532000	278,777	278,777		
	c	CAFETERIA SALES . . . . .	722320	241,244		241,244.	
	d	FEE FOR SERVICE INCOME . . . . .	623000	191,294.		191,294.	
	e	SYSTEM SERVICE REVENUE . . . . .	900099	59,147.		59,147	
	f	All other program service revenue . . . . .	900099	88,000.	32,822	55,178.	
	g	<b>Total.</b> Add lines 2a-2f . . . . .		106,032,249			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		-296,950.		-296,950.	
	4	Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	5	Royalties . . . . .		NONE			
	6a	Gross Rents . . . . .	(i) Real				
			(ii) Personal				
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .		NONE			
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
			(ii) Other		23,801		
	b	Less cost or other basis and sales expenses . . . . .		18,323.			
	c	Gain or (loss) . . . . .		5,478			
	d	Net gain or (loss) . . . . .		5,478.		5,478.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b	Less direct expenses . . . . .	b					
c	Net income or (loss) from fundraising events . . . . .			NONE			
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
b	Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . . . .			NONE			
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . . . .			NONE			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11a	MISC. INCOME . . . . .	900099	164,322	46,396	117,926		
b	_____ . . . . .						
c	_____ . . . . .						
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		164,322.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		107,511,089	105,531,782	191,294	182,023	

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	58,632.	58,632.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	965,617.	856,599.	109,018.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	41,696,774.	36,989,208.	4,707,566.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	2,766,633.	2,469,496.	297,137.	
9 Other employee benefits . . . . .	6,580,961.	6,084,098.	496,863.	
10 Payroll taxes . . . . .	2,933,518.	2,616,137.	317,381.	
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	80,815.	25,461.	55,354.	
c Accounting . . . . .	79,594.	53,000.	26,594.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	6,092,366.	5,824,474.	267,892.	
12 Advertising and promotion . . . . .	558,347.	434,434.	123,913.	
13 Office expenses . . . . .	10,151,956.	9,982,602.	169,354.	
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	1,117,735.	893,533.	224,202.	
17 Travel . . . . .	875,873.	688,955.	186,918.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	154,106.	102,610.	51,496.	
20 Interest . . . . .	93,175.	69,725.	23,450.	
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	4,253,817.	4,253,817.	NONE	
23 Insurance . . . . .	1,732,283.	1,849,141.	-116,858.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROVISION FOR BAD DEBT -----	17,049,722.	17,050,223.	-501.	
b PURCHASED SERVICES -----	9,747,060.	8,666,003.	1,081,057.	
c UTILITIES -----	2,031,141.	1,984,610.	46,531.	
d EQUIPMENT RENTAL & MAINT. -----	1,677,438.	1,647,563.	29,875.	
e CONTRACT LABOR -----	1,232,665.	1,207,553.	25,112.	
f All other expenses -----	2,897,045.	2,353,550.	543,495.	
25 Total functional expenses. Add lines 1 through 24f	114,827,273.	106,161,424.	8,665,849.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	3,864,566.	<b>1</b>	3,379,541.
	<b>2</b> Savings and temporary cash investments . . . . .	6,700,843.	<b>2</b>	4,790,268.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	11,262,992.	<b>4</b>	9,762,442.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	564,176.	<b>7</b>	NONE
	<b>8</b> Inventories for sales or use . . . . .	1,112,287.	<b>8</b>	1,335,222.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	145,153.	<b>9</b>	135,733.
	<b>10a</b> Land, buildings, and equipment cost basis . . . . .	<b>10a</b> 73,862,100.		
	<b>b</b> Less accumulated depreciation Complete Part VI of Schedule D. . . . .	<b>10b</b> 38,516,822.	33,741,385.	<b>10c</b> 35,345,278.
	<b>11</b> Investments - publicly traded securities. . . . .		<b>11</b>	
	<b>12</b> Investments - other securities See Part IV, line 11 . . . . .	1,150,734.	<b>12</b>	1,270,711.
	<b>13</b> Investments - program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,525,259.	<b>15</b>	2,379,401.
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	61,067,395.	<b>16</b>	58,398,596.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	11,584,590.	<b>17</b>	13,939,086.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,481,393.	<b>23</b>	1,079,258.
	<b>24</b> Unsecured notes and loans payable. . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	33,384,996.	<b>25</b>	37,110,965.
	<b>26</b> Total liabilities. Add lines 17 through 25. . . . .	46,450,979.	<b>26</b>	52,129,309.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	<b>27</b> Unrestricted net assets . . . . .	14,616,416.	<b>27</b>	6,269,287.
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets. . . . .		<b>29</b>	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	14,616,416.	<b>33</b>	6,269,287.	
<b>34</b> Total liabilities and net assets/fund balances. . . . .	61,067,395.	<b>34</b>	58,398,596.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b>	If "Yes" to lines 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? . . . . .		
<b>3a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>BAPTIST HEALTHCARE OF OKLAHOMA, INC.</b>	Employer identification number <b>23-7456301</b>
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**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 (Please check only **one** organization)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

**h Provide the following information about the organizations the organization supports**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total, Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 Value of services or facilities furnished by a governmental unit; 6 Total; 7a-b Disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a-b Unrelated business taxable income; 11 Net income from unrelated business activities; 12 Other income; 13 Total support; 14 First five years.

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

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2008; 16 Public support percentage from 2007.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2008; 18 Investment income percentage from 2007.

19a 33 1/3% support tests - 2008. 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. [ ]
b 33 1/3% support tests - 2007. 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. [ ]
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. [ ]



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

Employer identification number

23-7456301

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, and Number of conservation easements on a certified historic structure.

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, or other similar assets.

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

3 Using the organization's 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 XIV

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4-8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	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 XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

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**Part XIV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

▶ Attach to Form 990.

Name of the organization

Employer identification number

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

23-7456301

**Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," is it a written policy? . . . . .	X	
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
<b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care . . . . . <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .	X	
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	X	
<b>c</b> If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Does the organization prepare an annual community benefit report? . . . . .	X	
<b>b</b> If "Yes," does the organization make it available to the public? . . . . .	X	

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

<b>7 Charity Care and Certain Other Community Benefits at Cost</b>						
<b>Charity Care and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Charity care at cost (from Worksheets 1 and 2) . . . . .						
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Charity Care and Means-Tested Government Programs . . . . .						
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .						
<b>j</b> Total Other Benefits . . . . .						
<b>k</b> Total (line 7d and 7j) . . . . .						

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

Schedule H (Form 990) 2008

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities. (Optional for 2008)

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

**Part III Bad Debt, Medicare, & Collection Practices** (Optional for 2008)

**Section A. Bad Debt Expense**

- Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? 1
- Enter the amount of the organization's bad debt expense (at cost) 2
- Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
1		
2		
3		
5		
6		
7		
9a	X	
9b	X	

**Section B. Medicare**

- Enter total revenue received from Medicare (including DSH and IME) 5
- Enter Medicare allowable costs of care relating to payments on line 5 6
- Enter line 5 less line 6 - surplus or (shortfall) 7
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- Does the organization have a written debt collection policy? 9a
- If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. 9b

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

**Part V Facility Information (Required for 2008)**

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
INTEGRIS MARSHALL COUNTY MEDICAL CENTER ONE HOSPITAL DRIVE MADILL OK 73446	X	X			X		X		
INTEGRIS CLINTON REGIONAL HOSPITAL 100 NORTH 30TH STREET CLINTON OK 73601	X	X					X		
INTEGRIS SEMINOLE MEDICAL CENTER 2401 WRANGLER BOULEVARD SEMINOLE OK 74868	X	X					X		
INTEGRIS BLACKWELL REGIONAL HOSPITAL 710 SOUTH 13TH STREET BLACKWELL OK 74631	X	X					X		
INTEGRIS MAYES COUNTY MEDICAL CENTER 111 NORTH BAILEY STREET PRYOR OK 74361	X	X					X		
INTEGRIS BASS PAVILION 401 SOUTH 3RD STREET ENID OK 73701	X	X							
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**Part VI Supplemental Information (Optional for 2008)**

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g . open medical staff, community board, use of surplus funds, etc )
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization or a related organization, files a community benefit report

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE

SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS).

INTEGRIS USES NUMEROUS METHODS TO INFORM OUR PATIENTS ON THE

AVAILABILITY OF FINANCIAL ASSISTANCE FROM GOVERNMENTAL PROGRAMS AND

THE INTEGRIS CHARITY ASSISTANCE PROGRAM. THESE INCLUDE:

\*A FINANCIAL RIGHTS AND RESPONSIBILITY BROCHURE PROVIDED TO EACH PATIENT AT THE TIME OF ADMISSION.

\*DESCRIPTIONS OF THESE PROGRAMS ON EACH PATIENT BILLING STATEMENT.

\*DESCRIPTIONS OF THESE PROGRAMS ON THE INTEGRIS WEBSITE.

\*POSTERS ANNOUNCING THE AVAILABILITY OF ASSISTANCE LOCATED IN EVERY PATIENT REGISTRATION DEPARTMENT.

\*FINANCIAL COUNSELORS WHO ARE AVAILABLE TO MEET WITH EACH PATIENT TO DISCUSS ELIGIBILITY FOR THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS.



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** Supplemental information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SUPPLEMENTAL INFORMATION 1

SCHEDULE I, PART I, LINE 2

BAKER UNIVERSITY SCHOLARSHIP - THE SCHOLARSHIP IS PAID DIRECTLY TO THE UNIVERSITY ON BEHALF OF AN EMPLOYEE OF INTEGRIS BLACKWELL REGIONAL HOSPITAL, A FACILITY OF BAPTIST HEALTHCARE ORGANIZATION. THE SCHOLARSHIP IS LIMITED TO ADMINISTRATIVE STAFF. THE FACILITY PRESIDENT SELECTS THE RECIPIENT AND MONITORS THE SCHOLARSHIP.

PHYSICIAN MANPOWER TRAINING COMMISSION - THE GRANTS ARE PROVIDED TO A QUALIFYING PHYSICIAN WHO MUST ESTABLISH AND MAINTAIN A PRACTICE IN THE



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

Employer identification number

23-7456301

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" 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 checked="" type="checkbox"/> Tax indemnification 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 line 1a is 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 . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SEE SCHEDULE J-1	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III Supplemental Information**

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

SUPPLEMENTAL INFORMATION 1

SCHEDULE J, PART I, LINE 1A

SOCIAL CLUB DUES, HOUSING ALLOWANCE AND GROSS-UP PAYMENTS FOR EXPENSES

WERE PROVIDED TO THREE KEY EMPLOYEES. THESE ITEMS REPRESENT TAXABLE

COMPENSATION TO THESE INDIVIDUALS.

CHARLES D. HILL

KAREN REYNOLDS

REX VANMETER

SUPPLEMENTAL INFORMATION 2

SCHEDULE J, PART I, LINE 3

BAPTIST HEALTHCARE OF OKLAHOMA, INC. (BHO) IS A MEMBER OF AN INTEGRATED

HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS). AS PART

OF THIS SYSTEM, BHO RELIES UPON INTEGRIS TO ESTABLISH THE COMPENSATION

FOR ITS TOP MANAGEMENT OFFICIALS. INTEGRIS UTILIZES A COMPENSATION

COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR

STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH

**Part III Supplemental Information**

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

THIS COMPENSATION

SUPPLEMENTAL INFORMATION 3

SCHEDULE J, PART I, LINE 4B

THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS)

INTEGRIS PROVIDES TO CERTAIN EXECUTIVES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

THE PURPOSE OF THE PLAN IS TO SUPPLEMENT THE SPONSOR-PROVIDED RETIREMENT BENEFITS TO BE PAID TO SENIOR EXECUTIVES PURSUANT TO THE DEFINED BENEFIT PENSION PLAN. THE TAX DEFERRED ANNUITY PLAN AND OTHER QUALIFIED OR NON-QUALIFIED RETIREMENT PLANS WHICH ARE MAINTAINED BY THE SPONSOR

THE PLAN PROVIDES AN OPPORTUNITY TO EARN SUPPLEMENTAL INCENTIVE INCOME BY PROVIDING ANNUAL CONTRIBUTIONS TO THE ACCOUNT SO LONG AS THE EXECUTIVE REMAINS EMPLOYED BY THE SPONSOR TO RETIREMENT AGE OF 65

**Part III Supplemental Information**

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

THE FOLLOWING INDIVIDUALS LISTED IN PART VII OF FORM 990 PARTICIPATED IN

THIS PLAN

WENTZ MILLER

KARL WEINWEISTER

KARL WEINWEISTER RECEIVED A PAYMENT FROM THE PLAN IN THE CURRENT YEAR  
EQUAL TO \$614,894.

SUPPLEMENTAL INFORMATION 4

SCHEDULE J, PART I, LINE 7

THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM  
CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS).

INTEGRIS HEALTH HAS ESTABLISHED TWO PLANS THAT PROVIDE NON-FIXED PAYMENTS  
TO LISTED PERSONS. THE FIRST PLAN IS A FINANCIAL INCENTIVE PLAN THAT  
ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT

**Part III Supplemental Information**

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

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



**SCHEDULE J-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

▶ Attach to Form 990 to list additional information regarding compensation.

Employer identification number

23-7456301

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JIM BRIGGS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	186,650.	44,909.	15,172.	12,685.	12,620.	272,036.	123,366.
J. STEVE GRIGSBY, D.O.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	312,600.	4,539.	12,899.	14,950.	11,569.	356,557.	165,019.
CHARLES D. HILL	137,929.	56,666.	21,247.	7,148.	9,894.	232,884.	107,921.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JUDY HOISINGTON	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	144,933.	35,708.	16,222.	10,053.	10,500.	217,416.	98,432.
RICHARD L. HROMAS, M.D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	159,708.	12,736.	6,667.	8,503.	12,194.	199,808.	89,555.
STANLEY F. HUPFELD	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	576,971.	202,230.	65,802.	14,950.	13,060.	873,013.	422,502.
JERRY D. JONES	151,564.	28,490.	16,452.	9,253.	10,523.	216,282.	98,253.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WALTER CHARLES JORDAN	152,569.	31,318.	15,122.	10,313.	12,373.	221,695.	99,504.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WENTZ MILLER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	381,481.	110,691.	28,192.	33,905.	13,666.	567,935.	260,182.
KAREN REYNOLDS	110,373.	68,436.	21,680.	5,472.	2,528.	208,489.	100,245.
	12,756.	NONE	NONE	NONE	NONE	12,756.	6,378.
REX VANMETER	126,747.	36,832.	16,125.	4,655.	12,106.	196,465.	89,852.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KARL WEINMEISTER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	244,261.	694,726.	28,232.	14,950.	11,185.	993,354.	791,056.
PAUL A. WHITHAM	288,924.	63,265.	6,915.	12,461.	13,302.	384,867.	179,552.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RANDALL J. WENDT	265,050.	25,769.	6,929.	12,496.	13,225.	323,469.	148,874.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTOPHER J. DELONG	261,940.	NONE	6,337.	13,878.	12,913.	295,068.	134,138.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GARY L. PATZKOWSKY	180,939.	56,424.	7,808.	9,114.	12,392.	266,677.	122,585.
	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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

Schedule J-1 (Form 990) 2008



**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

23-7456301

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
H.C. BAUMAN DIRECTOR	1.	X					NONE	30,933.	NONE	
JIM BELLAH DIRECTOR	1.	X					NONE	NONE	NONE	
MARK BRISTER, PH.D. DIRECTOR	1.	X					NONE	NONE	NONE	
CURTIS L. BROWN, M.D. DIRECTOR	1.	X					NONE	NONE	NONE	
C. JOSEPH CHOUTEAU, M.D. DIRECTOR	1.	X					NONE	27,302.	NONE	
DARRELL L. MOORE DIRECTOR	1.	X					NONE	NONE	NONE	
J. STEVE GRIGSBY, D.O. DIRECTOR	1.	X					NONE	330,038.	26,519.	
RICHARD L. HROMAS, M.D. DIRECTOR	1.	X					NONE	179,111.	20,697.	
STANLEY F. HUPFELD CHAIR/CEO	1.	X		X			NONE	845,003.	28,010.	
DENNIS LUCKINBILL DIRECTOR/VICE CHAIR	1.	X					NONE	28,324.	NONE	
JEFF LUNGREN DIRECTOR/SECRETARY	1.	X					NONE	2,670.	NONE	
MARK MANN DIRECTOR	1.	X					23,572.	NONE	NONE	
STEVE SAXON DIRECTOR	1.	X					NONE	NONE	NONE	
KARL WEINMEISTER PRESIDENT/COO	1.	X		X			NONE	967,219.	26,135.	
JIM BRIGGS ASST. TREASURER	1.			X			NONE	246,731.	25,305.	
JUDY HOISINGTON ASST. SECRETARY	1.			X			NONE	196,863.	20,553.	
WENTZ MILLER ASST. TREASURER	1.			X			NONE	520,364.	47,571.	
CHARLES D. HILL PRESIDENT - SEMINOLE HOSPITAL	40.			X			215,842.	NONE	17,042.	
JERRY D. JONES PRESIDENT - CLINTON HOSPITAL	40.			X			196,506.	NONE	19,776.	
WALTER CHARLES JORDAN PRESIDENT - PRYOR HOSPITAL	40.			X			199,009.	NONE	22,686.	
KAREN REYNOLDS PRESIDENT - MADILL HOSPITAL	40.			X			200,489.	12,756.	8,000.	

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

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**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

Employer identification number

23-7456301

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .				
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>SUPPLIES</u> ) . . . . .	X	2	104,495.	FMV
26 Other ▶ ( <u>RENOVATIONS</u> ) . . . . .	X	1	352,115.	FMV
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** NONE

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 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? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2008

JSA

8E1298 1 000





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

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

- 3 Did the organization distribute its assets in accordance with its governing instruments? If "No," describe in Part III . . . . . 3
- 4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated? . . . . . 4a
- b (If "Yes," provide the date of the letter \_\_\_\_\_) . . . . .
- 5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . . 5a
- b If "Yes," did the organization provide such notice? . . . . . 5b
- 6 Did the organization discharge or pay all liabilities in accordance with state laws? . . . . . 6
- 7a Did the organization have any tax-exempt bonds outstanding during the year? . . . . . 7a
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? . . . . . 7b
- c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III . . . . .

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.**

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	REIMBURSEMENT OF EXPENSES		92,526,154	COST	73-1192764	INTEGRIS HEALTH, INC. 5300 N INDEPENDENCE AVE., SUITE 130	509(A)(3)

- 2 Did or will any officer, director, trustee, or key employee of the organization . . . . .
- a Become a director or trustee of a successor or transferee organization? . . . . . 2a X
- b Become an employee of, or independent contractor for, a successor or transferee organization? . . . . . 2b
- c Become a direct or indirect owner of a successor or transferee organization? . . . . . 2c
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? . . . . . 2d
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III . . . . .

**Part III** Supplemental Information. Complete this part to provide the information required by Part I, lines 2e, 7c, or Part II, line 2e; and any additional information.

SUPPLEMENTAL INFORMATION 1  
SCHEDULE N, PART II, LINE 2A  
BAPTIST HEALTHCARE OF OKLAHOMA, INC. (BHO) IS A MEMBER OF INTEGRIS HEALTH  
(INTEGRIS), AN INTEGRATED HEALTHCARE SYSTEM. BHO IS REIMBURSING INTEGRIS  
FOR EXPENSES RELATED TO MANAGEMENT, HOUSEKEEPING, UTILITIES, SECURITY AND  
OTHER INTEGRATED SERVICES PROVIDED BY INTEGRIS. THE FOLLOWING INDIVIDUALS  
WERE OFFICERS OR DIRECTORS OF BOTH ORGANIZATIONS AT THE TIME OF THE  
TRANSACTIONS:

- H.C BAUMAN
- C. JOSEPH CHOUTEAU, M.D.
- JUDY HOISINGTON
- STANLEY F. HUPFELD
- DENNIS LUCKINBILL
- WENTZ MILLER

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

Employer identification number

23-7456301

GENERAL STATEMENT 1  
FORM 990, BOX C: DOING BUSINESS AS  
INTEGRIS BAPTIST REGIONAL HEALTH CENTER  
INTEGRIS BASS BAPTIST HEALTH CENTER  
INTEGRIS GROVE GENERAL HOSPITAL  
INTEGRIS BASS HOME SERVICES PLUS  
INTEGRIS BASS HOME HEALTH CARE  
LIFE'S ADVANTAGE HOME HEALTH SERVICES  
HOSPICE OF PAWNEE COUNTY  
GRAND LAKE FAMILY PRACTICE  
GRAND LAKE ORTHOPEDIC  
GROVE SURGERY COMMERCIAL CHECKING  
PEDIATRIC & FAMILY MEDICINE  
INTEGRIS CLINTON REGIONAL HOSPITAL  
INTEGRIS BLACKWELL REGIONAL HOSPITAL  
INTEGRIS CHOCTAW MEMORIAL HOSPITAL  
INTEGRIS DRUMRIGHT MEMORIAL HOSPITAL  
INTEGRIS MAYES COUNTY MEDICAL CENTER  
INTEGRIS PAWNEE MUNICIPAL HOSPITAL  
INTEGRIS STROUD MUNICIPAL HOSPITAL  
INTEGRIS CANADIAN VALLEY REGIONAL HOSPITAL  
INTEGRIS REGENCY HOSPICE OF INTEGRIS BAPTIST REGIONAL HEALTH CENTER  
INTEGRIS MARSHALL MEMORIAL HOSPITAL DRUG TESTING LABORATORY  
INTEGRIS MARSHALL MEMORIAL HOSPITAL CLIA LABORATORY  
INTEGRIS MARSHALL MEMORIAL HOSPITAL HOME HEALTH

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

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INTEGRIS MARSHALL MEMORIAL HOSPITAL RURAL HEALTH CLINIC

INTEGRIS MARSHALL MEMORIAL HOSPITAL

INTEGRIS REGENCY HOSPICE

INTEGRIS BASS PAVILION

STROKE CENTER OF WESTERN OKLAHOMA

WESTERN OKLAHOMA STROKE CENTER

INTEGRIS MARSHALL COUNTY MEDICAL CENTER

WOMEN'S HEALTH CENTER OF PRYOR

TRINITY HOME MEDICAL EQUIPMENT

INTEGRIS HOSPICE OF MAYES COUNTY

INTEGRIS SEMINOLE MEDICAL CENTER

INTEGRIS EXPRESS CARE

WESTERN OKLAHOMA HOSPICE OF INTEGRIS CLINTON REGIONAL HOSPITAL

SAMARITAN HOME CARE OF INTEGRIS CLINTON REGIONAL HOSPITAL

INTEGRIS NORTHWEST FAMILY MEDICINE RESIDENCY PROGRAM

INTEGRIS SLEEP INSTITUTE OF ENID

INTEGRIS HEART AND VASCULAR INSTITUTE OF NORTHWEST OKLAHOMA

INTEGRIS GROVE HOSPITAL

INTEGRIS NORTHWEST SPECIALTY HOSPITAL

Name of the organization BAPTIST HEALTHCARE OF OKLAHOMA, INC.	Employer identification number 23-7456301
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GENERAL STATEMENT 2

PART III, LINE 4A: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BAPTIST HEALTHCARE OF OKLAHOMA, INC. (BHO) OPERATES THE FOLLOWING

HOSPITALS IN OKLAHOMA: INTEGRIS BLACKWELL REGIONAL HOSPITAL, INTEGRIS

MARSHALL COUNTY MEDICAL CENTER, INTEGRIS MAYES COUNTY MEDICAL CENTER,

INTEGRIS BASS BAPTIST HEALTH CENTER PAVILION, INTEGRIS CLINTON REGIONAL

HOSPITAL AND INTEGRIS SEMINOLE MEDICAL CENTER, WHICH ARE ALL PART OF THE

INTEGRIS HEALTH SYSTEM.

BHO PROVIDES AMOUNTS OF UNCOMPENSATED SERVICES. UNCOMPENSATED SERVICES

ARE THE COSTS OF PROVIDING FREE AND REDUCED COST CARE, WHICH INCLUDES

CHARITY CARE AND UNPAID COSTS OF MEDICAID PROGRAMS. AS NOT-FOR PROFIT

HOSPITALS, BHO PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THEIR ABILITY

TO PAY OR THEIR INSURANCE COVERAGE. THUS, IT PROVIDES A MUCH-NEEDED

SAFETY NET FOR MEMBERS OF THE BHO COMMUNITY WHO WOULD OTHERWISE HAVE NO

ACCESS TO MEDICAL CARE. CHARITY CARE COSTS ARE BASED ON THE OVERALL

HOSPITAL COST TO CHARGE RATIOS, BHO PROVIDED CHARITY CARE OF \$1,873,347

IN THE YEAR ENDED JUNE 30, 2009.

BHO ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS FOR

WHICH THE ORGANIZATION RECEIVES INADEQUATE PAYMENTS. UNPAID COSTS OF

MEDICAID PROGRAMS REFLECT THE DIFFERENCE BETWEEN COSTS TO PROVIDE PATIENT

CARE SERVICES AND THE RATE AT WHICH THE HOSPITAL IS REIMBURSED. MEDICAID

COSTS ARE BASED ON THE OVERALL HOSPITAL COST TO CHARGE RATIOS. BHO'S

UNPAID COSTS OF MEDICAID PROGRAMS EQUALED \$3,738,742.

BHO ALSO DID SEVERAL COMMUNITY BENEFIT FUNCTIONS DURING THE YEAR. THESE

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INCLUDED HEALTH FAIRS, FLU SHOT CLINICS, MENTORING AT SCHOOLS, ETC.

EXPENSES RELATED TO THIS TOTALED \$111,789.

IN ADDITION, BHO WROTE OFF \$16,554,384 IN PATIENT CHARGES FOR BAD DEBTS.

FOR ADDITIONAL DETAILS REGARDING COMMUNITY BENEFITS SEE THE ATTACHED

COMMUNITY BENEFIT REPORT ON SCHEDULE O BEGINNING WITH STATEMENT 3 THROUGH

5 AND PAGES 54 THROUGH 98.

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GENERAL STATEMENT 3

PART III, LINE 4A: COMMUNITY BENEFIT REPORT

INTEGRIS HEALTH COMMUNITY BENEFIT REPORT 2009

COMMENTS FROM STANLEY HUPFELD, PRESIDENT & CEO

THERE ARE MANY BENEFITS TO LIVING IN THE STATE OF OKLAHOMA. WE HAVE CLEAN AIR AND WATER, OUR COST OF LIVING IS LOW AND WE HAVE FARED MUCH BETTER THAN MOST OTHER STATES IN THIS WANING ECONOMY. BUT I BELIEVE THAT THE PEOPLE OF OKLAHOMA ARE OUR MOST DISTINGUISHING CHARACTERISTIC. IT WAS IN 1995 AFTER THE BOMBING OF THE MURRAH BUILDING THAT THE TERM OKLAHOMA STANDARD WAS COINED. THERE WERE SO MANY VOLUNTEERS THAT THE MEDIA BEGAN TO ASK PEOPLE TO STAY HOME. RESTAURANTS SET UP BARBEQUES TO FEED THE THRONGS FREE OF CHARGE, DONATIONS CAME IN FROM CLOTHING TO DOG FOOD FOR THE SEARCH DOGS. WE ARE PEOPLE WHO KNOW HOW TO CLOSE RANKS AND CARE FOR ONE ANOTHER. IT HAS HAPPENED AGAIN AND AGAIN, DURING TORNADOES, ICE STORMS AND FLOODS.

IN THE FOLLOWING PAGES YOU WILL FIND EXAMPLES OF HOW INTEGRIS IS CARING FOR ITS COMMUNITIES. AMONG THE LISTS YOU WILL FIND ACTIVITIES SUCH AS SCHOOL MENTORS, FREE CLINICS, YOUTH CAMPS AND ASSISTANCE FOR THE ELDERLY. IT IS IMPRESSIVE BUT IF YOU LOOK CLOSER YOU WILL FIND THIS IS MUCH MORE THAN A LIST; IT REPRESENTS THE REACHING OUT TO THOUSANDS OF PEOPLE.

I WAS VISITING THE CONSTRUCTION SITE OF OUR NEW HOSPITAL IN GROVE. WHILE THERE A YOUNG MAN CAME UP TO ME AND INTRODUCED HIMSELF. HE WAS A CONSTRUCTION ENGINEER ON THE PROJECT. HE REMINDED ME THAT HE WAS IN OUR

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FIRST BEEP CLASS. BEEP IS A PROGRAM WE RUN FOR JUVENILE OFFENDERS TO ASSIST THEM IN FINISHING HIGH SCHOOL AND GOING TO COLLEGE. HE THANKED ME FOR HELPING HIM TURN HIS LIFE AROUND AND GET A DEGREE.

SO AS YOU SCAN THESE PAGES AND SEE THE MANY WHO HAVE BEEN IMPACTED BY THESE PROGRAMS, YOU WILL SEE HOW INTEGRIS IS LIVING UP TO THE OKLAHOMA STANDARD.

SINCERELY,

STANLEY F. HUPFELD, FACHE

PRESIDENT & CEO

INTEGRIS HEALTH

WE LEARNED A LONG TIME AGO THAT WE CAN'T IMPROVE THE HEALTH OF THE PEOPLE AND THE COMMUNITIES WE SERVE, AND FULLY CARE FOR OUR COMMUNITY BY STAYING EXCLUSIVELY WITHIN THE WALLS OF OUR FACILITIES.

THAT'S WHY "RETURNSHIP" IS SUCH AN IMPORTANT PART OF OUR PHILOSOPHY. WHAT IS RETURNSHIP? IT'S GIVING BACK PART OF OURSELVES TO THE COMMUNITIES WE SERVE.

GIVING BACK IS EXEMPLIFIED BY OUR PHYSICIANS, EMPLOYEES AND VOLUNTEERS WHO TAKE THEIR EDUCATION AND SKILLS INTO THE COMMUNITY TO MAKE A DIFFERENCE IN THE LIVES OF FELLOW OKLAHOMANS. THEIR DEDICATION, COMBINED WITH OUR RESOURCES AT INTEGRIS HEALTH, HELPS ACCOMPLISH A VARIETY OF

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THINGS - FROM PROVIDING FREE CLINICAL SERVICES, SCREENINGS AND EDUCATION PROGRAMS TO WORKING WITH JUVENILE OFFENDERS AND PROVIDING ACTIVITIES FOR SENIOR CITIZENS.

WE ALSO REALIZE THAT THE HEALTH OF A COMMUNITY ISN'T JUST PHYSICAL AND MENTAL - IT'S ECONOMIC AND SPIRITUAL AS WELL. THAT'S WHY WE OFFER A MYRIAD OF PROGRAMS THAT ADDRESS ALL OF THESE IMPORTANT ISSUES.

IT'S BEEN SAID THAT WHEN WE LEAVE THIS EARTH WE CAN TAKE WITH US NOTHING THAT WE HAVE RECEIVED - ONLY WHAT WE HAVE GIVEN. WE STRIVE TO GIVE WITH A FULL HEART ENRICHED BY HONEST SERVICE, LOVE, SACRIFICE AND COURAGE.

INTEGRIS HEALTH

POSITIVE DIRECTIONS MENTORING PROGRAM

POSITIVE DIRECTIONS WAS ESTABLISHED IN 1991 AS A BUSINESS/SCHOOL PARTNERSHIP ENCOURAGING VOLUNTEERS TO BECOME MENTORS TO ELEMENTARY SCHOOL STUDENTS. WITH ITS OBJECTIVES TO IMPROVE STUDENTS' CLASSROOM PARTICIPATION BY BUILDING SELF-ESTEEM, POSITIVE RELATIONSHIPS AND OVERCOMING NEGATIVE BEHAVIORS, VOLUNTEER MENTORS SPEND ONE HOUR PER WEEK WITH THEIR STUDENT. APPROXIMATELY 421 MENTORS PARTICIPATED DURING THE 2008/2009 SCHOOL YEAR, DONATING 6,590 HOURS OF THEIR TIME. THE PROGRAM IS IN PLACE IN THREE SCHOOLS IN OKLAHOMA CITY, ONE IN YUKON AND TWO IN SEMINOLE.

BASIC EDUCATION EMPOWERMENT PROGRAM

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JUVENILE OFFENDERS AND AT-RISK YOUTH ARE TAUGHT LIFE AND SOCIAL SKILLS IN EXCHANGE FOR THEIR PROMISE TO COMPLETE THEIR HIGH-SCHOOL EDUCATION OR GED AND PARTICIPATE IN COMMUNITY SERVICE ACTIVITIES. SINCE THE BEEP PROGRAM BEGAN IN 1995, NEARLY 100 YOUTH HAVE PARTICIPATED IN THIS PROGRAM.

MOVE FOR LIFE - FAMILIES

THE INTEGRIS HEALTH MOVE FOR LIFE PROGRAM BEGAN IN 2003 TO COMBAT THE RISING PROBLEM OF CHILDHOOD OBESITY. THIS SCHOOL-BASED PROGRAM HELPS EDUCATE CHILDREN ABOUT THE IMPORTANCE OF NUTRITION AND PHYSICAL ACTIVITY. IN 2007, THE FAMILIES PROGRAM WAS BEGUN TO BRING INFORMATION TO PARENTS AND THEIR CHILDREN. THESE FAMILIES LEARN ABOUT NUTRITION, WAYS TO INCREASE PHYSICAL ACTIVITY THROUGHOUT THEIR DAY, AND INFORMATION ABOUT POSITIVE BODY IMAGE AND ROLE MODELING. BOTH PROGRAMS TOGETHER REACH APPROXIMATELY 1100 PARTICIPANTS PER YEAR.

"YOUNG AT HEART" SENIOR PROM

INTEGRIS THIRD AGE LIFE CENTER HOSTS THE ANNUAL "YOUNG AT HEART" SENIOR PROM FOR LOCAL NURSING HOME AND ASSISTED LIVING CENTER RESIDENTS, SENIOR NUTRITION CENTER CLIENTS AND METRO AREA SENIORS. GUESTS ARE TREATED TO THE SOUNDS OF A BIG BAND, DANCING, REFRESHMENTS, PHOTOS AND CROWNING OF A PROM KING AND QUEEN.

NAMI WALK

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INTEGRIS MENTAL HEALTH EMPLOYEES FORMED A WALK TEAM AND VOLUNTEERED THEIR TIME AND ENERGY IN SUPPORT OF THE NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) WALK HELD ON MAY 16, 2009, AT STARS AND STRIPES PARK IN OKLAHOMA CITY, OKLAHOMA.

DR. R. MURALI KRISHNA, PRESIDENT AND COO, INTEGRIS MENTAL HEALTH AND THE JAMES L. HALL JR. CENTER FOR MIND, BODY AND SPIRIT, WAS THIS YEAR'S BUSINESS CHAIRMAN. HE INSPIRED THE CROWD, CUT THE RIBBON AND LED MORE THAN 1,000 PARTICIPANTS COMMITTED TO IMPROVING THE LIVES OF INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL ILLNESS. THE FOREMOST PURPOSE OF THE WALK WAS TO RAISE AWARENESS AND DE-STIGMATIZE MENTAL ILLNESS IN OUR COMMUNITY.

NAMI IS A NON-PROFIT, GRASSROOTS ORGANIZATION FOUNDED IN 1979. THIS ORGANIZATION WORKS AT THE LOCAL, STATE AND NATIONAL LEVEL TO PROVIDE A WIDE RANGE OF FREE SELF-HELP, SUPPORT, EDUCATION AND ADVOCACY PROGRAMS FOR INDIVIDUALS AFFECTED BY MENTAL ILLNESS AND THEIR FAMILIES. ONE IN FOUR ADULTS, APPROXIMATELY 57.7 MILLION AMERICANS, EXPERIENCES A MENTAL HEALTH DISORDER IN A GIVEN YEAR.

SENIOR CAFÈ

SENIORS GATHER EACH MONTH AT INTEGRIS SOUTHWEST MEDICAL CENTER FOR A NUTRITIOUS MEAL, SOCIAL INTERACTION AND ENTERTAINMENT.

INTEGRIS HEALTH IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS (ABOUT 9,000

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EMPLOYEES STATEWIDE), WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, FITNESS CENTERS, INDEPENDENT LIVING CENTERS AND HOME HEALTH AGENCIES THROUGHOUT MUCH OF THE STATE.

THROUGH ITS AFFILIATES, INTEGRIS HEALTH OPERATES 13 HOSPITALS, INCLUDING INTEGRIS MENTAL HEALTH SPENCER AND INTEGRIS MEADOWLAKE IN ENID. THE ORGANIZATION HAS AFFILIATED MENTAL HEALTH PROVIDERS IN 50 OKLAHOMA TOWNS AND CITIES, AND OFFERS HOSPICE SERVICES THROUGH HOSPICE OF OKLAHOMA COUNTY. APPROXIMATELY SIX OUT OF EVERY 10 OKLAHOMANS LIVE WITHIN 30 MILES OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS HEALTH ORGANIZATION. COLLECTIVELY, THE ENTITIES WITHIN INTEGRIS HEALTH MAINTAIN MORE THAN 1,900 LICENSED BEDS AND HAVE MEDICAL STAFFS THAT NUMBER MORE THAN 2,500 PHYSICIANS.

INTEGRIS BAPTIST MEDICAL CENTER

MOBILE MEALS

THIS PROGRAM PROVIDES MEALS FIVE DAYS A WEEK YEAR-ROUND TO ITS RECIPIENTS. MEALS ARE DELIVERED TO THOSE WHO ARE UNABLE TO LEAVE THEIR RESIDENCE, GIVING THEM A CHANCE TO HAVE A HOT MEAL THAT THEY MAY BE UNABLE TO PREPARE FOR THEMSELVES.

FRANCIS TUTTLE RESPIRATORY THERAPY ROTATIONS

INTEGRIS BAPTIST MEDICAL CENTER'S RESPIRATORY THERAPY HEALTH CAREER CONSULTANT SERVES AS CLINICAL FACULTY TO FRANCIS TUTTLE TECHNOLOGY CENTER

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RESPIRATORY THERAPY STUDENTS WHO COMPLETE ROTATIONS AT INTEGRIS HEALTH.

ASTHMA EDUCATION CLINICS

FUN ASTHMA EDUCATIONAL EVENTS ARE OFFERED TO LOCAL SCHOOLS BY INTEGRIS

BAPTIST MEDICAL CENTER'S RESPIRATORY DEPARTMENT ALONG WITH THE AMERICAN

LUNG ASSOCIATION.

THE STUDENTS, PARENTS, COACHES AND VOLUNTEERS ARE TAUGHT ASTHMA EDUCATION

THROUGH THE USE OF EDUCATIONAL GAMES AND BOOTHS TO LEARN THE DIFFERENT

TYPES OF ASTHMA MEDICATIONS, PLUS HOW TO USE THE DELIVERY DEVICES ARE

INCLUDED IN THE ACTIVITIES. THE GOAL IS NOT ONLY TO INCREASE ASTHMA

KNOWLEDGE FOR THOSE WITH ASTHMA, BUT ALSO FOR THOSE WHO HELP CARE FOR

THEM.

AFRICAN AMERICAN WOMEN'S HEALTH FORUM

INTEGRIS HEALTH PHYSICIANS PARTICIPATED IN THE AFRICAN AMERICAN WOMEN'S

HEALTH FORUM "ASK THE DOCTORS" PANEL HELD ON SATURDAY, SEPT. 12, 2009.

KOCO-TV REPORTER DARRIELLE SNIPES SERVED AS MISTRESS OF CEREMONIES.

OKC THUNDER COACHES, PLAYERS AND STAFF MAKE ROUNDS

APPROXIMATELY 25 COACHES, PLAYERS AND STAFF OF THE OKLAHOMA CITY THUNDER

BASKETBALL TEAM RECENTLY VISITED PATIENTS AT INTEGRIS BAPTIST MEDICAL

CENTER.

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THEY SPLIT UP INTO FIVE GROUPS AND WENT ROOM TO ROOM CHATTING WITH PATIENTS AND THEIR FAMILIES. THEY TOOK PICTURES AND SIGNED AUTOGRAPHS AS WELL. THEY MADE STOPS IN THE PEDIATRIC UNIT, THE BURN UNIT, THE INTEGRIS HEART HOSPITAL AND JIM THORPE REHABILITATION. THEY HANDED OUT THUNDER BRACELETS TO THE ADULTS AND TEDDY BEARS TO THE CHILDREN.

THE VISIT WAS ACTUALLY A SURPRISE FOR THE PLAYERS. WHEN THEY SHOWED UP FOR PRACTICE, THEIR COACHES TOLD THEM THERE HAD BEEN A CHANGE OF PLANS - THEY WERE GOING TO HELP LIFT THE SPIRITS OF THE SICK AND INJURED. THE PATIENTS AND HOSPITAL STAFF WERE THRILLED TO MEET THESE "GENTLE GIANTS" IN PERSON AND THE TEAM SEEMED EQUALLY TOUCHED BY THE EXPERIENCE. INTEGRIS HEALTH IS THE OFFICIAL HEALTH CARE PROVIDER FOR THE OKC THUNDER.

INTEGRIS BAPTIST MEDICAL CENTER OPENED ITS DOORS ON EASTER SUNDAY 1959 AS A 200 BED HOSPITAL. TODAY, THE ONLY OKLAHOMA-OWNED DESIGNATED MAGNET HOSPITAL FOR EXCELLENCE IN NURSING SERVICES, IS A CENTER OF LEADING EDGE MEDICINE, AND HOME TO A FULL SERVICE HEART HOSPITAL, A COMPREHENSIVE TRANSPLANT INSTITUTE AND A REGIONAL BURN CENTER.

INTEGRIS BAPTIST ALSO OFFERS A FULL RANGE OF DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE SERVICES AND IS LICENSED FOR MORE THAN 500 BEDS. CENTERS OF EXCELLENCE INCLUDE THE PAUL SILVERSTEIN BURN CENTER, INTEGRIS HEART HOSPITAL, NAZIH ZUHDI TRANSPLANT INSTITUTE, TROY & DOLLIE SMITH CANCER CENTER, HENRY G. BENNETT JR. FERTILITY INSTITUTE, M.J. AND S. ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER OF OKLAHOMA, JAMES R. DANIEL CEREBROVASCULAR AND STROKE CENTER AND THE HOUGH EAR INSTITUTE.

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INTEGRIS BAPTIST REGIONAL HEALTH CENTER

CAMP MUDVILLE AT THE GYM

INTEGRIS BAPTIST REGIONAL HELPED SPONSOR CAMP MUDVILLE AT THE GYM. THE DAY CAMP WAS OPEN TO AREA CHILDREN AND FOCUSED ON HEALTH AND FITNESS. TOPICS OF DISCUSSION INCLUDED HEALTHY EATING, EXERCISING AND STAYING PHYSICALLY FIT. AREA ATHLETES VOLUNTEERED THEIR TIME AND SPOKE TO THE KIDS ABOUT KEEPING A POSITIVE SELF ESTEEM, AND THE DANGERS OF DRUG AND ALCOHOL ABUSE. ALL KIDS RECEIVED A FREE COMMEMORATIVE T-SHIRT.

MIAMI SENIOR CITIZENS' DAY

ON APRIL 28, INTEGRIS BAPTIST REGIONAL HOSTED THE 23RD ANNUAL OTTAWA COUNTY SENIOR CITIZENS' DAY AT THE MIAMI CIVIC CENTER. A CROWD OF MORE THAN 400 AREA RESIDENTS PARTICIPATED IN THE DAY COMPLETE WITH FREE HEALTH SCREENINGS, EDUCATIONAL INFORMATION, ENTERTAINMENT, A FREE LUNCHEON AND MUCH MORE.

THE EVENT UTILIZED THE DOWNSTAIRS GYM AREA TO HOST NEARLY 60 VENDORS. THIS ALLOWED MORE ROOM FOR PARTICIPANTS TO MOVE AROUND AND VISIT EACH BOOTH. MUSICAL ENTERTAINMENT BY THE BAND MOVIN' ON WAS ENJOYED BY THOSE UPSTAIRS WITH AN EXPANDED DANCE FLOOR, AND A CONTINENTAL BREAKFAST WAS PROVIDED. SENIOR CITIZENS' DAY IS PART OF THE INTEGRIS GENERATIONS LUNCH & LEARN PROGRAM AND FEATURED UROLOGIST PATRICK STOUT, M.D., AS THE GUEST SPEAKER.

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BACK TO SCHOOL FAIR

HUNDREDS OF AREA RESIDENTS WAITED IN LINE FOR HOURS ON AUG. 3 TO ENSURE

THEY COULD RECEIVE FREE SCHOOL SUPPLIES, HEALTH SCREENINGS, HAIRCUTS AND

OTHER SERVICES. THE EVENT WAS HELD AT THE MIAMI CIVIC CENTER.

THE FAIR OFFERED FREE SCHOOL SUPPLIES SUCH AS BACKPACKS, RULERS, PAPER

AND OTHER CLASSROOM NECESSITIES. INTEGRIS BAPTIST REGIONAL DONATED 600

BOXES OF KLEENEX AND GAVE OUT FILE FOLDERS AND PENCILS TO AREA YOUTH.

"THIS IS THE FOURTH YEAR WE HAVE PARTICIPATED IN THE EVENT, AND THE TOUGH

ECONOMY LIKELY CONTRIBUTED TO THE RECORD CROWDS THIS YEAR," SAYS JENNIFER

HESSEE, DIRECTOR OF MARKETING. "PARTICIPATING IN THE ANNUAL EVENT IS JUST

ONE OF MANY WAYS THAT INTEGRIS BAPTIST REGIONAL PROVIDES SUPPORT TO OUR

COMMUNITY."

OTTAWA COUNTY FAIR

INTEGRIS BAPTIST REGIONAL HOSTED A COMMUNITY HEALTH FAIR HONORING THE

HOSPITAL'S 90TH ANNIVERSARY ON AUG. 21 AT THE OTTAWA COUNTY FAIR. LOCATED

IN A LARGE TENT ADJACENT TO THE LIVESTOCK SHOW RING, PARTICIPANTS

RECEIVED FREE HEALTH SCREENINGS AND INFORMATION, REFRESHMENTS,

GIVE-A-WAYS, CHILDREN'S ACTIVITIES AND MORE.

ONE OF THE FAVORITE AREAS WAS THE ASK THE PHYSICIAN BOOTH. DRS. STEVE

GRIGSBY, MARK OSBORN, SUSU LIN AND THANT ZIN WERE AVAILABLE TO VISIT WITH

AND ANSWER QUESTIONS FOR PARTICIPANTS.



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INTEGRIS BAPTIST REGIONAL IS LOCATED IN OTTAWA COUNTY. IN ADDITION TO  
 MIAMI, THE HOSPITAL'S SERVICE AREA ENCOMPASSES THE ENTIRE COUNTY, AS WELL  
 AS NORTHEAST OKLAHOMA AND THE ADJACENT BORDER AREAS OF KANSAS AND  
 MISSOURI. MORE THAN 59,000 PEOPLE LIVE IN THE TOTAL SERVICE AREA OF THE  
 HOSPITAL. INTEGRIS BAPTIST REGIONAL CONTINUES TO INVEST MILLIONS IN THE  
 117-BED FACILITY EACH YEAR TO ADD TECHNOLOGY AND EXPAND SERVICES,  
 BRINGING THE BEST IN HEALTH CARE TO NORTHEAST OKLAHOMA. RECENT EXPANSIONS  
 AND RENOVATIONS INCLUDE A NEW ER, NEW WOMEN'S CENTER AND AN EXPANDED  
 LABORATORY.

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INTEGRIS BASS BAPTIST HEALTH CENTER

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INTEGRIS SUPPORTS SAFE KIDS

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INTEGRIS BASS BAPTIST EMPLOYEES SHOW THEIR SUPPORT FOR THE GARFIELD  
 COUNTY SAFE KIDS COALITION IN MEMORY OF THEIR LATE FRIEND AND CO-WORKER  
 DAVID HARRISON. THE MONETARY DONATIONS ARE USED TO BUY BICYCLE HELMETS  
 FOR CHILDREN.

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INTEGRIS BASS HOSTS SCRUB CAMP

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INTEGRIS BASS BAPTIST HOSTED A GROUP OF HIGH SCHOOL STUDENTS AS THEY  
 EXPLORED HEALTH CARE CAREERS.

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CHILI COOK-OFF SUPPORTS UNITED WAY

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A CHILI COOK-OFF IS JUST ONE OF THE MANY ACTIVITIES IN WHICH INTEGRIS BASS BAPTIST SUPPORTS THE UNITED WAY IN ENID. THIS YEAR'S WINNING BOOTH, CHILI-OPOLY, WON THE HOSPITAL'S COMPETITION.

COMMUNITY WALKING PROGRAM POPULAR AT INTEGRIS BASS BAPTIST

MORE THAN 100 EMPLOYEES AT INTEGRIS BASS BAPTIST HEALTH CENTER PARTICIPATED IN "WALK THIS WAY," A COMMUNITY-WIDE WALKING PROGRAM THAT KICKED OFF IN SEPTEMBER. INTEGRIS WAS A CORPORATE SPONSOR OF THE EVENT, WHICH WAS DESIGNED TO ENCOURAGE PEOPLE TO START WALKING EVERY DAY AS PART OF AN EFFORT TO BE MORE ACTIVE. THE GOAL IS THAT PEOPLE PARTICIPATING WILL CONTINUE WALKING REGULARLY AFTER THE PROGRAM HAS ENDED.

INTEGRIS HOSTS COMMUNITY HEALTH FAIR

IN SUPPORT OF MAKE A DIFFERENCE DAY, THE INTEGRIS NORTHWEST HEALTH FOUNDATION HOSTED A FREE, COMMUNITY-WIDE HEALTH FAIR AT MARK PRICE ARENA. THE HEALTH FAIR OFFERED FREE HEALTH SCREENINGS INCLUDING GLUCOSE, PSA, BODY MASS INDEX, HEARING AND BLOOD PRESSURE CHECKS. THE EVENT ALSO FEATURED DISPLAYS, WELLNESS INFORMATION, AND DOOR PRIZES. THE GARFIELD COUNTY HEALTH DEPARTMENT ALSO GAVE H1N1 VACCINATIONS. THE HEALTH FAIR WAS A COMMUNITY SERVICE OF THE INTEGRIS NORTHWEST HEALTH FOUNDATION AND INTEGRIS BASS BAPTIST HEALTH CENTER IN COOPERATION WITH NUMEROUS NONPROFIT COMMUNITY AGENCIES.

OPERATION BASS CARES

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INTEGRIS BASS BAPTIST HEALTH CENTER MADE THE HOLIDAYS A LITTLE BRIGHTER  
 THIS YEAR FOR SOME OF OUR TROOPS SERVING IN IRAQ. THROUGH A PROGRAM  
 CALLED OPERATION BASS HOSPITAL CARES, HOSPITAL EMPLOYEES FILLED WRAPPED  
 SHOE BOXES WITH CHRISTMAS CARE PACKAGES FOR OUR TROOPS SERVING OVERSEAS.  
 THE PROJECT WAS FACILITATED THROUGH THE HOSPITAL'S CUSTOMER SERVICE  
 PROGRAM CAREMORE. MORE THAN 200 BOXES MADE THE TRIP OVERSEAS.

MARCH OF DIMES  
 THE HOSPITAL PARTICIPATES AS A SPONSOR FOR THE ANNUAL WALK FOR BABIES AND  
 FOR THE BREAKFAST WITH SANTA ACTIVITY FOR YOUNG CHILDREN IN THE  
 COMMUNITY.

AMERICAN CANCER SOCIETY RELAY FOR LIFE  
 THIS ANNUAL OVERNIGHT EVENT RAISES MONEY AND AWARENESS FOR CANCER AND THE  
 EFFECTS ON THE VICTIMS AND THEIR FAMILIES. INTEGRIS BASS IS A LEADING  
 CORPORATE SPONSOR AND PARTICIPATED BY FIELDING TWO "OVERNIGHT" TEAMS OF  
 EMPLOYEES.

REGIONAL BLOOD PRESSURE CLINICS  
 INTEGRIS BASS HOME HEALTH TRAVELS TO RURAL COMMUNITIES INSIDE ITS  
 BUSINESS AREA AND PROVIDES FREE BLOOD PRESSURE CHECKS.

MOBILE MEALS

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BASS PROVIDES MEALS DAILY AS PART OF THE MEALS ON WHEELS PROGRAM, WHICH PROVIDES LOW COST MEALS TO HOMEBOUND RESIDENTS.

SPORTS MEDICINE PROGRAM

INTEGRIS BASS BAPTIST HEALTH CENTER PROVIDES ATHLETIC TRAINING SERVICES TO ALL ENID HIGH SCHOOL ATHLETIC EVENTS AT NO COST TO THE SCHOOL SYSTEM.

INTEGRIS BASS BAPTIST HEALTH CENTER, LOCATED IN ENID IN NORTH CENTRAL OKLAHOMA, ENJOYS THE DISTINCTION OF HAVING SERVED THE ENID AREA LONGER THAN ANY OTHER GENERAL HOSPITAL. FOUNDED IN 1910, IT WAS FIRST OPERATED FROM INSIDE A SIX-BEDROOM HOME. IT IS THE ONLY NON-PROFIT HOSPITAL IN THE COMMUNITY AND THE ONLY OKLAHOMA-OWNED HOSPITAL IN THE COMMUNITY. THE GARFIELD COUNTY CAMPUS NOW ENCOMPASSES A COMBINATION OF 207 LICENSED BEDS THROUGHOUT THREE FACILITIES. BESIDES THE ACUTE CARE HOSPITAL, ENID HAS MEADOWLAKE AND INTEGRIS NORTHWEST SPECIALTY HOSPITAL.

INTEGRIS BASS BAPTIST HAS MADE A COMMITMENT TO EXCELLENCE. THE OPEN HEART SURGERY PROGRAM CONTINUES TO OFFER THE BEST CARDIAC CARE IN NORTHWEST OKLAHOMA. RECENTLY INTEGRIS BASS BAPTIST CONSTRUCTED A NEW EMERGENCY CENTER AND WOMEN'S CENTER AND CONTINUES TO PURCHASE ADVANCED, LEADING EDGE DIAGNOSTIC EQUIPMENT. THE PROJECTS TRIPLED THE SIZE OF THE EXISTING ER, EQUIPPED THE WOMEN'S CENTER WITH STATE-OF-THE-ART BIRTHING SUITES AND ALLOW RESIDENTS OF ITS SERVICE AREA TO RECEIVE FASTER DIAGNOSES.

INTEGRIS BLACKWELL REGIONAL HOSPITAL

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STUDENT GOVERNING BOARD

FOR 15 YEARS, INTEGRIS BLACKWELL HAS MADE AVAILABLE TO HIGH SCHOOL SENIORS IN BLACKWELL, NEWKIRK, TONKAWA, DEER CREEK-LAMONT AND BRAMAN THE OPPORTUNITY TO GAIN A POSITION ON ITS STUDENT GOVERNING BOARD. THE PROGRAM'S OBJECTIVE IS TO EDUCATE THE STUDENTS ABOUT HEALTH CARE CAREERS. THE BOARD MEETS ONCE PER MONTH FOR SIX MONTHS. AT EACH SESSION, REPRESENTATIVES FROM A DIFFERENT DEPARTMENT PRESENT CAREER INFORMATION INCLUDING EDUCATION REQUIREMENTS AND SALARY EXPECTATIONS TO THE STUDENTS. AT THE END OF THE SCHOOL YEAR, THE STUDENT GOVERNING BOARD MEMBERS TAKE A TOUR OF INTEGRIS BAPTIST MEDICAL CENTER. IN ADDITION TO THE PRIVILEGE OF BEING ON THE BOARD, ONE SENIOR IS AWARDED A \$1,000 COLLEGE SCHOLARSHIP BY THE HOSPITAL.

COMMUNITY HEALTH FAIR

EACH YEAR INTEGRIS BLACKWELL ALONG WITH THE BLACKWELL AREA CHAMBER OF COMMERCE HOSTS A FREE HEALTH FAIR FOR THE COMMUNITY. REPRESENTATIVES FROM HEALTH CARE SERVICES ARE PRESENT TO ANSWER QUESTIONS FROM LOCAL CITIZENS. IN 2009 MORE THAN 150 PEOPLE RECEIVED REDUCED PRICE BLOOD TESTING. INFORMATION ABOUT DIABETES, CHIROPRACTIC CARE, NUTRITION, ACUPUNCTURE, PHYSICAL THERAPY, ORGAN DONATION, HEART DISEASE, HOME HEALTH, FOOT CARE AND HOSPICE IS AVAILABLE AS WELL AS FREE TETANUS SHOTS AND BLOOD PRESSURE CHECKS. THE EVENT IS MEANT TO EDUCATE THE COMMUNITY ABOUT LOCAL HEALTH RESOURCES AND HEALTHIER LIFESTYLES.

LUNCH & LEARN SERIES

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INTEGRIS BLACKWELL PROVIDES EDUCATIONAL LUNCHEONS AT VARIOUS TIMES  
 THROUGHOUT THE YEAR. THESE LUNCHEONS FEATURE DOCTORS AND OTHER EXPERTS IN  
 THE MEDICAL FIELD AND ARE FREE TO THE COMMUNITY. THE TOPICS RANGE FROM  
 HEART HEALTH, NUTRITION FOR ADULTS AND DIABETES AWARENESS, TO CANCER  
 PREVENTION AND STROKE AWARENESS. AROUND 80 TO 100 CITIZENS ATTEND EACH  
 LUNCHEON.

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DIABETES EDUCATION

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THE DIABETES CENTER OF OKLAHOMA AT INTEGRIS BLACKWELL HOSTS A MONTHLY  
 DIABETES SUPPORT GROUP MEETING. IN ADDITION TO IMPORTANT DIABETES  
 INFORMATION, SUPPLIES SUCH AS BLOOD GLUCOSE METERS ARE ALSO PROVIDED TO  
 THE COMMUNITY FREE OF CHARGE. IN JANUARY, MORE THAN 100 PEOPLE ATTENDED  
 THE MONTHLY MEETING AND ALL OF THEM RECEIVED A BLOOD GLUCOSE METER AS  
 WELL AS NUTRITIONAL INFORMATION AND GREAT EDUCATIONAL MATERIALS. "IT WAS  
 WONDERFUL TO SEE SUCH A GREAT TURNOUT. IT JUST SHOWS THAT PEOPLE IN THIS  
 AREA WANT TO HAVE A PLACE WHERE THEY CAN GET MORE INFORMATION ABOUT THEIR  
 DIABETES," STATES TERESA BARBATO, RN, CERTIFIED DIABETES EDUCATOR.  
 "EDUCATION AND PREVENTION IS THE KEY FOR SUCCESS TO PREVENT DIABETES  
 COMPLICATIONS."

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CARE FUND

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FUNDED BY DONATIONS FROM THE INTEGRIS BLACKWELL REGIONAL HOSPITAL  
 FOUNDATION AND HOSPITAL EMPLOYEES, THE CARE FUND (COMMUNITY ASSISTANCE  
 RELIEF EFFORT) PROVIDES ASSISTANCE FOR INPATIENT, OUTPATIENT AND ER

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PATIENTS AT INTEGRIS BLACKWELL REGIONAL HOSPITAL. THE PURPOSE OF THE CARE PROGRAM IS TO IMPROVE THE QUALITY OF CARE FOR NEEDY PATIENTS AS THEY RETURN HOME AFTER THEIR HOSPITAL STAY, TO IMPROVE THE WELLNESS OF THE COMMUNITY THROUGH OUTREACH EDUCATION, AND TO DECREASE UNNECESSARY VISITS TO THE EMERGENCY ROOM AND PHYSICIAN'S CLINICS. THE CARE FUND CAN INCLUDE ASSISTANCE WITH THE FOLLOWING: MEDICATIONS, MEDICAL EQUIPMENT AND SUPPLIES NEEDED AFTER RELEASE FROM THE HOSPITAL, DIABETES SUPPLIES AND SERVICES, MEDICAL SERVICES INCLUDING ULTRASOUNDS, X-RAYS AND PHYSICAL THERAPY. THIS PROGRAM HAS MADE A TREMENDOUS DIFFERENCE IN MANY LIVES, FROM A YOUNG TRAFFIC VICTIM NEEDING PHYSICAL THERAPY AND AN ELDERLY WOMAN NEEDING A TRANSFER BENCH IN ORDER TO BE RELEASED FROM HOSPITAL CARE TO HOME HEALTH CARE, TO A LARGE NUMBER OF PREGNANT PATIENTS WITH GESTATIONAL DIABETES NEEDING EDUCATION, SUPPLIES AND DIETARY SERVICES IN ORDER TO IMPROVE THEIR HEALTH.

LOCATED IN NORTH CENTRAL OKLAHOMA NEAR THE KANSAS BORDER IN THE HEART OF OKLAHOMA'S WHEAT COUNTRY, INTEGRIS BLACKWELL REGIONAL HOSPITAL HAS GROWN FROM ITS INCEPTION IN A TWO-STORY RED BRICK BUILDING TO A 53-BED HOSPITAL. ITS SERVICE AREA REACHES OUTSIDE OF BLACKWELL TO INCLUDE THE COMMUNITIES OF NARDIN, TONKAWA, LAMONT, MEDFORD, DEER CREEK, AND SOUTH HAVEN, KANSAS.

FOR MORE THAN 50 YEARS INTEGRIS BLACKWELL HAS BROUGHT THE BEST IN MEDICAL SERVICES TO THE COMMUNITY, AS ADVANCEMENTS IN TECHNOLOGY HAVE PROVIDED BETTER AVENUES OF CARE. THE HOSPITAL HAS CONSECUTIVELY WON THE VHA LEADERSHIP AWARD FOR CLINICAL EXCELLENCE AND IS ACCREDITED BY THE HEALTH CARE FINANCING ADMINISTRATION AS A MEDICARE PROVIDER, AS WELL AS THE

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JOINT COMMISSION. INTEGRIS BLACKWELL IS A MEMBER OF THE OKLAHOMA HOSPITAL ASSOCIATION.

INTEGRIS CANADIAN VALLEY REGIONAL HOSPITAL (YUKON)

RELAY FOR LIFE TAKES A TEAM EFFORT

HOPE - IT'S WHAT KEEPS US GOING WHEN WE'RE OVERWHELMED BY DISCOURAGING CIRCUMSTANCES. AND IT WAS THE SUPPORT OF 28 INDIVIDUAL TEAMS THAT KEPT HOPE ALIVE IN THE YUKON COMMUNITY FOR THE 25TH ANNIVERSARY OF THE NATIONAL RELAY FOR LIFE PROGRAM. DURING THE 12-HOUR EVENT, DIFFERENT TEAM REPRESENTATIVES WALKED THE TRACK IN HONOR AND MEMORY OF THOSE LIVES TOUCHED AND LOST BY CANCER. TEAM MEMBERS FROM INTEGRIS CANADIAN VALLEY HOSPITAL RAISED MORE THAN \$2,200 FOR THE AMERICAN CANCER SOCIETY EVENT.

HAND HYGIENE EDUCATION

FOR THOUSANDS OF FOLKS, CZECH FEST IS ALL ABOUT FOOD, FUN AND FABULOUS CARNIVAL RIDES. BUT FOR THE FOLKS AT INTEGRIS CANADIAN VALLEY, IT WAS AN OPPORTUNITY TO SPREAD THE WORD (NOT GERMS!) ABOUT THE IMPORTANCE OF PROPER HAND WASHING IN COMBATING FLU AND OTHER GERMS THAT CAN CAUSE ILLNESS. MORE THAN 1,000 BOTTLES OF HAND SANITIZER WERE GIVEN AWAY AND SEEN THROUGHOUT THE FESTIVAL CLIPPED TO BACKPACKS, PURSES, BELT LOOPS AND TOTE BAGS.

KOCO-TV5 PROVIDES HEALTH SCREENING OPPORTUNITY

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THEY WEREN'T REPORTING A FIRE, OR A CRIME OR A TRAGEDY. THE KOCO-TV5 NEWS TEAM WAS ON HAND TO CELEBRATE THEIR ANNUAL "ON THE ROAD" TOUR! LOCAL BUSINESS ORGANIZATIONS AND CIVIC LEADERS CAME TOGETHER FOR A FREE COMMUNITY SOCIAL GATHERING THAT INCLUDED GAMES, CONTESTS, FOOD AND FUN. WITH AFTERNOON TEMPERATURES REACHING THE 100 DEGREE MARK, HOSPITAL STAFF MEMBERS WERE ON HAND TO KEEP AN EYE ON BLOOD PRESSURE READINGS AND CHOLESTEROL/GLUCOSE LEVELS.

HOSPITAL HONORS OUR FUTURE LEADERS

AT INTEGRIS CANADIAN VALLEY HOSPITAL, WE KNOW THE IMPORTANCE OF RECOGNIZING AND HONORING OUR FUTURE LEADERS. AND IN THAT EFFORT, WE PARTNERED WITH A LOCAL ELEMENTARY SCHOOL TO DO JUST THAT: HONOR AND RECOGNIZE. DURING THEIR YEAR-END CEREMONY, HOSPITAL PERSONNEL PRESENTED EMBROIDERED BACKPACKS TO STUDENTS WHO MADE THE HONOR ROLL FOR FOUR CONSECUTIVE QUARTERS. CONGRATULATIONS!

HOSPITAL WELCOMES ROTARY EXCHANGE STUDENTS

IN PARTNERSHIP WITH THE LOCAL YUKON ROTARY ORGANIZATION, INTEGRIS CANADIAN VALLEY HOSPITAL HOSTED A GROUP OF 11 JAPANESE STUDENTS AS PART OF THE INTERNATIONAL "WINGS OF ROTARY" EXCHANGE PROGRAM. THIS YEAR, STUDENTS CAME FROM IWATE, JAPAN. TO GIVE THEM A BETTER UNDERSTANDING OF OUR CULTURE AND CUSTOMS, THE GROUP VISITED SEVERAL LOCAL BUSINESSES AND EDUCATIONAL FACILITIES THROUGHOUT THE COUNTY. DURING THEIR HOSPITAL TOUR, THE STUDENTS WERE ABLE TO GET A BETTER UNDERSTANDING OF HIGH TECH RADIOLOGY EQUIPMENT INCLUDING MRI, BONE DENSITY, ULTRASOUND AND X-RAY

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UNITS.

INTEGRIS CANADIAN VALLEY REGIONAL HOSPITAL IS A 44-BED PRIMARY CARE FACILITY WITH A FULL RANGE OF SERVICES. THE HOSPITAL OFFERS A HIGH LEVEL OF TECHNOLOGY IN A SMALL COMMUNITY SETTING. BUILT IN 2001, THIS HOSPITAL BECAME THE FIRST INTEGRIS RURAL HEALTH FACILITY TO BE DESIGNED AND CONSTRUCTED FROM THE GROUND UP. IT HAS A MEDICAL ROSTER OF MORE THAN 200 PHYSICIANS IN VARIOUS SPECIALTIES. THE HOSPITAL HAS 30 PRIVATE MEDICAL SURGICAL ROOMS, A 10-BED WOMEN'S UNIT AND A NEWLY CONSTRUCTED FOUR-BED INTENSIVE CARE UNIT.

THE SURGICAL DEPARTMENT OF THE HOSPITAL INCLUDES A DEDICATED C-SECTION OPERATING ROOM AND THREE GENERAL SURGICAL ROOMS AS WELL AS AN ENDOSCOPY AREA AND AN EIGHT-BED OUTPATIENT PROCEDURE UNIT. SERVICES ALSO INCLUDE A LEVEL FOUR EMERGENCY DEPARTMENT AND RADIOLOGY SERVICES CONSISTING OF MAMMOGRAPHY, RADIOLOGICAL, FLUOROSCOPY, CAT SCAN, ULTRASOUND, BONE DENSITY, NUCLEAR MEDICINE, AND A MOBILE MRI. GENERAL LABORATORY AND CARDIOPULMONARY SERVICES ARE AVAILABLE AND A PHYSICAL THERAPY DEPARTMENT INCLUDES INPATIENT, OUTPATIENT, WOUND CARE AND AQUATIC THERAPY SERVICES. THE HOSPITAL WAS NAMED ONE OF SOLUCIENT'S TOP 100 HOSPITALS IN 2005 AND MAINTAINS ITS ACCREDITATION STATUS AWARDED BY THE JOINT COMMISSION.

INTEGRIS CLINTON REGIONAL HOSPITAL

NATIONAL CANCER SURVIVORS DAY

INTEGRIS CLINTON REGIONAL HOSPITAL RECOGNIZED NATIONAL CANCER SURVIVORS

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DAY, THE WORLD'S LARGEST CANCER SURVIVOR EVENT, IN JUNE WITH A RECEPTION FOR LOCAL CANCER SURVIVORS. APPROXIMATELY 50 SURVIVORS JOINED US FOR THE EVENT.

"SURVIVING CANCER IS AN ATTITUDE ABOUT LIFE AND LIVING EACH DAY TO THE FULLEST," SAYS SARAH SCHULZ, NCSD COORDINATOR FOR INTEGRIS CLINTON REGIONAL HOSPITAL. "OUR COMMUNITY'S NCSD EVENT WAS FILLED WITH JOY, CAMARADERIE, HOPE, COMPASSION, FAITH AND LOVE AS WE HONORED CANCER SURVIVORS FOR THEIR STRENGTH AND COURAGE. WE ALSO RECOGNIZED THE CONTRIBUTIONS OF THEIR FAMILIES, FRIENDS AND HEALTH CARE PROVIDERS AND DISCUSSED THE ISSUES OF CANCER SURVIVORSHIP."

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GENERAL STATEMENT 4

PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED

THE 22ND ANNUAL WORLDWIDE CELEBRATION OF LIFE WAS HELD IN HUNDREDS OF COMMUNITIES THROUGHOUT THE UNITED STATES, CANADA AND OTHER PARTICIPATING COUNTRIES. CANCER SURVIVORS, CAREGIVERS, FAMILY MEMBERS, FRIENDS AND HEALTH CARE PROFESSIONALS UNITED TO SHOW THAT LIFE AFTER A CANCER DIAGNOSIS CAN BE MEANINGFUL AND PRODUCTIVE.

NATIONAL HEALTHCARE DECISIONS DAY

INTEGRIS CLINTON REGIONAL HOSPITAL, ALONG WITH OTHER NATIONAL, STATE AND COMMUNITY ORGANIZATIONS, TOOK PART IN A MASSIVE EFFORT TO HIGHLIGHT THE IMPORTANCE OF ADVANCE HEALTH CARE DECISION-MAKING, AN EFFORT THAT CULMINATED IN THE FORMAL DESIGNATION OF APRIL 16 AS NATIONAL HEALTHCARE DECISIONS DAY. AS A PARTICIPATING ORGANIZATION, INTEGRIS CLINTON REGIONAL HOSPITAL PROVIDED INFORMATION AND TOOLS FOR THE PUBLIC TO TALK ABOUT THEIR WISHES WITH FAMILY, FRIENDS AND HEALTH CARE PROVIDERS, AND EXECUTE WRITTEN ADVANCE DIRECTIVES IN ACCORDANCE WITH OKLAHOMA STATE LAWS.

INTEGRIS CLINTON WELCOMED THE PUBLIC TO A FREE INFORMATIONAL SEMINAR ABOUT ADVANCE CARE PLANNING AND ADVANCE DIRECTIVE FORMS. ROBERT BLAKEBURN, M.D., AND KAY JENNINGS-JOHNSON, INTEGRIS HEALTH LEGAL COUNSEL, MADE PRESENTATIONS.

BREAST CANCER AWARENESS

DURING THE MONTH OF OCTOBER, INTEGRIS CLINTON STAFF PROMOTED BREAST

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CANCER AWARENESS. MANY OF OUR DEPARTMENTS INCLUDING RADIOLOGY, THE CANCER CENTER, SOCIAL SERVICES AND AUXILIARY JOINED FORCES TO PROVIDE INFORMATION AND TESTING THAT PERTAINS TO BREAST CANCER AWARENESS.

A SPECIAL PROGRAM WAS HELD FOR MEMBERS OF OUR COMMUNITY TO RAISE AWARENESS OF BREAST HEALTH. THE SPEAKER WAS SHARON NALL, CLINICAL NURSE SPECIALIST WITH THE TROY & DOLLIE SMITH CANCER CENTER AT INTEGRIS BAPTIST IN OKLAHOMA CITY. SHE IS A CERTIFIED BREAST NURSE NAVIGATOR AND HER PASSION AND CALLING IN LIFE IS HELPING THE COMMUNITY WITH THEIR BREAST HEALTH NEEDS.

PRE-KINDERGARTEN PROGRAM

THE CLINTON SCHOOL SYSTEM PRE KINDERGARTEN PROGRAM BROUGHT 120 KIDS FOR THEIR ANNUAL TOUR OF OUR FACILITY. THEY VISITED EACH OF THE FOLLOWING DEPARTMENTS: JIM THORPE REHAB, RADIOLOGY, PHYSICAL THERAPY, EMERGENCY ROOM, AND OB. EMPHASIS WAS PLACED ON EDUCATING THE YOUNGSTERS ON HAND HYGIENE.

INTEGRIS CLINTON REGIONAL HOSPITAL IS A 56-BED ACUTE CARE FACILITY LOCATED IN THE HEART OF WESTERN OKLAHOMA. THE HOSPITAL STARTED OPERATING IN 1909 INSIDE THE JETTED BUILDING ON FRISCO AVE. AN ACTUAL HOSPITAL BUILDING WAS BUILT IN 1914, AND THE HOSPITAL MOVED TO ITS CURRENT LOCATION IN 1976.

INTEGRIS CLINTON REGIONAL IS FREQUENTLY RECOGNIZED WITH AWARDS AND CERTIFICATIONS FOR OUTSTANDING CARE AND QUALITY SERVICES SUCH AS

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CONSECUTIVELY WINNING THE VHA LEADERSHIP AWARD FOR CLINICAL EXCELLENCE.  
 SOME OF THE FINEST PHYSICIANS IN THE STATE TAKE CARE OF THEIR PATIENTS  
 WITH THE UTMOST CARE AND SKILL AVAILABLE, AT INTEGRIS CLINTON. A  
 COMBINATION OF BOARD CERTIFIED PHYSICIANS AND THE LATEST TECHNOLOGY MAKE  
 THE HOSPITAL ONE OF THE MOST WELL RESPECTED FACILITIES IN THE AREA.

INTEGRIS CLINTON HAS THE ONLY STROKE CENTER IN WESTERN OKLAHOMA, AND ITS  
 JIM THORPE REHABILITATION UNIT IS THE ONLY INPATIENT ACUTE CARE  
 REHABILITATION FACILITY IN THE AREA. THE HOSPITAL IS ALSO PROUD TO OFFER  
 INTENSITY MODULATED RADIATION THERAPY, KNOWN AS IMRT. THIS  
 STATE-OF-THE-ART CANCER TREATMENT METHOD DELIVERS HIGH DOSES OF RADIATION  
 DIRECTLY TO CANCER CELLS IN A VERY TARGETED WAY THAT IS MUCH MORE PRECISE  
 THAN CONVENTIONAL RADIOTHERAPY.

INTEGRIS GROVE GENERAL HOSPITAL

STUDENT GOVERNING BOARD

FOR SEVEN YEARS, INTEGRIS GROVE GENERAL HOSPITAL HAS MADE AVAILABLE TO  
 HIGH SCHOOL SENIORS IN GROVE AND JAY THE OPPORTUNITY TO GAIN A POSITION  
 ON ITS STUDENT GOVERNING BOARD. IN ADDITION TO THE PRIVILEGE OF BEING ON  
 THE BOARD, ONE SENIOR FROM EACH SCHOOL IS AWARDED A \$1,000 COLLEGE  
 SCHOLARSHIP BY THE HOSPITAL. THE PROGRAM'S OBJECTIVE IS TO EDUCATE AND  
 INVOLVE THE STUDENTS IN THE SCOPE AND MANAGEMENT OF HEALTH CARE SERVICES  
 PROVIDED BY INTEGRIS GROVE GENERAL HOSPITAL, AND TO PROVIDE INFORMATION  
 ABOUT HEALTH CARE CAREERS.

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GROVE PUBLIC SCHOOLS FLU SHOT CLINIC

INTEGRIS GROVE GENERAL HOSPITAL AND THE GROVE PUBLIC SCHOOLS TEAMED UP

AGAINST THE SPREAD OF FLU. EVERY YEAR AS MANY AS 15 PERCENT OF AMERICANS

ARE AFFECTED BY THE FLU VIRUS, APPROXIMATELY 226,000 ARE HOSPITALIZED AND

MORE THAN 36,000 DIE FROM INFLUENZA AND RELATED COMPLICATIONS. DUE TO

THOSE STARTLING STATISTICS GROVE PUBLIC SCHOOL NURSES, IN CONJUNCTION

WITH INTEGRIS GROVE HOSPITAL PERSONNEL, GAVE MORE THAN 700 SHOTS TO

STUDENTS THIS YEAR, WITH 100 FOLLOW UP SECOND DOSES TO BE GIVEN BEFORE

JAN. 1. THAT IS TWO AND A HALF TIMES WHAT WAS GIVEN LAST YEAR WHEN ONLY

287 CHILDREN RECEIVED THE SHOT.

MONKEY ISLAND HEALTH SCREENINGS

FREE GLUCOSE AND BLOOD PRESSURE SCREENINGS WERE PROVIDED AT THE BAPTIST

CHURCH ON MONKEY ISLAND. PARTICIPANTS WERE ALSO TREATED TO EDUCATIONAL

BOOTHES INCLUDING FOOD TASTING BY THE GRAND LAKE DIABETES CENTER BOOTH,

WHICH OFFERED DIABETIC RECIPES AND EDUCATIONAL MATERIALS AND INFORMATION

ON THE INVISIBLE BRACELET.

SPORTS PHYSICALS

SEVERAL PHYSICIANS AND INTEGRIS GROVE GENERAL HOSPITAL PERSONNEL

VOLUNTEERED THEIR TIME TO PROVIDE SPORTS PHYSICALS FOR FAIRLAND AND GROVE

PUBLIC SCHOOLS FOR \$10 PER STUDENT. THIS ALLOWS LOCAL PARENTS WITH MORE

THAN ONE CHILD ACTIVE IN SPORTS TO AFFORD THE REQUIRED PHYSICAL MORE

EASILY FOR EACH ONE. THE HOSPITAL COLLECTED \$1010 TO BE DONATED BACK TO

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GROVE AND \$730 TO BE DONATED TO FAIRLAND.

ANDY THE AMBULANCE

INTEGRIS GROVE GENERAL HOSPITAL EMERGENCY MEDICAL SERVICES'

THREE-FOOT-TALL COMMUNICATOR WILL GRAB THE ATTENTION OF ALMOST ANY

AUDIENCE - ESPECIALLY CHILDREN - AND ENHANCE THEIR LEARNING. ANDY THE

AMBULANCE IS A FULLY FUNCTIONAL EDUCATIONAL ROBOT THAT HELPS TO TEACH

FIRST AID, EMERGENCY RESPONSE AND PUBLIC SAFETY TO CHILDREN. THIS

FACILITATES FURTHER DEVELOPMENT OF EXISTING YOUTH EDUCATIONAL PROGRAMS,

WITH A SPECIFIC DUTY TO INTERACTIVELY COMMUNICATE WITH CHILDREN. ANDY'S

EYES OPEN AND SHUT, AND WITH LIGHTS BLINKING AND SIREN BLARING, HE CAN

MOVE FORWARD, BACKWARD AND SPIN AROUND WHILE EMITTING SELECT MUSICAL

NUMBERS SUCH AS THE FAVORITE "COPS" THEME SONG BAD BOYS. ANDY HAS EARS TO

LISTEN AND A VOICE TO SPEAK THROUGH AN OPERATOR

VIA TRANSMITTER.

COMMUNITY HEALTH FORUMS

CONNIE PROCTOR, DIRECTOR OF PATIENT FINANCIAL SERVICES, SPOKE ON MEDICARE

REGULATIONS AT ARVEST BANK'S MONTHLY COMMUNITY FORUM FOR THE RESIDENTS OF

GROVE.

SINCE 1963, INTEGRIS GROVE GENERAL HOSPITAL HAS DELIVERED THE BEST IN

MEDICAL CARE SERVICES. THE HOSPITAL, LOCATED IN NORTHEASTERN OKLAHOMA'S

DELAWARE COUNTY, WHICH IS FILLED WITH ROLLING HILLS AND LAKES, OPENED IN

NOVEMBER 1963. IN ADDITION TO NORTHEAST OKLAHOMA, THE HOSPITAL'S SERVICE

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AREA INCLUDES PARTS OF SOUTHWEST MISSOURI AND NORTHWEST ARKANSAS.

GROVE HAS BEEN RANKED AS ONE OF THE FASTEST GROWING COMMUNITIES IN THE STATE; AS A RESULT, INTEGRIS GROVE HAS RECRUITED SEVERAL HIGHLY QUALIFIED PHYSICIANS TO KEEP UP WITH THE NEED. GROVE HAS CONSECUTIVELY BEEN RECOGNIZED BY WINNING THE VHA LEADERSHIP AWARD FOR CLINICAL EXCELLENCE. SINCE 2001, INTEGRIS GROVE HAS INVESTED MORE THAN \$11 MILLION IN THE CONSTRUCTION OF A NEW PHYSICIANS OFFICE BUILDING AND AN AMBULATORY CARE CENTER THAT HOUSES STATE-OF-THE-ART EQUIPMENT SECOND TO NONE IN THE FOUR-STATE AREA. INTEGRIS GROVE BEGAN BUILDING THEIR NEW HOSPITAL IN 2008.

INTEGRIS MARSHALL COUNTY MEDICAL CENTER

MADILL HIGH SCHOOL PRINCIPAL'S LEADERSHIP COUNCIL

INTEGRIS MARSHALL COUNTY MEDICAL CENTER DONATED \$1,500 TO THE MADILL HIGH SCHOOL PRINCIPAL'S LEADERSHIP COUNCIL FOR THE PURCHASE OF A DEFIBRILLATOR FOR THE SCHOOL. KAREN REYNOLDS, PRESIDENT OF INTEGRIS MARSHALL COUNTY, MADE THE OFFICIAL PRESENTATION OF THE DONATION TO DANIEL LAMM OF THE MADILL HIGH SCHOOL ORGANIZATION.

MARIETTA HIGH SCHOOL HEALTH CARE CAREER DAY

JUNIOR AND SENIOR CHEMISTRY STUDENTS WHO RANKED ACADEMICALLY IN THE TOP OF THEIR CLASS AT MARIETTA HIGH SCHOOL WERE INVITED TO INTEGRIS MARSHALL COUNTY MEDICAL CENTER FOR A TOUR OF THE FACILITY IN HOPES OF SPARKING AN

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INTEREST IN THE HEALTH CARE INDUSTRY. THE STUDENTS, GREETED BY INTEGRIS MARSHALL COUNTY PRESIDENT KAREN REYNOLDS AND PAMELA AHEARN, M.D., TOURED THE INTEGRIS JIM THORPE REHABILITATION CENTER, THE RESPIRATORY DEPARTMENT AND THEN THE RADIOLOGY DEPARTMENT WHERE THEY WERE ABLE TO OBSERVE AN ULTRASOUND OF TWINS OF THE DAUGHTER OF ONE OF INTEGRIS MARSHALL COUNTY'S EMPLOYEES DURING HER 25TH WEEK OF PREGNANCY, AND RECEIVED HANDS ON INFORMATION ON HOW A CT SCAN MACHINE TAKES AND PRODUCES IMAGES. STUDENTS ALSO HAD THE OPPORTUNITY TO TOUR THE SURGERY DEPARTMENT, LAB AND ER, AND VIEWED THE EAGLE MED HELICOPTER. THEY ALSO VISITED WITH REPRESENTATIVES OF THE MARSHALL COUNTY FIRE DEPARTMENT AND AMBULANCE SERVICE, AND EVEN VOLUNTEERED TO HAVE CASTS PUT ON THEIR LIMBS BY DR. AHEARN IN A MOCK DEMONSTRATION.

REUEL LITTLE CLASSIC

INTEGRIS HEALTH AND INTEGRIS MARSHALL COUNTY MEDICAL CENTER ARE SPONSORS OF THE ANNUAL REUEL LITTLE CLASSIC, WHICH IS A HALF MARATHON, 5K RUN AND FUN-RUN ON A USATF CERTIFIED COURSE. THIS YEAR, 261 PARTICIPANTS CROSSED THE FINISH LINE. THE RUNNERS VARIED FROM 5 TO 92 YEARS OF AGE. THE HOSPITAL STAFF AND LADIES AUXILIARY DONATE THEIR SATURDAY TO VOLUNTEER AT THIS EVENT AND EITHER WORK AT ONE OF THE MANY ROAD BARRICADES, IN THE KITCHEN COOKING AND SERVING THE BREAKFAST, OR SELLING T-SHIRTS. ALL PROCEEDS FROM THIS EVENT BENEFIT THE MARSHALL COUNTY MEDICAL CENTER FOUNDATION.

MARSHALL COUNTY HEALTH FAIR

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INTEGRIS MARSHALL COUNTY MEDICAL CENTER ONCE AGAIN SPONSORED THE  
 COMMUNITY-WIDE MARSHALL COUNTY HEALTH FAIR IN MADILL. THIS YEAR SEVERAL  
 DEPARTMENTS HAD BOOTHS, HANDED OUT GIVE-A-WAYS AND TALKED TO ATTENDEES  
 ABOUT THE SERVICES OFFERED AT INTEGRIS MARSHALL COUNTY. THE ANNUAL  
 MARSHALL COUNTY HEALTH FAIR WAS A BIG SUCCESS THANKS TO ALL THE EMPLOYEES  
 WHO VOLUNTEERED THEIR TIME TO HELP WITH THE BOOTHS; COVER THE FREE  
 HEARING, VISION, BONE DENSITY, BLOOD PRESSURE, CHOLESTEROL AND GLUCOSE  
 SCREENING STATIONS IN THE LION'S VAN; AND DONATE BLOOD.

NATIONAL SAND BASS FESTIVAL

INTEGRIS MARSHALL COUNTY MEDICAL CENTER HELPED SPONSOR THE NATIONAL SAND  
 BASS FESTIVAL, A WEEK-LONG EVENT HELD IN DOWNTOWN MADILL, OKLA. NUMEROUS  
 INTEGRIS EMPLOYEES VOLUNTEERED THEIR TIME TO PROVIDE A FIRST AID STATION  
 FOR THE FESTIVAL. THE EVENT INCLUDED MANY FOOD AND CRAFT VENDORS, A  
 CARNIVAL, PETTING ZOO, TURTLE RACES, AND LIVE ENTERTAINMENT EACH NIGHT.  
 SEVERAL THOUSAND PEOPLE ATTEND THESE FESTIVALS EACH YEAR.

MARSHALL COUNTY IS THE HOME OF BEAUTIFUL LAKE TEXOMA IN SOUTHERN  
 OKLAHOMA. INTEGRIS MARSHALL COUNTY MEDICAL CENTER SERVES THE RESIDENTS OF  
 MADILL AND SURROUNDING SOUTHERN OKLAHOMA TOWNS, AS WELL AS THE RESIDENTS  
 OF NORTH CENTRAL TEXAS. THE FACILITY HAS ADDED 25,000 SQUARE FEET OF NEW  
 SPACE AND TOTALLY REMODELED THE MORE THAN 40-YEAR-OLD ORIGINAL HOSPITAL  
 BUILDING, ALONG WITH UPGRADING AND ADDING NEW EQUIPMENT AND NEW  
 PHYSICIANS.

INTEGRIS MARSHALL COUNTY IS CONSIDERED A CRITICAL ACCESS HOSPITAL.

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BAPTIST HEALTHCARE OF OKLAHOMA, INC.

23-7456301

DIAGNOSTIC IMAGING - MRI, ULTRASOUND AND CAT SCAN - AND BONE DENSITY  
 TESTING ARE PROVIDED ON SITE. OFFSITE RADIOLOGISTS ARE AVAILABLE 24 HOURS  
 DAILY TO INTERPRET IMAGES FOR ATTENDING PHYSICIANS. THERAPY AND  
 REHABILITATION ARE AVAILABLE FOR INPATIENTS AND OUTPATIENTS. EMERGENCY  
 SERVICES ARE PROVIDED IN TWO TRAUMA ROOMS, AN ISOLATION ROOM, AND FOUR  
 EXAM ROOMS WITH STATE-OF-THE-ART EQUIPMENT.

TOGETHER, THESE SERVICES AND RECENT IMPROVEMENTS PROVIDE THE HIGHEST  
 LEVEL OF COMFORT AND CARE TO THE PATIENTS OF INTEGRIS MARSHALL COUNTY,  
 MAKING IT THE FASTEST GROWING MEDICAL FACILITY IN SOUTHERN OKLAHOMA.

INTEGRIS MAYES COUNTY MEDICAL CENTER

ROGER STATE UNIVERSITY

IN THE SPRING OF 2009, INTEGRIS MAYES COUNTY MEDICAL CENTER AND INTEGRIS  
 HEALTH MADE A \$10,000 DONATION TO ROGERS STATE UNIVERSITY IN CLAREMORE,  
 OKLAHOMA. THE GIFT WAS USED EQUIP THE UNIVERSITY'S NEW SCIENCE LAB. RSU  
 OFFERS AN OUTSTANDING NURSING PROGRAM, AND THROUGH AN AGREEMENT BETWEEN  
 THE UNIVERSITY AND INTEGRIS MAYES COUNTY, MANY OF THE RSU NURSING  
 STUDENTS DO THEIR CLINICAL STUDIES AT THE HOSPITAL IN PRYOR. INTEGRIS  
 MAYES COUNTY GAVE \$5,000 TOWARD THE PROJECT, AND INTEGRIS HEALTH MATCHED  
 THAT DONATION.

THIRD GRADERS GET A GLIMPSE OF HEALTH CARE CAREERS

INTEGRIS MAYES COUNTY MEDICAL CENTER WAS RECENTLY PAIRED WITH A THIRD

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GRADE CLASS FROM BERNITA HUGHES ELEMENTARY SCHOOL IN ADAIR, OKLA., FOR THE THIRD GRADERS GO TO WORK PROGRAM ESTABLISHED BY THE PRYOR AREA CHAMBER OF COMMERCE. REPRESENTATIVES FROM THE HOSPITAL VISITED THE THIRD GRADE STUDENTS, EXPLAINING THE DIFFERENT KINDS OF JOBS THAT ARE AVAILABLE IN A HEALTH CARE ENVIRONMENT. AFTERWARD, 20 ASPIRING YOUNGSTERS ENJOYED A FIELD TRIP TO INTEGRIS MAYES COUNTY MEDICAL CENTER WHERE THE STUDENTS WERE ABLE TO VISIT WITH NURSES, PHYSICAL AND OCCUPATIONAL THERAPY PERSONNEL AND RADIOLOGY STAFF MEMBERS. THE HUMAN RESOURCES DEPARTMENT LED TWO STUDENTS THROUGH MOCK INTERVIEWS TO GIVE THEM AN IDEA OF HOW THEY SHOULD PRESENT THEMSELVES WHEN THEY WANT TO APPLY FOR A JOB.

RELAY FOR LIFE

HOPE - IT'S WHAT KEEPS US GOING WHEN WE'RE OVERWHELMED BY DISCOURAGING CIRCUMSTANCES. MORE THAN 100 SURVIVORS WERE INTRODUCED AND PRESENTED WITH AN INDIVIDUALLY WRAPPED BUTTERFLY DURING THE 14TH ANNUAL RELAY FOR LIFE IN PRYOR'S WHITAKER PARK. IN THE PAST THE CANCER SURVIVORS HAVE BEEN GIVEN BALLOONS TO RELEASE DURING THE OPENING CEREMONIES OF THE RELAY BUT IN A SYMBOLIC GESTURE OF HOPE, INTEGRIS MAYES COUNTY MEDICAL CENTER SPONSORED THE RELEASE OF 12 DOZEN MONARCH BUTTERFLIES AT THIS YEAR'S RELAY FOR LIFE IN JUNE. WHEN THE SIGNAL WAS GIVEN, THE SURVIVORS OPENED THEIR BOXES AND THE BUTTERFLIES TOOK TO THE SKIES. MANY OF THE BUTTERFLIES FLEW AWAY, BUT THROUGHOUT THE EVENING, QUITE A FEW OF THE BEAUTIFUL CREATURES FLUTTERED AROUND THE PARK, ENJOYING THE ABUNDANCE OF CLOVER.

ANNUAL MAYES COUNTY WOMEN'S HEALTH FAIR

Name of the organization BAPTIST HEALTHCARE OF OKLAHOMA, INC.	Employer identification number 23-7456301
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 THE FOR WOMEN ONLY HEALTH FAIR OF MAYES COUNTY IS HELD ANNUALLY ON THE  
 LAST MONDAY OF AUGUST. THE PROGRAM BEGAN IN 1996, SPEARHEADED BY FORMER  
 FIRST LADY CATHY KEATING AS PART OF A STATE-WIDE WOMEN'S HEALTH  
 INITIATIVE. THIS YEAR SEVERAL HEALTH-RELATED AGENCIES, BUSINESSES AND  
 SERVICES JOINED FORCES TO PROVIDE SCREENINGS AND HEALTH INFORMATION TO  
 THE 200-PLUS WOMEN FROM THROUGHOUT THE MAYES COUNTY AREA. WOMEN CAN  
 RECEIVE BLOOD PRESSURE CHECKS, GLUCOSE AND CHOLESTEROL CHECKS, BMI  
 ASSESSMENTS, HAND MASSAGES, HEARING TESTS AND MORE. THE EVENT, HELD AT  
 THE FIRST UNITED METHODIST CHURCH, IS CATERED BY THE INTEGRIS MAYES  
 COUNTY MEDICAL CENTER DIETARY STAFF, AND A LOCAL GIRL SCOUTS TROOP  
 ASSISTS IN KEEPING THE FOOD TABLE STOCKED.

-----  
 CHAMBER OF COMMERCE GREAT DAYS OF SERVICE  
 -----  
 VOLUNTEERS FROM MAYES COUNTY GATHERED AT INTEGRIS MAYES COUNTY MEDICAL  
 CENTER TO REGISTER AND PARTICIPATE IN THE PRYOR AREA CHAMBER OF COMMERCE  
 GREAT DAYS OF SERVICE. THE EVENT BROUGHT VOLUNTEERS FROM THE COMMUNITY  
 TOGETHER TO JOIN FORCES IN DOING COMMUNITY SERVICE PROJECTS THROUGHOUT  
 THE COUNTY. THE YOUTH GROUP FROM THE CHURCH OF CHRIST IN PRYOR WORKED  
 VIGOROUSLY TO WEIGH, STACK AND SORT ALL THE FOOD BROUGHT IN FOR THE GREAT  
 DAYS OF SERVICE FOOD DRIVE. IN ONE DAY, RESIDENTS OF MAYES COUNTY DONATED  
 9,000 POUNDS OF FOOD FOR AREA FOOD PANTRIES, SURPASSING THE 5,000 GOAL  
 FOR THIS INAUGURAL EVENT.

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 INTEGRIS MAYES COUNTY MEDICAL CENTER IS A LICENSED 52-BED ACUTE CARE  
 HOSPITAL IN PRYOR, LOCATED IN NORTHEASTERN OKLAHOMA IN THE HEART OF GREEN

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COUNTRY. THE HOSPITAL, FORMERLY KNOWN AS GRAND VALLEY HOSPITAL, WAS BUILT  
IN 1954.

THE HOSPITAL PROVIDES THE RESIDENTS OF MAYES COUNTY AND SURROUNDING AREAS  
A RELIABLE RESOURCE FOR MEETING THEIR HEALTH CARE NEEDS WITHOUT TRAVELING  
TO LARGER CITIES TO RECEIVE SIMILAR SERVICES. SINCE 2001, THE HOSPITAL  
HAS INVESTED NEARLY \$10 MILLION IN NEW CONSTRUCTION AND UPDATING OF THE  
FACILITY INCLUDING EXPANSION OF ITS TOP-RATE PHYSICAL AND OCCUPATIONAL  
THERAPY DEPARTMENT, A NEW AMBULATORY CARE UNIT, NEW SURGERY UNIT, NEWLY  
REMODELED OB UNIT AND AN EXPANDED LINE OF DIAGNOSTIC IMAGING SERVICES.

THE HOSPITAL IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND IS  
ACCREDITED BY THE JOINT COMMISSION. IT IS A MEMBER OF THE OKLAHOMA  
HOSPITAL ASSOCIATION, VOLUNTARY HOSPITALS OF AMERICA AND THE AMERICAN  
HOSPITAL ASSOCIATION.

INTEGRIS SEMINOLE MEDICAL CENTER

FOURTH OF JULY FESTIVAL

INTEGRIS SEMINOLE MEDICAL CENTER EMPLOYEES AND FRIENDS ENJOYED A GREAT  
EVENING TOGETHER ON THE FOURTH OF JULY. EVERY YEAR, ONE OF THE TOWN'S  
BIGGEST TRADITIONS IS THE FOURTH OF JULY FESTIVAL. INTEGRIS SEMINOLE TOOK  
PART IN THIS GREAT EVENT WITH EMPLOYEES VOLUNTEERING THEIR TIME TO SERVE  
FOOD AND GIVE BACK TO THE COMMUNITY. CONCERTS, EVENTS FOR CHILDREN AND  
GOOD FOOD MADE THIS YEAR'S FESTIVAL A GREAT SUCCESS. WE LOOK FORWARD TO  
INTEGRIS SEMINOLE BEING A MAJOR SPONSOR OF THIS EVENT AGAIN NEXT YEAR.

Name of the organization BAPTIST HEALTHCARE OF OKLAHOMA, INC.	Employer identification number 23-7456301
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\_ POSITIVE DIRECTIONS MENTORING PROGRAM \_  
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\_ INTEGRIS SEMINOLE MEDICAL CENTER BEGINS THEIR SECOND YEAR OF MENTORING \_  
\_ STUDENTS AT WOODROW WILSON AND NORTHWOOD ELEMENTARY SCHOOLS. LAST YEAR \_  
\_ WAS A GREAT SUCCESS, AS WE WERE ABLE TO TOUCH THE LIVES OF SO MANY \_  
\_ CHILDREN IN SEMINOLE. THIS YEAR, WITH MANY MORE STAFF PARTICIPATING, WE \_  
\_ EXPECT TO INCREASE THE NUMBER OF CHILDREN WE ARE MENTORING. OUR EMPLOYEES \_  
\_ ARE PROUD TO TAKE PART IN GIVING BACK TO THE COMMUNITY AND WATCH THE \_  
\_ LIVES OF OUR FUTURE LEADERS GROW IN SEMINOLE. \_  
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\_ MOVE FOR LIFE \_  
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\_ INTEGRIS SEMINOLE MEDICAL CENTER HAS PARTNERED WITH THE SEMINOLE SCHOOLS \_  
\_ TO HELP EDUCATE AND BRING AWARENESS TO THE GROWING OBESITY PROBLEM AMONG \_  
\_ YOUNG CHILDREN HERE IN OKLAHOMA. THIS PROGRAM UNITES INTEGRIS SEMINOLE \_  
\_ WITH WOODROW WILSON AND NORTHWOOD ELEMENTARY SCHOOLS TO PROMOTE A HEALTHY \_  
\_ MIND AND BODY THROUGH PHYSICAL EDUCATION. WITH THE HELP OF INCENTIVES, \_  
\_ THESE KIDS ARE EXCITED ABOUT REACHING THE OBJECTIVES AT A RAPID PACE. \_  
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\_ A WALKING PROGRAM IS ONE OF THE OPPORTUNITIES FOR STUDENTS TO BECOME \_  
\_ ACTIVE AND LIVE A HEALTHIER LIFESTYLE. THROUGH THIS PROGRAM, WE WERE \_  
\_ PLEASED TO REWARD FOUR STUDENTS (TWO AT EACH SCHOOL) WITH NEW BICYCLES. \_  
\_ THESE STUDENTS WERE REWARDED FOR SETTING AN EXAMPLE OF A HEALTHY \_  
\_ LIFESTYLE. STUDENTS ALSO RECEIVED "COOL CASH" DURING THE YEAR WHEN THEY \_  
\_ DISPLAYED BEHAVIOR THAT LEADS TO A HEALTHY MIND AND BODY. THE STUDENTS \_  
\_ WERE ABLE TO TRADE IN THE COOL CASH FOR EXCITING PRIZES THROUGHOUT THE \_  
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SCHOOL YEAR.

INTEGRIS SEMINOLE MEDICAL CENTER IS PROUD TO PARTNER WITH THE SEMINOLE SCHOOLS TO PROMOTE HEALTHY LIFESTYLES IN OUR YOUNGER GENERATIONS.

AMERICAN HEART ASSOCIATION

THIS YEAR, INTEGRIS SEMINOLE MEDICAL CENTER JOINED WITH INTEGRIS SOUTHWEST TO PARTICIPATE IN THE 2009 AMERICAN HEART WALK CAMPAIGN. WITH GREAT SUPPORT AND DEDICATION WE WERE ABLE NOT ONLY TO ENJOY A GREAT TIME OF FELLOWSHIP, BUT ALSO RAISE MORE THAN \$3,000 TO PROVIDE LIFESAVING RESEARCH AND EDUCATION RIGHT HERE IN OKLAHOMA.

OTHER FUNDRAISING ACTIVITIES INCLUDED A HEART HEALTHY COOKOUT, AND A PIE IN THE FACE CONTEST. WE ALSO GAVE AWAY T-SHIRTS, COOKBOOKS, A BEAUTIFUL GAS GRILL AND AN AUTOGRAPHED OU FOOTBALL. WE HAD A GREAT TIME IMPLEMENTING THESE EVENTS. THANKS TO THE SUPPORT OF THE HOSPITAL, THIS YEAR'S CAMPAIGN WAS A SUCCESS. WE LOOK FORWARD TO MATCHING THESE EFFORTS IN THE FUTURE.

INTEGRIS SEMINOLE MEDICAL CENTER HAS SERVED THE COMMUNITY SINCE THE 1940S, AND THE NEW 32-BED MODERN FACILITY WAS BUILT IN 1998. THE 64,000 SQUARE-FOOT COMPLEX IS LOCATED ON 20 ACRES. A FAMILY MEDICAL CENTER CLINIC IS LOCATED IN THE HOSPITAL ALONG WITH PHYSICIAN OFFICES AND A SPECIALTY CLINIC. THE HOSPITAL SERVES APPROXIMATELY 30,000 RESIDENTS IN SEMINOLE COUNTY AND IS THE MODEL FOR RURAL HEALTH CARE IN OKLAHOMA.

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ALL PATIENT ROOMS ARE PRIVATE AND DESIGNED TO PROVIDE A HOME-LIKE ATMOSPHERE SO THAT RECOVERY CAN BE MADE EASIER. STAFFED BY QUALIFIED PHYSICIANS, PHYSICIAN ASSISTANTS AND ACLS CERTIFIED NURSES, THE EMERGENCY ROOM IS OPEN EVERY DAY AROUND THE CLOCK.

WITH TWO LARGE OPERATING SUITES, A POST-ANESTHESIA RECOVERY SUITE, AND ENDOSCOPY SERVICES, THE HIGHLY SKILLED SURGICAL STAFF IS DEDICATED TO CARING FOR ALL SURGICAL NEEDS.

INTEGRIS SOUTHWEST MEDICAL CENTER

22ND ANNUAL NATIONAL CANCER SURVIVORS DAY - A CELEBRATION OF LIFE EVENT

EACH YEAR ON THE FIRST SUNDAY OF JUNE COMMUNITIES ACROSS THE NATION JOIN IN CELEBRATING NATIONAL CANCER SURVIVORS DAY WITH EVENTS THAT UNITE CANCER SURVIVORS, FAMILIES AND FRIENDS. IT'S A DAY TO RECOGNIZE THE PROGRESS THAT HAS BEEN MADE IN THE EARLY DETECTION, TREATMENT AND RESEARCH OF CANCER, ALL OF WHICH CONTRIBUTE TO CANCER SURVIVORSHIP. ON JUNE 7, 2009, THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA, CENTRAL OKLAHOMA CANCER CENTER AT INTEGRIS SOUTHWEST MEDICAL CENTER, PROCURE OKLAHOMA AND CANCER CARE ASSOCIATES JOINED TOGETHER TO SPONSOR OUR ANNUAL "A CELEBRATION OF LIFE" EVENT. A TOTAL OF 274 PEOPLE ATTENDED THE CELEBRATION, AND OF THOSE, 123 WERE SURVIVORS. MANY OF OUR HEALTH CARE STAFF AND THEIR FAMILY MEMBERS VOLUNTEERED THEIR TIME, ENERGY AND COMMITMENT TO MAKE THIS SURVIVORSHIP EVENT A WONDERFUL SUCCESS.

LOOK GOOD... FEEL BETTER

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BAPTIST HEALTHCARE OF OKLAHOMA, INC.

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LOOK GOOD...FEEL BETTER IS OFFERED BY THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA AT THE CENTRAL OKLAHOMA CANCER CENTER AT INTEGRIS SOUTHWEST MEDICAL CENTER FREE OF CHARGE FOR WOMEN WITH CANCER RECEIVING CARE AT ANY FACILITY. IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THIS PROGRAM TEACHES BEAUTY TECHNIQUES TO CANCER PATIENTS IN ACTIVE TREATMENT TO HELP THEM COMBAT THE APPEARANCE-RELATED SIDE EFFECTS OF CANCER TREATMENT. OUR CANCER CENTER IS ONE OF MANY ACROSS THE COMMUNITY THAT OFFERS THIS TO CANCER PATIENTS. IN THESE SESSIONS, A TRAINED VOLUNTEER COSMETOLOGIST TEACHES WOMEN HOW TO COPE WITH SKIN CHANGES USING COSMETICS AND SKIN CARE PRODUCTS DONATED BY THE COSMETIC INDUSTRY. WOMEN ALSO LEARN WAYS TO DISGUISE HAIR LOSS WITH WIGS, SCARVES AND OTHER ACCESSORIES.

HEART WALK

INTEGRIS SOUTHWEST EMPLOYEES, PATIENTS AND FAMILY MEMBERS JOINED FORCES AND WALKED TO RAISE MONEY AND AWARENESS FOR CORONARY ARTERY DISEASE THE NO. 1 KILLER IN THE UNITED STATES.

"HANGING OF THE GREEN" - FILLMORE ELEMENTARY AND INTEGRIS SOUTHWEST

EACH CLASSROOM AT FILLMORE ELEMENTARY SCHOOL DECORATED A CHRISTMAS WREATH THAT WAS DISPLAYED IN THE HALLS OF INTEGRIS SOUTHWEST MEDICAL CENTER FOR ALL TO ENJOY. MEMBERS OF THE FILLMORE STUDENT COUNCIL ASSISTED PAT DORRIS AND OTHER STAFF MEMBERS IN HANGING THE WREATHS THROUGHOUT THE HOSPITAL. A SILENT AUCTION WAS HELD TO ALLOW EMPLOYEES TO BID ON THE WREATH OF THEIR CHOICE. PROCEEDS FROM THE AUCTION TOTALED \$404, WHICH WAS DONATED TO

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BAPTIST HEALTHCARE OF OKLAHOMA, INC.

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FILLMORE TO ASSIST WITH THEIR PURCHASE OF A THESAURUS SET FOR THE SCHOOL LIBRARY.

HEALTHY HEART POSTER CONTEST - FILLMORE ELEMENTARY AND INTEGRIS SOUTHWEST

STUDENTS AT FILLMORE ELEMENTARY SCHOOL CREATED A POSTER OF WHAT A HEALTHY HEART LOOKS LIKE. A PRESENTATION WAS MADE TO THE SECOND GRADE STUDENTS, PROVIDING CERTIFICATES TO ALL WHO PARTICIPATED AND PRESENTING THE TOP THREE STUDENTS WITH TARGET GIFT CARDS. AN INTEGRIS DIETICIAN MADE A HEALTHY SNACK DEMONSTRATION AND A DISCUSSION OF HEALTHY LIFE CHOICES WAS GIVEN BY MISS SOUTH OKLAHOMA CITY.

SPANISH CANCER SUPPORT GROUP

THE INTEGRIS HEALTH HISPANIC INITIATIVE OFFERS AN OPEN MEMBERSHIP GROUP FOR CANCER PATIENTS AND FAMILY MEMBERS. IT IS THE FIRST GROUP TO BE HELD IN SPANISH IN THE STATE OF OKLAHOMA. MORE THAN 50 MEMBERS MEET ON THE FIRST TUESDAY OF THE MONTH AT INTEGRIS SOUTHWEST MEDICAL CENTER IN THE CENTRAL OKLAHOMA CANCER CENTER, IN OKLAHOMA CITY. THE GROUP IS LED BY A HISPANIC STAFF MEMBER, ALSO A CANCER SURVIVOR, WHO SHARES HER PERSONAL EXPERIENCE. STUDIES HAVE SHOWN AN INCREASED SURVIVAL TIME AS A RESULT OF PARTICIPATION IN SUPPORT GROUPS RESULTING OFTEN IN POSITIVE EFFECTS ON THEIR MEMBERS' PSYCHOLOGICAL WELL-BEING AND PROVIDING INCREASED QUALITY OF LIFE.

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INTEGRIS SOUTHWEST MEDICAL CENTER HAS BEEN A PART OF THE SOUTHWEST  
 OKLAHOMA CITY COMMUNITY SINCE 1965, FIRST AS SOUTH COMMUNITY HOSPITAL.  
 THE NAME WAS CHANGED TO SOUTHWEST MEDICAL CENTER OF OKLAHOMA IN MARCH  
 1992, AND THEN BECAME INTEGRIS SOUTHWEST MEDICAL CENTER IN FEBRUARY 1995.

IT HAS GROWN FROM A 73-BED COMMUNITY HOSPITAL TO A COMPREHENSIVE MEDICAL  
 CENTER OFFERING A FULL RANGE OF SERVICES WITH NEARLY 400 BEDS. CENTERS OF  
 EXCELLENCE INCLUDE THE CENTRAL OKLAHOMA CANCER CENTER, SOUTHWEST BREAST  
 HEALTH AND IMAGING CENTER, INTEGRIS JIM THORPE REHABILITATION NETWORK,  
 MDA/ALS NEUROMUSCULAR CENTER, INTEGRIS M.J. AND S. ELIZABETH SCHWARTZ  
 SLEEP DISORDERS CENTER OF OKLAHOMA AND THE INTEGRIS JAMES R. DANIEL  
 STROKE CENTER OF OKLAHOMA.

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GENERAL STATEMENT 5

PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED

WHERE DOES THE INTEGRIS DOLLAR GO?

FISCAL YEAR 2009

BILLED CHARGE \$1.00

EXPENSES

\*DISCOUNTS TAKEN BY MEDICARE, MEDICAID, MANAGED CARE

COMPANIES AND OTHER INSURED 0.63

\*FREE SERVICE/CHARITY CARE 0.02

\*BAD DEBT EXPENSE FROM PATIENTS NOT PAYING THEIR BILLS 0.05

\*EMPLOYEE SALARIES 0.13

\*EMPLOYEE HEALTH INSURANCE EXPENSE 0.01

\*EMPLOYEE RETIREMENT EXPENSE 0.01

\*OTHER BENEFIT EXPENSES 0.01

\*MEDICAL, SURGICAL AND DRUG SUPPLIES 0.04

\*OTHER GENERAL SUPPLIES 0.01

\*PURCHASED SERVICES FOR MAINTENANCE, LAB AND

OTHER SERVICES 0.03

\*TELEPHONE, UTILITY AND RENTAL EXPENSES 0.01

\*OTHER OPERATIONAL EXPENSES 0.02

\*INSURANCE 0.01

\*TOTAL EXPENSES \$0.98

\*FUNDS AVAILABLE FOR NEW EQUIPMENT, CONSTRUCTION

AND CLINICAL PROGRAM IMPROVEMENT \$0.02

PLEASE NOTE THAT INTEGRIS HEALTH IS A NON-PROFIT COMPANY AND AS SUCH IS

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BAPTIST HEALTHCARE OF OKLAHOMA, INC.

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REQUIRED TO REINVEST ANY BUDGET SURPLUS BACK INTO THE ORGANIZATION TO IMPROVE THE LEVEL OF SERVICES IT PROVIDES TO THE COMMUNITY.

WHILE YOUR HEALTH PLAN OR PERSONAL PREFERENCE MAY DICTATE WHERE YOU DECIDE TO GO TO RECEIVE CARE, COMPARING CHARGES BETWEEN LOCAL PROVIDERS FOR SIMILAR PROCEDURES, COMBINED WITH QUALITY DATA, MAY PROVIDE YOU WITH A BETTER OVERALL PICTURE OF THE TOTAL VALUE YOU WILL RECEIVE AT THE HOSPITAL OF YOUR CHOICE.

PLEASE REMEMBER THAT CHARGE AND QUALITY DATA ARE JUST TWO FACTORS THAT SHOULD GO INTO HEALTH CARE DECISION MAKING. NO SINGLE MEASURE IS INDICATIVE OF A HOSPITAL'S OVERALL PERFORMANCE. BE SURE TO GATHER INFORMATION, DISCUSS IT WITH YOUR DOCTOR AND FEEL FREE TO CALL THE HOSPITAL TO ASK QUESTIONS. A HOSPITAL'S REPUTATION IN THE COMMUNITY, LEVEL OF PATIENT SATISFACTION AND OTHER FACTORS SHOULD ALSO BE CONSIDERED IN YOUR FINAL SELECTION PROCESS.

IN 2009, INTEGRIS HEALTH PROVIDED \$51,613,536.46 IN COMMUNITY BENEFITS. THIS INCLUDES OUR RETURNSHIP EFFORTS AND UNCOMPENSATED SERVICES.

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 AND MORE AS REFLECTED IN THE PREVIOUS PAGES.

Name of the organization BAPTIST HEALTHCARE OF OKLAHOMA, INC.	Employer identification number 23-7456301
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OUR RETURNSHIP EFFORTS EQUALED \$6,561,170.46

UNCOMPENSATED SERVICES

UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED COST CARE, WHICH INCLUDE CHARITY CARE AND UNPAID COSTS OF MEDICAID PROGRAMS.

AS A SYSTEM OF NOT-FOR-PROFIT HOSPITALS, INTEGRIS HEALTH PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THE ABILITY TO PAY OR THEIR INSURANCE COVERAGE. THUS, WE PROVIDE A MUCH-NEEDED SAFETY NET FOR MEMBERS OF OUR COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE. CHARITY CARE COSTS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS.

INTEGRIS HEALTH PROVIDED CHARITY CARE OF \$24,250,000.00

INTEGRIS HEALTH ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS FOR WHICH THE ORGANIZATION RECEIVES INADEQUATE PAYMENTS. UNPAID COSTS OF MEDICAID PROGRAMS REFLECT THE DIFFERENCE BETWEEN COSTS TO PROVIDE PATIENT CARE SERVICES AND THE RATE AT WHICH THE HOSPITAL IS REIMBURSED. ESTIMATED COSTS ARE BASED ON COST ACCOUNTING DATA AND THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS.

UNPAID COSTS OF MEDICAID PROGRAMS EQUALED \$20,802,366.00

IN ADDITION, INTEGRIS HEALTH WROTE OFF \$160,146,958 IN PATIENT CHARGES AS BAD DEBTS.

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BAPTIST HEALTHCARE OF OKLAHOMA, INC.

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INTEGRIS HEALTH - CARING FOR OUR COMMUNITIES

MISSION

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

VALUES

INTEGRIS' VALUES CAN BE IDENTIFIED BY THREE SIMPLE BUT VERY POWERFUL

CONCEPTS OF LOVE, LEARN AND LEAD.

LOVE

TREAT SELF AND OTHERS WITH KINDNESS, DIGNITY AND RESPECT

BE PATIENT AND FORGIVING

SERVE OTHERS WITH A CARING HEART

LEARN

LISTEN, ASK AND BE OPEN

IMPROVE EVERY DAY

UNDERSTAND OUR BUSINESS

CREATE A LEARNING ENVIRONMENT

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LEAD

SEEK AND PROVIDE DIRECTION AND VISION

EXPECT AND ACKNOWLEDGE EXCELLENCE

DEMONSTRATE HONESTY

DEVELOP RELATIONSHIPS

SHOW COURAGE TO MAKE A DIFFERENCE

LEAD BY EXAMPLE

INTEGRIS HEALTH

COMMUNITY HEALTH IMPROVEMENT

3366 N.W. EXPRESSWAY, SUITE 800

OKLAHOMA CITY, OK 73112

(405) 717-9874

HEALTHLINE

(405) 951-2277

WWW.INTEGRISOK.COM

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BAPTIST HEALTHCARE OF OKLAHOMA, INC.

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23-7456301

GENERAL STATEMENT 6

PART V: QUESTION 1A AND 2A

PART V: QUESTION 1A - THE NUMBER OF FORM 1099 REPORTED IN PART V, LINE 1A

IS NONE. COMPENSATION REPORTED FOR INDEPENDENT CONTRACTORS WAS REPORTED

ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U.S INFORMATION

RETURNS OF INTEGRIS HEALTH, INC., EIN 73-1192764. THE COMPENSATION WAS

REIMBURSED TO INTEGRIS HEALTH, INC. AND WAS REPORTED ON THIS FORM 990 IN

PART VII, SECTION B.

PART V: QUESTION 2A - THE NUMBER OF EMPLOYEES REPORTED IN PART V, LINE 2A

IS NONE. THE SALARIES REFLECTED ON FORM 990, PART IX, LINE 7, WERE ALL

REPORTED ON THE FORM 941 EMPLOYER'S QUARTERLY FEDERAL TAX RETURN, OF

INTEGRIS HEALTH, INC., EIN 73-1192764. THESE SALARIES WERE REIMBURSED TO

INTEGRIS HEALTH, INC. AND WERE INCLUDED IN THE NUMBER OF EMPLOYEES ON

INTEGRIS HEALTH, INC.'S FORM 990.

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GENERAL STATEMENT 7

PART VI: QUESTION 10

THE ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (SYSTEM). THE SYSTEM HAS A SINGLE AUDIT COMPLIANCE COMMITTEE WHICH OVERSEES THE CONSOLIDATED FINANCIAL STATEMENT AUDIT AS WELL AS THE FILING OF FEDERAL AND STATE TAX FORMS. THE SYSTEM ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO PREPARE THE FORM. A DRAFT FORM 990 IS PROVIDED TO THE SYSTEM VICE PRESIDENT OF FINANCIAL REPORTING FOR REVIEW. A FINAL FORM 990 IS GIVEN TO THE SYSTEM CHIEF FINANCIAL OFFICER FOR REVIEW, APPROVAL, AND SIGNATURE. THE FINAL FORM 990 IS MADE AVAILABLE TO THE ORGANIZATION'S BOARD OF DIRECTORS, AS WELL AS TO THE SYSTEM'S AUDIT/COMPLIANCE COMMITTEE, FOR REVIEW PRIOR TO FILING THE RETURN.

Name of the organization

Employer identification number

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

23-7456301

GENERAL STATEMENT 8

PART VI: QUESTION 12C

THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS OR SYSTEM). CONFLICT OF INTEREST IS ADDRESSED IN THE INTEGRIS CODE OF CONDUCT. ALL SYSTEM EMPLOYEES RECEIVE TRAINING DURING NEW EMPLOYEE ORIENTATION AND ARE INSTRUCTED TO REPORT ANY POSSIBLE CONFLICTS, TO REFER ANY CONFLICT OF INTEREST QUESTIONS TO THE SYSTEM'S COMPLIANCE OFFICER OR THROUGH THE ANONYMOUS INTEGRITY LINE. ALL NEW MANAGERS RECEIVE ADDITIONAL TRAINING ON CONFLICT OF INTEREST POLICES DURING LEADERSHIP TRAINING. LEGAL SERVICES REVIEWS ALL CONTRACTS FOR CONFLICTS OF INTEREST. INTERNAL AUDIT CONDUCTS AUDITS FOR POSSIBLE CONFLICTS OF INTEREST BASED ON THEIR ANNUAL RISK ASSESSMENT. CORPORATE COMPLIANCE INCLUDES ASSESSMENTS FOR CONFLICTS OF INTEREST IN ITS ANNUAL WORK PLAN AND CONDUCTS SPECIALIZED TRAINING FOR HIGH RISK AREAS. THE GOVERNANCE COMMITTEE, A COMMITTEE OF THE INTEGRIS HEALTH BOARD COMPRISED OF INDEPENDENT BOARD MEMBERS, REVIEWS AND APPROVES ANY AND ALL PROPOSED BUSINESS TRANSACTIONS BETWEEN ANY ENTITY OF INTEGRIS AND A DISQUALIFIED PERSON.

Name of the organization

Employer identification number

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

23-7456301

GENERAL STATEMENT 9

PART VI: SECTION B. POLICIES

PART VI: QUESTION 15A AND 15B - THE FILING ORGANIZATION IS A MEMBER OF AN

INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC.

(INTEGRIS OR SYSTEM). COMPENSATION FOR THE CEO, MANAGING DIRECTORS AND

VICE PRESIDENTS IS ANALYZED BY AN INDEPENDENT HEALTH CARE CONSULTING

FIRM. THE ANALYSIS INCLUDES A FAIR MARKET VALUE ASSESSMENT AND

ESTABLISHMENT OF A RANGE FOR EACH POSITION BASED ON RESEARCH OF

COMPARABLE HEALTH CARE SYSTEMS OF SIMILAR SIZE. THE REPORT AND

RECOMMENDED COMPENSATION LEVELS FOR EACH EXECUTIVE MANAGEMENT POSITION IS

REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE INTEGRIS

HEALTH BOARD OF DIRECTORS AND ULTIMATELY THE FULL BOARD OF DIRECTORS. THE

MINUTES OF BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS

REFLECTS A REVIEW OF THE COMPARABILITY DATA, THE EXECUTIVE PERFORMANCE

REVIEWS AND THE DECISION-MAKING PROCESS.

Name of the organization

Employer identification number

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

23-7456301

GENERAL STATEMENT 10

PART VI: SECTION C. DISCLOSURE

PART VI: QUESTION 19 - THE ORGANIZATION DOES NOT MAKE ITS FINANCIAL

STATEMENTS, GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY

AVAILABLE TO THE PUBLIC. HOWEVER, THE FINANCIAL STATEMENTS OF THE

ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED FINANCIALS FOR INTEGRIS

HEALTH, INC., A RELATED CORPORATION. THESE CONSOLIDATED FINANCIALS ARE

DISCLOSED FOR BOND COMPLIANCE PURPOSES USING DIGITAL ASSURANCE

CERTIFICATION.

Name of the organization BAPTIST HEALTHCARE OF OKLAHOMA, INC.	Employer identification number 23-7456301
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GENERAL STATEMENT 11

PART VII: SECTION B. INDEPENDENT CONTRACTORS

DIAGNOSTIC LABORATORY OF OKLAHOMA LLC REFERENCE LAB \$3,833,609

3800 UNITED FOUNDERS BLVD.

SUITE 141

OKLAHOMA CITY, OK 73112

JOE D. HALL GENERAL CONTRACTORS CONSTRUCTION \$1,499,163

P.O. BOX 100

ELK CITY, OK 73648

DEPENDABLE URGENT CARE SOLUTIONS LLC ER MANAGEMENT \$ 916,776

P.O. BOX 270 SERVICES

ELGIN, OK 73538

NUMED INC. IMAGING \$ 302,137

P.O. BOX 1098

DENTON, TX 76202

CAREERSTAFF UNLIMITED INC, OKC CONTRACT LABOR \$ 292,280

P.O. BOX 200528

HOUSTON, TX 77216

Name of the organization

Employer identification number

BAPTIST HEALTHCARE OF OKLAHOMA, INC.

23-7456301

GENERAL STATEMENT 12

PART XI: FINANCIAL STATEMENTS AND REPORTING

PART XI: QUESTION 2A AND 2B - AN OUTSIDE ACCOUNTING FIRM PERFORMS AN

ANNUAL AUDIT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF INTEGRIS HEALTH,

INC., A RELATED CORPORATION. THE CONSOLIDATED FINANCIAL STATEMENTS

INCLUDE THE FINANCIAL INFORMATION FOR BAPTIST HEALTHCARE OF OKLAHOMA,

INC.



**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, investment, unrelated)	(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? N/A
							Yes	No		
BMPA, LTD., 73-1228665 OKLAHOMA CITY, OK 73112	MED OFFICE BLDG.	OK	N/A	N/A	N/A	N/A		X	N/A	X
GRAND LAKE, 73-1622843 GROVE, Ok 74345	MEDICAL	OK	N/A	N/A	N/A	N/A		X	N/A	X
OC III, 20-8723857 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	N/A	N/A	N/A		X	N/A	X
INTEGRIS HEART CTR, 73-1576694 OKLAHOMA CITY, OK 73112	MANAGEMENT	OK	N/A	N/A	N/A	N/A		X	N/A	X
DIAGNOSTIC LAB, 73-1560760 MADISON, NJ 07940	CLINICAL LAB	NJ	N/A	N/A	N/A	N/A		X	N/A	X
MPI CENTER, 73-1283942 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	N/A	N/A	N/A		X	N/A	X

**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
INTEGRIS PROHEALTH, INC., 73-1046179 5300 N. INDEPENDENCE AVE., STE 130 OKLA. CITY, OK 73112	RETAIL PHARMACY	OK	N/A	C	N/A	N/A	N/A
THE STANLEY F. HUPFELD CHAR REMAIN TRUST, 26-6238051 5300 N INDEPENDENCE AVE., STE. 130 OKLA CITY, OK 73112	FINANCIAL	OK	N/A	T			
QUALITY ALLIANCE ASSURANCE CO, 73-1192764 P O BOX 10027 KYI-1001 GRAND CAYMAN,	INSURANCE	CJ	N/A	C			
INTEGRIS PHYSICIAN SERVICES, INC, 73-1477468 3500 N.W. 56TH ST., STE 200 OKLA CITY, OK 73112	MGMT SERVICES	OK	N/A	C			

**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entry is listed in Parts II, III, or IV

- 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 (iv) rent from a controlled entity . . . . .
  - b Gift, grant, or capital contribution to other organization(s) . . . . .
  - c Gift, grant, or capital contribution from other organization(s) . . . . .
  - d Loans or loan guarantees to or for other organization(s) . . . . .
  - e Loans or loan guarantees by other organization(s) . . . . .
  - f Sale of assets to other organization(s) . . . . .
  - g Purchase of assets from other organization(s) . . . . .
  - h Exchange of assets . . . . .
  - i Lease of facilities, equipment, or other assets to other organization(s) . . . . .
  - j Lease of facilities, equipment, or other assets from other organization(s) . . . . .
  - k Performance of services or membership or fundraising solicitations for other organization(s) . . . . .
  - l Performance of services or membership or fundraising solicitations by other organization(s) . . . . .
  - m Sharing of facilities, equipment, mailing lists, or other assets . . . . .
  - n Sharing of paid employees . . . . .
  - o Reimbursement paid to other organization for expenses . . . . .
  - p Reimbursement paid by other organization for expenses . . . . .
  - q Other transfer of cash or property to other organization(s) . . . . .
  - r Other transfer of cash or property from other organization(s) . . . . .

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SEE SCHEDULE R-1		
(2)		
(3)		
(4)		
(5)		
(6)		



**Part II** Continuation of 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
INTEGRIS AMBULATORY CARE CORPORATION 73-1192765 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A
INTEGRIS HEALTH, INC. 73-1192764 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 11 -I	N/A
HOSPICE OF OKLAHOMA COUNTY, INC. 73-1369586 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 9	N/A
INTEGRIS BAPTIST MEDICAL CENTER, INC. 73-1034824 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A
INTEGRIS RURAL HEALTH, INC. 73-1444504 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A
INTEGRIS SOUTHWEST MEDICAL CENTER, INC. 73-1089149 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A
INTEGRIS SOUTHWEST MED. CTR. FDN., INC. 73-1295820 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	FUNDRAISING	OK	501(C)(3)	LINE 7	N/A
INTEGRIS REALTY CORPORATION 73-1192750 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	PROPERTY MGMT	OK	501(C)(3)	LINE 9	N/A
GREAT PLAINS MEDICAL FOUNDATION 73-1457016 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	MED. RES. PROJ	OK	501(C)(3)	LINE 3	N/A
INTEGRIS BAPTIST MEDICAL CTR. FDN., INC. 73-1047338 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	FUNDRAISING	OK	501(C)(3)	LINE 7	N/A
INTEGRIS RURAL HEALTH FOUNDATION, INC. 73-1523096 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	FUNDRAISING	OK	501(C)(3)	LINE 7	N/A
MEDICAL PARKING, INC. 73-1210537 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	PARKING FAC.	OK	501(C)(3)	LINE 11 -IIN/A	
WESTERN VILLAGE ACADEMY, INC. 73-1588764 5300 N. INDEPENDENCE AVE., STE. OKLA. CITY, OK 73112	SCHOOL	OK	501(C)(3)	LINE 2	N/A





**Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)**

	(A) Name of other organization	(B) Transaction type (a-f)	(C) Amount involved
(7)	INTEGRIS RURAL HEALTH, INC.	G	4,767.
(8)	INTEGRIS RURAL HEALTH, INC.	I	16,640.
(9)	INTEGRIS RURAL HEALTH, INC.	L	2,517,457.
(10)	INTEGRIS RURAL HEALTH, INC.	O	2,114,384.
(11)	INTEGRIS RURAL HEALTH, INC.	P	9,578.
(12)	INTEGRIS RURAL HEALTH FOUNDATION, INC.	B	19,682.
(13)	INTEGRIS RURAL HEALTH FOUNDATION, INC.	C	104,495.
(14)	INTEGRIS RURAL HEALTH FOUNDATION, INC.	O	5,555.
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			