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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: INTEGRIS AMBULATORY CARE CORPORATION

Doing Business As: SEE SCHEDULE O

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

City or town, state or country, and ZIP + 4: OKLAHOMA CITY, OK 73112

D Employer identification number: 73-1192765

E Telephone number: (405)949-6026

G Gross receipts $: 60,775,436.

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

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) 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: 1983 **M** State of legal domicile: OK

Part I Summary

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

2 Check this box ▶ ☒ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	NONE
5	Total number of employees (Part V, line 2a)	5	NONE
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	10,028.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	8,517.

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	39,442.	10,641,695.
9	Program service revenue (Part VIII, line 2g)	35,529,235.	49,655,765.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,332.	-60,439.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,151,020.	392,140.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,767,029.	60,629,161.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	58,637.	548,261.
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)	36,175,490.	45,767,603.
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)	18,067,315.	16,022,412.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	54,301,442.	62,338,276.
19	Revenue less expenses Subtract line 18 from line 12	-13,534,413.	-1,709,115.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	15,959,542.	15,236,889.
21	Total liabilities (Part X, line 26)	2,969,298.	3,839,098.
22	Net assets or fund balances Subtract line 21 from line 20	12,990,244.	11,397,791.

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

▶ Signature of officer W. J. Miller CFO — Date 4/15/10

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Karen L. Meyer — Date 4-14-2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

JSA
8E1010 2 000

SH8935 1722 03/30/2010 17:03:51 V08-8.3 45660

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 $ 58,242,498. including grants of $ 548,261.) (Revenue $ 49,655,765.)
SEE SCHEDULE O STATEMENTS 2 THROUGH 5

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

4e **Total program service expenses ▶ $** 58,242,498. *(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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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*	11	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*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		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*	14b		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*	15		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*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		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*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		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*	21	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*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		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*	26		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*	27		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)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a	NONE		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	NONE		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 4			
b	Enter the number of voting members that are independent . . . . . 1b NONE			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	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?	9b		
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	10	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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?	15a		X
b	Other officers or key employees of the organization?	15b	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?	16a	X	
b	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?	16b	X	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(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			
C. BRUCE LAWRENCE DIRECTOR	1.	X						NONE	734,582.	55,445.
BETH PAUCHNIK DIRECTOR	1.	X						NONE	319,415.	36,101.
STANLEY F. HUPFELD CHAIR/PRES/CEO	1.	X		X				NONE	845,003.	28,010.
WENTZ MILLER ASST. TREASURER/VP/DIRECTOR	1.	X		X				NONE	520,364.	47,571.
JUDY HOSINGTON SECRETARY	1.			X				NONE	196,863.	20,553.
BARTON H. DAWSON VICE PRESIDENT	40.				X			243,234.	NONE	14,177.
SAEED AHMAD CLINIC PHYSICIAN IPS	40.					X		1,076,836.	NONE	27,509.
MUHAMMAD YASIN CLINIC PHYSICIAN IPS	40.					X		1,076,608.	NONE	26,480.
LARRY WAYNE HOUK CLINIC PHYSICIAN IPS	40.					X		531,482.	NONE	26,333.
MICHAEL ROBERT SEIKEL CLINIC PHYSICIAN IPS	40.					X		440,636.	NONE	24,540.
SONJA J. HUGHES CLINIC PHYSICIAN IPS	40.					X		366,553.	NONE	24,598.

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

(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			
1b Total ▶								3,735,349.	2,616,227.	331,317.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 77

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		974,859.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 7

Part VIII Statement of Revenue 73-1192765

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	10,636,752			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,943			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		10,641,695.			
Program Service Revenue		**Business Code**				
	2a NET PATIENT REVENUE	621990	40,800,390.	40,790,362	10,028.	
	b IMAGING SERVICES	900099	1,215,879.	1,215,879.		
	c RENTAL INCOME	532000	70,474	70,474.		
	d PACER FITNESS CENTER	900099	1,901,387.			1,901,387.
	e ADMIN SERVICES	900099	4,831,823.			4,831,823.
	f All other program service revenue	900099	835,812.	835,812.		
	g **Total.** Add lines 2a-2f		49,655,765.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		81,848.			81,848.
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		NONE			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	3,988.				
	b Less cost or other basis and sales expenses	146,275				
	c Gain or (loss)	-142,287				
	d Net gain or (loss)		-142,287.			-142,287
	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			
	Miscellaneous Revenue	**Business Code**				
	11a MISC. INCOME	900099	392,140			392,140.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		392,140.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		60,629,161.	42,912,527	10,028	7,064,911

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	500,000.	500,000.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	48,261.	48,261.		
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	257,409.	245,337.	12,072.	
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	37,956,558.	36,176,395.	1,780,163.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	2,081,131.	1,973,953.	107,178.	
9 Other employee benefits	3,386,153.	3,147,429.	238,724.	
10 Payroll taxes	2,086,352.	1,970,271.	116,081.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	120,883.	109,151.	11,732.	
c Accounting	32,960.		32,960.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	348,729.	247,978.	100,751.	
12 Advertising and promotion	253,245.	171,433.	81,812.	
13 Office expenses	2,893,186.	2,838,820.	54,366.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	3,139,543.	3,038,298.	101,245.	
17 Travel	226,635.	196,587.	30,048.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	114,489.	103,634.	10,855.	
20 Interest	23,853.		23,853.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,189,079.	1,189,079.		
23 Insurance	1,305,286.	1,334,480.	-29,194.	
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 PURCHASED_SERVICES	1,913,953.	799,722.	1,114,231.	
b PROVISION_FOR_BAD_DEBT	2,273,543.	2,273,592.	-49.	
c TELEPHONE	464,992.	401,524.	63,468.	
d UTILITIES	366,922.	358,821.	8,101.	
e RIF_&_RECRUITMENT	259,299.	258,366.	933.	
f All other expenses	1,095,815.	859,367.	236,448.	
25 **Total functional expenses.** Add lines 1 through 24f	62,338,276.	58,242,498.	4,095,778.	
26 **Joint Costs.** Check here ▶ ☐ 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
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	NONE	2	32,087.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,024,298.	4	1,534,281.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges	39,264.	9	37,493.
	10a	Land, buildings, and equipment: cost basis 10a 13,988,026.			
	b	Less accumulated depreciation. Complete Part VI of Schedule D 10b 10,025,990.	4,467,660.	10c	3,962,036.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	1,877,696.	12	2,024,359.
	13	Investments - program-related. See Part IV, line 11	7,314,184.	13	7,573,479.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	236,440.	15	73,154.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	15,959,542.	16	15,236,889.
Liabilities	17	Accounts payable and accrued expenses	1,331,840.	17	917,658.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	1,637,458.	25	2,921,440.
	26	**Total liabilities.** Add lines 17 through 25	2,969,298.	26	3,839,098.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	12,990,244.	27	11,397,791.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	12,990,244.	33	11,397,791.
	34	Total liabilities and net assets/fund balances	15,959,542.	34	15,236,889.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
INTEGRIS AMBULATORY CARE CORPORATION	73-1192765

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	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (See instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

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** The organization qualifies as a publicly supported organization ▶ ☐

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** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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.

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

2 Provide the estimated percentage of the 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		70,327.		70,327.
b Buildings		1,635,742.	1,182,895.	452,847.
c Leasehold improvements		1,828,130.	1,322,021.	506,109.
d Equipment		10,400,367.	7,521,074.	2,879,293.
e Other		53,460.		53,460.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				3,962,036.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTMENT IN INTEGRIS	1,276,329.	FMV
BAPTIST MEDICAL CENTER		
FOUNDATION, INC.		
INVESTMENT IN WESTERN VILLAGE	748,029.	FMV
ACADEMY, INC.		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	2,024,358.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN CONCENTRA	2,340,284.	FMV
INVESTMENT IN FRESENIUS	2,288,918.	FMV
INVESTMENT IN ADVANCED	421,552.	FMV
IMAGING LLC		
INVESTMENT IN SW ORTHO	1,156,053.	FMV
INVESTMENT IN SURGERY CTR II	872,852.	FMV
INVESTMENT IN MEDICAL PLAZA	493,821.	FMV
IMAGING		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	7,573,480.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
OTHER LONG-TERM LIABILITIES	64,576.
ACCRUED COMPENSATION AND	2,856,864.
PAYROLL TAXES	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,921,440.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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.

Part XIV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN VILLAGE ACADEMY, INC. 5300 N. INDEPENDENCE AVE.,OKC, OK 73112	73-1588764	501(C)(3)	500,000.				TO FUND OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶ NONE

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

Schedule I (Form 990) 2008

JSA
8E1288 2 000

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
CAMP FUNNYBONE	55	7,800			
BEEP SCHOLARSHIPS	18	11,071			
WVA/HERITAGE HALL SCHOLARSHIPS	2	29,390			

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

CAMP FUNNYBONE - TUITION TO ATTEND CAMP FUNNYBONE IS $175 PER CHILD.

LIMITED SCHOLARSHIPS ARE AVAILABLE EACH YEAR AND PARENTS WHO ARE

INTERESTED IN OBTAINING A SCHOLARSHIP ARE GIVEN A SCHOLARSHIP APLLICATION

TO FILL OUT. AFTER THE APPLICATIONS ARE RECEIVED, DETERMINATIONS ARE MADE

BASED ON INCOME AND CIRCUMSTANCE. THOSE WHO RECEIVE SCHOLARSHIPS ARE

ASKED TO PAY $25 AND THE REMAINDER IS PROVIDED THROUGH THE INTEGRIS

COMMUNITY HEALTH IMPROVEMENT DEPARTMENTAL BUDGET. APPROXIMATELY 50% OF

CAMP ATTENDEES EACH YEAR ARE GIVEN SCHOLARSHIPS.

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.

BEEP SCHOLARSHIP PROGRAM - INTEGRIS HEALTH CREATED BEEP (BASIC EDUCATIONAL EMPOWERMENT PROGRAM) DUE TO THE RISE IN OKLAHOMA CITY HIGH SCHOOL DROPOUT RATES AS WELL AS THE INFLUX OF GANG MEMBERS IN THE OKLAHOMA CITY METROPOLITAN AREA. THE PROGRAM IS TARGETED TO YOUNG ADULTS BETWEEN THE AGES OF 16-21. STUDENTS ARE NOT ONLY CONSIDERED TO BE "AT-RISK" FOR CRIMINAL ACTIVITY, BUT HAVE CURRENTLY OR HISTORICALLY HAD COMPLICATIONS WITH THE LAW. THIS PROGRAM ASSISTS "AT-RISK" YOUTH IN GETTING THEIR GED AND TO DEVELOP MARKETABLE SKILLS. THE SKILLS RANGE FROM GETTING A CERTIFICATE OF COMPLETION FROM A TECHNOLOGY SCHOOL, ALL THE WAY

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.

TO GETTING A DEGREE FROM AN ACCREDITED UNIVERSITY. THE STUDENTS MUST MEET A NUMBER OF REQUIREMENTS TO REMAIN IN THE PROGRAM. THESE INCLUDE FOR EXAMPLE, MAINTAIN A MINIMUM GRADE POINT AVERAGE, COMPLETE COMMUNITY SERVICE AND COMPLETE CREDIT HOURS. THE STUDENTS COMPLIANCE WITH THESE REQUIREMENTS IS MONITORED.

WVA/HERITAGE HALL SCHOLARSHIPS - STUDENTS FROM WESTERN VILLAGE ACADEMY ARE SELECTED FOR A MULTI-YEAR SCHOLARSHIP TO HERITAGE HALL. ACADEMIC EXCELLENCE AND EXEMPLARY CHARACTER ARE THE DETERMINING FACTORS WHEN SELECTED BY THE WESTERN VILLAGE ACADEMY BOARD.

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.

WESTERN VILLAGE ACADEMY, INC. - INTEGRIS AMBULATORY CARE CORPORATION (IACC) PROVIDES FUNDS TO THIS RELATED ENTITY, WHICH OPERATES AN OKLAHOMA CHARTER SCHOOL, TO SUPPORT THEIR OPERATIONS. IACC DETERMINES THE AMOUNT OF THE FUNDS PROVIDED ON AN ANNUAL BASIS.

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

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	1b		
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?	2		
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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7	X	
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	8		X

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				
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
C. BRUCE LAWRENCE	(ii)	481,185.	227,237.	26,160.	41,677.	13,768.	790,027.	367,291.
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BETH PAUCHNIK	(ii)	231,717.	67,404.	20,294.	25,127.	10,974.	355,516.	159,708.
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STANLEY F. HUPFELD	(ii)	576,971.	202,230.	65,802.	14,950.	13,060.	873,013.	422,502.
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WENTZ MILLER	(ii)	381,481.	110,691.	28,192.	33,905.	13,666.	567,935.	260,182.
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JUDY HOSINGTON	(ii)	144,933.	35,708.	16,222.	10,053.	10,500.	217,416.	98,432.
	(i)	185,780.	41,430.	16,024.	11,208.	2,969.	257,411.	NONE
BARTON H. DAWSON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	1,071,505.	NONE	5,331.	14,950.	12,559.	1,104,345.	538,418.
SAEED AHMAD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	1,070,005.	NONE	6,603.	12,023.	14,457.	1,103,088.	538,304.
MUHAMMAD YASIN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	360,823.	163,542.	7,117.	12,650.	13,683.	557,815.	265,741.
LARRY WAYNE HOUK	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	440,636.	NONE	NONE	12,650.	11,890.	465,176.	NONE
MICHAEL ROBERT SEIKEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	275,879.	83,787.	6,887.	11,030.	13,568.	391,151.	183,277.
SONJA J. HUGHES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 3

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS). AS PART OF THIS SYSTEM, IACC RELIES UPON INTEGRIS TO ESTABLISH THE COMPENSATION FOR ITS OFFICERS. INTEGRIS UTILIZES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THIS COMPENSATION.

SUPPLEMENTAL INFORMATION 2

SCHEDULE J, PART I, LINE 4B

INTEGRIS HEALTH 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.

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

THE FOLLOWING INDIVIDUALS LISTED IN PART VII OF FORM 990 PARTICIPATED IN THIS PLAN BUT DID NOT RECEIVE A PAYMENT DURING THE YEAR.

C. BRUCE LAWRENCE

WENTZ MILLER

BETH PAUCHNIK

SUPPLEMENTAL INFORMATION 3

SCHEDULE J, PART I, LINE 7

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

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.

INTEGRIS HEALTH HAS ESTABLISHED A FINANCIAL INCENTIVE PLAN THAT ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY AND FINANCIAL OPERATIONS OF THE ORGANIZATION. THE QUALITY COMPONENT IS DEFINED AS IMPROVEMENT IN PATIENT SAFETY, PATIENT SATISFACTION AND REDUCTION OF EMPLOYEE TURNOVER. THE FINANCIAL COMPONENT CONSISTS OF ACHIEVEMENT IN NET OPERATING INCOME THRESHOLD TO BE ACHIEVED TO ACTIVATE THE PLAN. A PREDETERMINED THRESHOLD IS CREATED WITHIN ALL ASPECTS OF THE PLAN BEFORE FINANCIAL ACHIEVEMENT IS PAYABLE. ALL PLANS ARE WRITTEN ACCORDING TO EXECUTIVE LEVEL AND ADOPTED BY INTEGRIS HEALTH BOARD RESOLUTION EACH PLAN YEAR AND PAYABLE AFTER INDEPENDENT AUDIT RESULTS ARE DETERMINED.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ **Attach certified copies of any articles of dissolution, resolutions, or plans.**

▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, 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 recipients(s) (if tax-exempt) or type of entity

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

e If the organization answered ""Yes"" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

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

			Yes	No
	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 recipients(s) (if tax-exempt) or type of entity
REIMBURSEMENT OF EXPENSES	VARIOUS	59,045,052.	COST	73-1192764	INTEGRIS HEALTH, INC 5300 N. INDEPENDENCE AVE., SUITE 130	509(A)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a	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

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF INTEGRIS HEALTH (INTEGRIS), AN INTEGRATED HEALTHCARE SYSTEM. IACC 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:

JUDY HOISINGTON

STANLEY F. HUPFELD

WENTZ MILLER

Name of the organization	Employer identification number
INTEGRIS AMBULATORY CARE CORPORATION	73-1192765

GENERAL STATEMENT 1

FORM 990, BOX C: DOING BUSINESS AS

CHEST PAIN EMERGENCY CENTER

MEDICAL PLAZA IMAGING CENTER

MEDICAL PLAZA SURGERY CENTER

PROHEALTH LABORATORY

MERIDIAN OCCUPATIONAL HEALTH CENTER

MERIDIAN PRIORITY OCCUPATIONAL HEALTH CENTER

FAMILY PHYSICIANS OF OKLAHOMA CITY

PACER FITNESS CENTER

INTEGRIS HOMECARE PLUS

SAMARITAN HEALTH SERVICES

INTEGRIS FAMILY CARE CENTER

SOUTH PENN FAMILY MEDICINE CENTER

SOUTH PENN FAMILY MEDICINE CLINIC

SAMARITAN HOME INFUSION

INTEGRIS AMBULATORY CARE REHABILITATION SERVICES

SAMARITAN HOME BASED SERVICES

BAPTIST COMMUNITY CLINIC

HELP

INTEGRIS COCHLEAR IMPLANT CLINIC

INNER EAR RESEARCH TEAM

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

GENERAL STATEMENT 2

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

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS INCLUDED IN THE INTEGRIS HEALTH SYSTEM. IACC PROVIDED $2,273,543 UNPAID BILLED CHARGES FOR CARE.

FOR ADDITIONAL DETAILS REGARDING COMMUNITY BENEFIT SEE THE ATTACHED COMPLETE COMMUNITY BENEFIT REPORT ON SCHEDULE O BEGINNING WITH STATEMENT 3 THROUGH 5 AND PAGES 41 THROUGH 85.

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

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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MORE THAN TWO DOZEN HOSPITAL DEPARTMENTS WERE REPRESENTED WITH INFORMATIONAL BOOTHS OR EVENT VOLUNTEERS INCLUDING REGENCY HOME CARE, HOSPICE AND HOME MEDICAL EQUIPMENT AS WELL AS GENERATIONS, REHAB AND SPORTS MEDICINE, GREEN COUNTRY 5K RUN, NURSING SUPERVISORS, SURGERY, EDUCATION, EMS, PRACTICE MANAGEMENT BILLING, MEDICAL STAFF SERVICES, BUSINESS SERVICES, DIABETES CENTER, CASE MANAGEMENT, AUXILIARY SERVICES, MAINTENANCE, DR. CARNAHAN AND AUTISM AWARENESS, EXPRESS CARE, PRACTICE MANAGEMENT, MARKETING AND ADMINISTRATION.

ANNUAL CUSTOMER APPRECIATION DAY

INTEGRIS BAPTIST REGIONAL PARTICIPATED IN THE CITY OF MIAMI'S ANNUAL CUSTOMER APPRECIATION DAY ON SATURDAY, MARCH 7. DRS. THANT ZIN AND SUSU LIN, INTERNAL MEDICINE PHYSICIANS, PROVIDED BLOOD PRESSURE SCREENINGS AND ANSWERED HEALTH RELATED QUESTIONS FOR PARTICIPANTS. THE MORNING FEATURED A FREE PANCAKE BREAKFAST AND INFORMATION GIVEN BY DIFFERENT CITY DEPARTMENTS AND COMMUNITY SERVICE PROVIDERS. THE MARKETING/COMMUNITY DEVELOPMENT DEPARTMENT WAS ALSO ON HAND TO GREET AND GIVE OUT HOSPITAL INFORMATION TO THE APPROXIMATELY 1,000 PEOPLE ATTENDING THE EVENT.

INTEGRIS BAPTIST REGIONAL HEALTH CENTER IS ONE OF THE OLDEST HOSPITALS IN THE STATE. ORIGINALLY BUILT TO MEET THE NEEDS OF THE LEAD AND ZINC MINERS, THE MIAMI HOSPITAL OPENED JULY 1, 1919. THE ORIGINAL STRUCTURE WAS A THREE-STORY BUILDING WITH A BASEMENT AND SUN PORCHES ON EACH FLOOR. THROUGH THE YEARS A NUMBER OF BUILDING ADDITIONS AND RENOVATIONS HAVE BEEN MADE, AND THE BASIC ORIGINAL STRUCTURE IS STILL BEING USED TODAY.

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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.

INTEGRIS BASS BAPTIST HEALTH CENTER

INTEGRIS SUPPORTS SAFE KIDS

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.

INTEGRIS BASS HOSTS SCRUB CAMP

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

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.

DIABETES EDUCATION

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."

CARE FUND

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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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

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 BOOTHS 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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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

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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.

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

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION
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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.

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POSITIVE DIRECTIONS MENTORING PROGRAM

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.

MOVE FOR LIFE

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.

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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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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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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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.

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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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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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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.

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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.

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GENERAL STATEMENT 9

PART VI: SECTION B. POLICIES

PART VI: QUESTION 15B - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS OR SYSTEM). COMPENSATION FOR 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.

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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.

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GENERAL STATEMENT 11

PART VII: SECTION B. INDEPENDENT CONTRACTORS

GE HEALTHCARE IITS US CORP SOFTWARE LICENSING $279,219
P.O. BOX 277475
ATLANTA, GA 30384-7475

JL WALKER CONSTRUCTION INC CONSTRUCTION CONTRACTOR $226,797
13900 WIRELESS WAY
OKC, OK 73134

MACCINI CONSTRUCTION COMPANY CONSTRUCTION CONTRACTOR $170,587
2919 UNITED FOUNDERS BLVD.
OKC, OK 73112

RAKESH PRASAD PHYSICIAN SERVICES $160,625
5900 MEGANS WAY
EDMOND, OK 73034

MICHAEL R SEIKEL, MD PHYSICIAN SERVICES $137,630
3433 N.W. 56, SUITE 210
OKC, OK 73112

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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 INTEGRIS AMBULATORY CARE CORPORATION.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					

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

Schedule R (Form 990) 2008

JSA
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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? N/A Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
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
QC-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	RELATED	1,000,529.	303,129.		X	NONE	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 N/A	(G) Share of end-of-year assets N/A	(H) Percentage ownership N/A
INTEGRIS PROHEALTH, INC. 73-1046179 5300 N. INDEPENDENCE AVE., STE. 130 OKLA. CITY, OK 73112	RETAIL PHARMACY	OK	N/A	C			
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

			Yes	No
Note. Complete line 1 if any entity 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	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f	X	
g	Purchase of assets from other organization(s)	1g	X	
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	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)	INTEGRIS REALTY CORPORATION	F	1,958.
(2)	INTEGRIS REALTY CORPORATION	J	1,802,037.
(3)	INTEGRIS REALTY CORPORATION	L	27,031.
(4)	INTEGRIS REALTY CORPORATION	O	524.
(5)	INTEGRIS REALTY CORPORATION	P	1,707.
(6)	WESTERN VILLAGE ACADEMY, INC.	B	500,000.

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Schedule R (Form 990) 2008

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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 HEALTH, INC. 73-1192764 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 11 -I	N/A
BAPTIST HEALTHCARE OF OKLAHOMA, INC. 23-7456301 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	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 MGM	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. PRO	OK	501(C)(3)	LINE 3	N/A
INTEGRIS BAPTIST MEDICAL CTR. FND., 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 -II	N/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 III Continuation of 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? Yes	(H) No	(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Continuation of 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

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-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			