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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ 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 $: 77,831,708.

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 Form 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 net 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	0
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	34
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,641,695.	11,004,800.
9	Program service revenue (Part VIII, line 2g)	49,655,765.	54,003,621.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-60,439.	-1,459,350.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	392,140.	11,829,470.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,629,161.	75,378,541.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	548,261.	28,103.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	45,767,603.	58,853,217.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	16,022,412.	19,483,739.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	62,338,276.	78,365,059.
19	Revenue less expenses Subtract line 18 from line 12	-1,709,115.	-2,986,518.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	15,236,889.	53,158,602.
21	Total liabilities (Part X, line 26)	3,839,098.	44,179,190.
22	Net assets or fund balances Subtract line 21 from line 20	11,397,791.	8,979,412.

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 4/2/11

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Debra C. Cook — Date 4/1/11 — 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** (2009)

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SCANNED MAY 23 2011

Part III Statement of Program Service Accomplishments

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 $ 74,300,669 including grants of $ 28,103.) (Revenue $ 54,003,621)
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 ▶ 74,300,669.

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to 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		
25 a	**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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *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 sections 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-chantable 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 0		
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		
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	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	4		
b	Enter the number of voting members that are independent	1b	0		
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 organization 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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 Report compensation for the calendar year ending with or within the organization's tax year 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 current officer, director, or trustee

(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	1.00	X						0.	733,393.	60,984.
BETH PAUCHNIK DIRECTOR	1.00	X						0.	314,003.	39,289.
STANLEY F. HUPFELD CHAIR/PRES/CEO	1.00	X		X				0.	2,301,695.	28,985.
WENTZ MILLER ASST. TREASURER/VP/DIRECTOR	1.00	X		X				0.	517,203.	50,202.
JUDY HOSINGTON SECRETARY	1.00			X				0.	192,394.	22,179.
BARTON H. DAWSON VICE PRESIDENT	40.00				X			234,028.	0	14,348.
MUHAMMAD YASIN CLINIC PHYSICIAN IPS	40.00					X		1,076,029.	0	25,637.
SAEED AHMAD CLINIC PHYSICIAN IPS	40.00					X		1,075,277.	0	26,935.
JOHN S. CHAFFIN PHYSICIAN	40.00					X		783,956.	0	19,466.
PAUL J. KANALY PHYSICIAN	40.00					X		777,521.	0	15,470.
C. CRAIG ELKINS PHYSICIAN	40.00					X		770,147.	0	17,337.

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 ▶								4,716,958.	4,058,688.	320,832.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 107

		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*		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*	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*		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, GENERAL STATEMENT 12		1,233,390.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 9

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	11,004,800.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		11,004,800.			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621990	48,395,771	48,395,771.		
	b IMAGING SERVICES	900099	727,808.	727,808.		
	c RENTAL INCOME	532000	60,465.	60,465		
	d PACER FITNESS CENTER	900099	1,881,612.			1,881,612.
	e ADMIN. SERVICES	900099	888,203.			888,203.
	f All other program service revenue	900099	2,049,762	2,049,762.		
	g Total. Add lines 2a-2f		54,003,621			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		125,318.			125,318.
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0.			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0.			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		868,499.			
	b Less cost or other basis and sales expenses		2,453,167			
	c Gain or (loss)		-1,584,668.			
	d Net gain or (loss)		-1,584,668.			-1,584,668.
	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		0			
	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		0.			
	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		0.			
	Miscellaneous Revenue	Business Code				
	11a REIMB -PHYSICIAN SERVICES	900099	11,829,470.			11,829,470.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		11,829,470.			
	12 Total Revenue. See instructions		75,378,541.	51,233,806.		13,139,935

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	0.			
2 Grants and other assistance to individuals in the U.S See Part IV, line 22	28,103.	28,103.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,859,943.	1,786,103.	73,840.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	48,133,166.	46,222,279.	1,910,887.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,911,210.	2,771,472.	139,738.	
9 Other employee benefits	3,448,473.	3,154,318.	294,155.	
10 Payroll taxes	2,500,425.	2,379,830.	120,595.	
11 Fees for services (non-employees)				
a Management	104,325.		104,325.	
b Legal	24,543.	16,336.	8,207.	
c Accounting	37,453.		37,453.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	198,563.	99,324.	99,239.	
12 Advertising and promotion	484,061.	232,603.	251,458.	
13 Office expenses	4,562,048.	4,368,968.	193,080.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	3,126,915.	3,019,473.	107,442.	
17 Travel	214,345.	186,238.	28,107.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	140,915.	122,962.	17,953.	
20 Interest	26,008.		26,008.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	826,484.	823,013.	3,471.	
23 Insurance	1,105,321.	1,110,718.	-5,397.	
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	4,636,521.	4,139,181.	497,340.	
b PROVISION FOR BAD DEBT	2,043,426.	2,043,494.	-68.	
c UTILITIES	855,296.	845,568.	9,728.	
d RIF & RECRUITMENT	532,921.	531,642.	1,279.	
e OTHER MISC. EXPENSE	236,072.	215,572.	20,500.	
f All other expenses	328,522.	203,472.	125,050.	
25 Total functional expenses Add lines 1 through 24f	78,365,059.	74,300,669.	4,064,390.	
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		32,087.	2	39,088,559.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,534,281.	4	2,049,726.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 sale or use			8	
	9	Prepaid expenses and deferred charges		37,493.	9	37,493.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,109,556.			
	b	Less accumulated depreciation	10b 9,593,372.	3,962,036.	10c	4,516,184.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		2,024,359.	12	2,531,018.
	13	Investments - program-related See Part IV, line 11		7,573,479.	13	4,792,132.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		73,154.	15	143,490.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,236,889.	16	53,158,602.
Liabilities	17	Accounts payable and accrued expenses		917,658.	17	40,518,171.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,921,440.	25	3,661,019.
	26	**Total liabilities.** Add lines 17 through 25		3,839,098.	26	44,179,190.
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		11,397,791.	27	8,979,412.
	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		11,397,791.	33	8,979,412.
	34	Total liabilities and net assets/fund balances		15,236,889.	34	53,158,602.

Form **990** (2009)

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

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 (For lines 1 through 11, check only one box)

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

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] An 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).**

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 supported organization(s)

(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 U S ?		(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2009.** 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 - 2008.** 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 - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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 organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** 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 - 2008.** 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

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 important land area
- ☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 acquisition, acces sion, 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 solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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, custo dian 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 XI V 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 XI V

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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the y ear end balance held as

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

3a Are there endowment funds not in the pos session 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 organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he 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) Accumulated depreciation	(d) Book value
1a Land		70,327.		70,327.
b Buildings		1,667,472.	362,605.	1,304,867.
c Leasehold improvements		1,717,644.	963,916.	753,728.
d Equipment		10,449,728.	8,266,851.	2,182,877.
e Other		204,385.		204,385.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				4,516,184.

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		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

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 FRESENIUS	2,131,846.	FMV
INVESTMENT IN ADVANCED	238,337.	FMV
IMAGING LLC		
INVESTMENT IN SW ORTHO	1,942,105.	FMV
INVESTMENT IN MEDICAL PLAZA	479,844.	FMV
IMAGING		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶	4,792,132.	

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

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

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
OTHER LONG-TERM LIABILITIES	48,332.
ACCRUED COMPENSATION AND	3,612,687.
PAYROLL TAXES	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	3,661,019.

2. FIN 48 Footnote 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 Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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	Other losses	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 must 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, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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 United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

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" to 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

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

3 Enter total number of other organizations . . . . . ▶

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

Schedule I (Form 990) 2009

JSA

9E1288 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 Part IV and 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	28	4,250			
BEEP SCHOLARSHIPS	12	1,138			
WVA/HERITAGE HALL SCHOLARSHIPS	2	22,715			

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 Part IV and 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

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 Part IV and 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.

GETTING THEIR GED AND TO DEVELOP MARKETABLE SKILLS. THE SKILLS RANGE FROM GETTING A CERTIFICATE OF COMPLETION FROM A TECHNOLOGY SCHOOL, ALL THE WAY 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.

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 Part IV and 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.

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.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990 ▶See separate instructions.

OMB No 1545-0047

2009

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 any of the boxes on 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, with respect to the filing organization or a related organization			
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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use 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) Retirement and other 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)	0.	0.	0.	0.	0.	0.	0.
C. BRUCE LAWRENCE	(ii)	500,000.	203,220.	30,173.	45,925.	15,059.	794,377.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
BETH PAUCHNIK	(ii)	237,369.	57,013.	19,621.	27,241.	12,048.	353,292.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
STANLEY F. HUPFELD	(ii)	600,000.	163,959.	1,537,736.	15,925.	13,060.	2,330,680.	1,432,317.
	(i)	0.	0.	0.	0.	0.	0.	0.
WENTZ MILLER	(ii)	390,931.	93,627.	32,645.	35,415.	14,787.	567,405.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
JUDY HOSINGTON	(ii)	154,256.	27,772.	10,366.	10,721.	11,458.	214,573.	0.
	(i)	186,736.	32,823.	14,469.	11,225.	3,123.	248,376.	0.
BARTON H. DAWSON	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	1,068,505.	0.	7,524.	12,461.	13,176.	1,101,666.	0.
MUHAMMAD YASIN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	1,069,505.	0.	5,772.	13,475.	13,460.	1,102,212.	0.
SAEED AHMAD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	776,594.	0.	7,362.	9,800.	9,666.	803,422.	0.
JOHN S. CHAFFIN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	770,778.	0.	6,743.	7,350.	8,120.	792,991.	0.
PAUL J. KANALY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	766,159.	0.	3,988.	7,350.	9,987.	787,484.	0.
C. CRAIG ELKINS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

STANLEY F. HUPFELD RECEIVED A PAYMENT FROM THE PLAN IN THE CURRENT YEAR EQUAL TO $1,446,634.

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 3

SCHEDULE J, PART I, LINE 7

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

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

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" 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

2009

Open to Public Inspection

Name of the organization	Employer Identification number
INTEGRIS AMBULATORY CARE CORPORATION	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 recipient(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 instrument(s)? If "No," describe in Part III	3		
4 a	Did the organization request or receive a letter from IRS that the organization's exempt status was terminated?	4a		
b	If "Yes," provide the date of the letter ▶ _____ Attach a copy of the letter and, if applicable, the organization's request for the letter			
5 a	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		
7 a	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	75,653,343	COST	73-1192764	INTEGRIS HEALTH, INC. 5300 N. INDEPENDENCE AVE , SUITE 130	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a	X	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		X
c	Become a direct or indirect owner of a successor or transferee organization?	2c		X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		X
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 to provide the information required by Part I, lines 2e, 7c; 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 TRANSACTONS:

JUDY HOISINGTON

STANLEY F. HUPFELD

C. BRUCE LAWRENCE

WENTZ MILLER

BETH PAUCHNIK

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

ATTACHMENT 1

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

GENERAL STATEMENT 2

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

ATTACHMENT 1 (CONT'D)

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

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS INCLUDED IN THE INTEGRIS HEALTH SYSTEM. IACC PROVIDED $2,043,426 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 38 THROUGH 55.

GENERAL STATEMENT 3

PART III, LINE 4A: COMMUNITY BENEFIT REPORT

MY HOSPITAL

2010 COMMUNITY BENEFIT REPORT

AT INTEGRIS HEALTH, OUR MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE. THIS PAST YEAR MARKED ONE OF THE MOST CHALLENGING TIMES FOR OUR NATION IN RECENT HISTORY. IN RESPONSE TO THESE ECONOMIC UNCERTAINTIES, WE MADE A CONSCIENTIOUS DECISION TO EXPAND OUR COMMUNITY BENEFIT SUPPORT. WE WERE LED BY OUR HEARTS AND FELT IT WAS THE RIGHT THING
TO DO. THE FOLLOWING REPORT HIGHLIGHTS A SAMPLING OF THE HUNDREDS OF PROGRAMS AND EVENTS INITIATED BY INTEGRIS HEALTH ACROSS THE STATE OF OKLAHOMA.

FREE HEALTH CARE TO OUR MOST VULNERABLE CITIZENS

MOBILE MEALS FOR SHUT-INS

MENTORING PROGRAMS FOR AT-RISK CHILDREN

CLEAN UP AFTER NATURAL DISASTERS

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

ATTACHMENT 1 (CONT'D)

REBUILDING COMMUNITIES FOLLOWING ICE STORMS, FLOODS AND TORNADOS

PREVENTION OF CHILDHOOD OBESITY

OUTREACH TO SENIOR CITIZENS

WHEREVER THERE IS A COMMUNITY NEED IN OKLAHOMA, YOU WILL FIND INTEGRIS WORKING TO MAKE A DIFFERENCE. THANK YOU FOR THE OPPORTUNITY TO IMPACT THE HEALTH OF ALL OF OUR CITIZENS.

IT IS OUR MISSION. WE BELIEVE IT. WE STRIVE TO LIVE IT EVERY DAY.

SINCERELY,

BRUCE LAWRENCE

PRESIDENT AND CEO

INTEGRIS HEALTH

INTEGRIS HEALTH IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS, WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, FITNESS CENTERS AND HOME HEALTH AGENCIES THROUGHOUT MUCH OF THE STATE. INTEGRIS HEALTH OPERATES 15 HOSPITALS, LED IN THE OKLAHOMA CITY AREA BY INTEGRIS BAPTIST MEDICAL CENTER AND INTEGRIS SOUTHWEST MEDICAL CENTER. INTEGRIS BAPTIST HAS ONE OF THE HIGHEST TRANSPLANT SUCCESS RATES IN THE NATION. WE ARE RECOGNIZED AS A TOP 100

CARDIOVASCULAR HOSPITAL.

INTEGRIS SOUTHWEST IS HOME TO JIM THORPE REHABILITATION, THE CHOICE OF THE NFL PLAYERS ASSOCIATION FOR REHABILITATION SERVICES. THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA, WITH OUR PROCURE PROTON THERAPY CENTER AFFILIATE, OFFERS STATE-OF-THE-ART COMPREHENSIVE THERAPIES FOR THE DIAGNOSIS, TREATMENT AND SURVIVORSHIP OF CANCER, INCLUDING COMPLEMENTARY CARE.

INTEGRIS HEALTH

*INTEGRIS MEN'S HEALTH UNIVERSITY

*"ON YOUR OWN" HIGH SCHOOL STUDENT PROGRAM

*"YOUNG AT HEART" SENIOR PROM FOR SENIOR CITIZENS

*STANLEY F. HUPFELD ACADEMY AT WESTERN VILLAGE

*WOMEN'S HEALTH FORUM

*NATIONAL ALLIANCE ON MENTAL ILLNESS WALK

*HISPANIC HEALTH FAIR

*INTEGRIS HEALTH FREE CLINIC

*NIGERIAN MISSION TRIP

OKLAHOMA CITY - INTEGRIS BAPTIST MEDICAL CENTER IN OKLAHOMA CITY IS THE ONLY OKLAHOMA-OWNED DESIGNATED MAGNET HOSPITAL FOR EXCELLENCE IN NURSING SERVICES. IT 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 OFFERS A FULL RANGE OF DIAGNOSTIC,

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ATTACHMENT 1 (CONT'D)

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, INTEGRIS CANCER INSTITUTE OF OKLAHOMA, 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 HOUGH EAR INSTITUTE.

INTEGRIS BAPTIST MEDICAL CENTER

*AFRICAN AMERICAN WOMEN'S HEALTH SUMMIT

*MOBILE MEALS

*POSITIVE DIRECTIONS MENTORING PROGRAM

*MIND, BODY, SPIRIT COMMUNITY HEALTH EDUCATION LECTURES

*"HANGING OF THE GREEN" CHRISTMAS PROJECT

MIAMI - INTEGRIS BAPTIST REGIONAL HEALTH CENTER IN MIAMI, OKLA., IS LICENSED FOR 117 BEDS AND HAS MORE THAN 40 PHYSICIANS AND MID-LEVEL PROVIDERS ON ITS MEDICAL STAFF. THE HOSPITAL PROVIDES A HOST OF INPATIENT AND OUTPATIENT SERVICES INCLUDING CRITICAL CARE AND SURGICAL SERVICES, COMPREHENSIVE REHABILITATION, GERIATRIC BEHAVIORAL HEALTH, DIABETES MANAGEMENT, HOSPICE, HOME HEALTH CARE AND HOME MEDICAL EQUIPMENT. FULLY ACCREDITED BY THE JOINT COMMISSION, INTEGRIS BAPTIST REGIONAL IS ALSO ONE OF THE LARGEST EMPLOYERS IN OTTAWA COUNTY. THE HOSPITAL EMPLOYS NEARLY 500 PROFESSIONALS AND HAS A COMPASSIONATE FORCE OF MORE THAN 60 VOLUNTEERS.

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ATTACHMENT 1 (CONT'D)

INTEGRIS BAPTIST REGIONAL HEALTH CENTER

*CAMP MUDVILLE AT THE GYM

*MIAMI SENIOR CITIZENS' DAY

*BACK TO SCHOOL FAIR

*OTTAWA COUNTY FAIR

*ANNUAL CUSTOMER APPRECIATION DAY

ENID - INTEGRIS BASS BEHAVIORAL HEALTH PROVIDES INPATIENT SERVICES FOR CHILDREN AND ADOLESCENTS IN ENID, OKLA. INPATIENT SERVICES INCLUDE AN ACUTE AND RESIDENTIAL TREATMENT CENTER WITH A TOTAL OF 50 BEDS; TREATMENT FOR CHILDREN, ADOLESCENTS AND ADOLESCENTS WITH DUAL DIAGNOSIS; GROUP, INDIVIDUAL, FAMILY, ACTIVITY AND MUSIC THERAPY PROVIDED AS PART OF AN INDIVIDUALIZED TREATMENT PLAN; LICENSED/CERTIFIED THERAPISTS, NURSES AND SUPPORT PERSONNEL / SERVICES; AND BOARD CERTIFIED PSYCHIATRIST AND MEDICAL DIRECTORS.

INTEGRIS BASS BEHAVIORAL HEALTH - ENID

*OPERATION BASS CARES

*STUDENT SCRUB CAMP

*COMMUNITY HEALTH FAIRS

*HOSTS ANNUAL COMMUNITY MENTAL HEALTH SUMMIT

*HOSTS COMMUNITY ROUNDTABLES ON GERIATRIC ISSUES

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

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ATTACHMENT 1 (CONT'D)

ENID - INTEGRIS BASS BAPTIST HEALTH CENTER IS PART OF A CAMPUS THAT INCLUDES 207 LICENSED BEDS THROUGHOUT THREE FACILITIES. THE HOSPITAL ENJOYS THE DISTINCTIONS OF BEING THE ONLY NON-PROFIT, FAITH-BASED HOSPITAL IN ENID, OKLA., AND HAVING SERVED THE ENID AREA LONGER THAN ANY OTHER GENERAL HOSPITAL. INTEGRIS BASS BAPTIST OFFERS ACUTE CARE AND DIAGNOSTIC SERVICES, SKILLED NURSING, CANCER TREATMENTS, A STATE-OF-THE-ART HEART CENTER, A CARDIAC CATHETERIZATION LABORATORY, CARDIOVASCULAR AND THORACIC SURGERY, GERIATRIC BEHAVIORAL HEALTH SERVICES, OB/GYN SERVICES, HOME HEALTH SERVICES AND OCCUPATIONAL HEALTH SERVICES. INTEGRIS BASS BAPTIST HEALTH CENTER ALSO OPERATES A NETWORK OF RURAL FAMILY CLINICS, MINOR EMERGENCY CLINICS AND PHYSICIAN OFFICES.

INTEGRIS BASS BAPTIST HEALTH CENTER

*INTEGRIS SUPPORTS SAFE KIDS

*COMMUNITY WALKING PROGRAM

*INTEGRIS HOSTS COMMUNITY HEALTH FAIR

*OPERATION BASS CARES

*AMERICAN CANCER SOCIETY RELAY FOR LIFE

BLACKWELL - INTEGRIS BLACKWELL REGIONAL HOSPITAL HAS SERVED THE COMMUNITY FOR MORE THAN 50 YEARS. THE 53-BED HOSPITAL, LOCATED IN NORTH CENTRAL OKLAHOMA, 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

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ATTACHMENT 1 (CONT'D)

AS A MEDICARE PROVIDER, AS WELL AS THE JOINT COMMISSION. INTEGRIS BLACKWELL IS A MEMBER OF THE OKLAHOMA HOSPITAL ASSOCIATION.

INTEGRIS BLACKWELL REGIONAL HOSPITAL

*BLACKWELL COMMUNITY HEALTH FAIR

*COMMUNITY LUNCH & LEARN SERIES

*BLACKWELL/TONKAWA RELAY FOR LIFE SURVIVOR'S BANQUET

*INTEGRIS BLACKWELL REGIONAL HOSPITAL STUDENT GOVERNING BOARD

*MENTORING PROGRAM AT BLACKWELL ELEMENTARY SCHOOL

YUKON - INTEGRIS CANADIAN VALLEY HOSPITAL IN YUKON IS CONSIDERED TO BE ONE OF THE MOST STATE-OF-THE-ART HEALTH CARE FACILITIES IN OKLAHOMA. OFFERING A FULL RANGE OF SERVICES IN ONE OF THE FASTEST GROWING AREAS OF THE STATE, SERVICES INCLUDE A LEVEL THREE EMERGENCY DEPARTMENT, MEDICAL SURGICAL SUITES, INTENSIVE CARE UNIT AND A WOMEN'S UNIT. RADIOLOGY SERVICES INCLUDE MAMMOGRAPHY, RADIOLOGICAL, FLUOROSCOPY, CAT SCAN, ULTRASOUND, BONE DENSITY, NUCLEAR MEDICINE AND AN MRI UNIT. GENERAL LABORATORY AND CARDIO-PULMONARY SERVICES ARE AVAILABLE AND A PHYSICAL THERAPY DEPARTMENT INCLUDES INPATIENT, OUTPATIENT, WOUND CARE AND AQUATIC THERAPY SERVICES.

INTEGRIS CANADIAN VALLEY HOSPITAL

*UNITED WAY OF CANADIAN COUNTY

*STUDENT GOVERNING BOARD

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

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ATTACHMENT 1 (CONT'D)

*FESTIVAL OF THE CHILD

*CZECH FEST

*RELAY FOR LIFE

OKLAHOMA CITY - THE INTEGRIS CANCER INSTITUTE

OF OKLAHOMA OFFERS ONE OF THE FOREMOST COLLECTIONS OF PHYSICIANS AND

COMPREHENSIVE PATIENT CARE IN THE SOUTHWEST. OFFERING THE MOST ADVANCED

EQUIPMENT, THERAPY AND SUPPORT TO PATIENTS AND THEIR LOVED ONES, OUR

PHYSICIANS WORK CLOSELY WITH PATIENTS, THEIR FAMILIES AND

THE MEDICAL TEAM TO ENHANCE QUALITY OF LIFE THROUGHOUT THEIR JOURNEY WITH

CANCER.

THE INTEGRIS CANCER INSTITUTE IS MORE THAN A CANCER TREATMENT FACILITY.

IT'S A CANCER TREATMENT PHILOSOPHY, TREATING THE WHOLE PERSON, NOT JUST

THE DISEASE. WITH FIVE CAMPUSES STATEWIDE, WE PROVIDE A HOLISTIC APPROACH

TO FIGHTING CANCER. THAT'S WHY WE OFFER MORE TYPES OF TREATMENT AND MORE

SPECIALISTS IN EVERY AREA OF CANCER. AND THAT'S WHY NO ONE ELSE BUT

INTEGRIS CAN CLAIM: MORE SURVIVORS OF MORE TYPES OF CANCER THAN ANYWHERE

ELSE IN THE STATE.

GENERAL STATEMENT 4

PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED

INTEGRIS CANCER INSTITUTE OF OKLAHOMA

*COMMUNITY CANCER SCREENINGS

*CELEBRATION OF LIFE NATIONAL CANCER SURVIVORS DAY

*FIRESIDE CHATS COMMUNITY EDUCATION SERIES

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

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ATTACHMENT 1 (CONT'D)

*CELEBRATION OF LIFE ART SHOW

*SUSAN G. KOMEN RACE FOR THE CURE

CLINTON - INTEGRIS CLINTON REGIONAL HOSPITAL IS A 56-BED ACUTE CARE FACILITY LOCATED IN THE HEART OF WESTERN OKLAHOMA. WITH SOME OF THE FINEST PHYSICIANS IN THE STATE, INTEGRIS CLINTON TAKES CARE OF PATIENTS OF ALL AGES WITH THE UTMOST CARE AND SKILL AVAILABLE. BOARD CERTIFIED PHYSICIANS AND THE LATEST TECHNOLOGY MAKE THE HOSPITAL ONE OF THE MOST TRUSTED AND WELL RESPECTED FACILITIES IN THE AREA. INTEGRIS CLINTON IS FREQUENTLY RECOGNIZED WITH AWARDS AND CERTIFICATIONS FOR OUTSTANDING CARE AND QUALITY SERVICES.

INTEGRIS CLINTON REGIONAL HOSPITAL

*HEALTH CARE STUDENT SCHOLARSHIP

*GRIEF SUPPORT GROUP

*PARTNERS FOR COMMUNITY BLOOD DRIVES

*SPEAKERS BUREAU FOR COMMUNITY

*SUPPORT LOCAL/AREA YOUTH ACTIVITIES

EDMOND - INTEGRIS HEALTH EDMOND IS THE LATEST ADDITION TO THE INTEGRIS HEALTH SYSTEM. LOCATED ON THE I-35 CORRIDOR IN EDMOND, THE HOSPITAL FEATURES "GREEN" CONCEPTS COMBINED WITH HOTEL AMENITIES AND BEAUTIFUL VISTAS TO ENHANCE THE HEALING EXPERIENCE. THE INITIAL PHASE OF

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ATTACHMENT 1 (CONT'D)

THE FACILITY FEATURES 40 INPATIENT BEDS, FOUR SURGICAL SUITES, 17 EMERGENCY DEPARTMENT ROOMS, STATE OF THE ART IMAGING CENTER AND A 45,000 SQUARE FOOT MEDICAL OFFICE BUILDING ON OUR BEAUTIFUL 44 ACRE SITE. INTEGRIS HEALTH IS PLEASED TO BRING LABOR AND DELIVERY SERVICES BACK TO EDMOND AND THE SURROUNDING COMMUNITIES.

OPENING FALL 2011

INTEGRIS HEALTH EDMOND

*PHYSICIAN COMMUNITY LECTURES

*WOMEN'S HEALTH FORUM

*SCHOOL HEALTH FAIR

GROVE - INTEGRIS GROVE HOSPITAL HAS SERVED THE COMMUNITY FOR MORE THAN 45 YEARS WITH THE HIGHEST STANDARDS FOR HEALTH CARE, GAINING NUMEROUS NATIONAL AWARDS AND RECOGNITION. INTEGRIS GROVE SERVES THIS RAPIDLY GROWING AREA OF OKLAHOMA WITH THE MOST MEDICALLY ADVANCED TECHNOLOGY AVAILABLE AND THE SAME HEART FOR CARING FOR NEIGHBORS AND FRIENDS THAT HAS ALWAYS BEEN THE HALLMARK OF INTEGRIS GROVE. FACILITIES INCLUDE SIX INTENSIVE CARE UNIT ROOMS, 42 PRIVATE MEDICAL-SURGICAL ROOMS, A LARGE COMPREHENSIVE WOMEN'S HEALTH CENTER, AN EXPANDED CARDIAC CATHETERIZATION LAB, A COMPREHENSIVE RADIOLOGY DEPARTMENT AND FOUR NEW OPERATING ROOMS EQUIPPED WITH THE FINEST SURGICAL TECHNOLOGY AVAILABLE. WITH A FOCUS ON THE FUTURE THAT IS BUILT ON A STRONG HISTORY, INTEGRIS GROVE IS GROWING WITH THE COMMUNITY.

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ATTACHMENT 1 (CONT'D)

INTEGRIS GROVE HOSPITAL

*STUDENT GOVERNING BOARD

*SPORTS PHYSICALS CLINIC

*CAMP BANDAGE AND CAMP BANDAGE JR.

*FINANCIAL SUPPORT PROVIDED TO LOCAL SCHOOLS

*FREE HEALTH AND DENTAL SERVICES PROVIDED TO CHILDREN IN NEED

*COMMUNITY BLOOD DRIVE

MADILL - INTEGRIS MARSHALL COUNTY MEDICAL CENTER PROVIDES GENERAL AND ACUTE HEALTH SERVICES TO INDIVIDUALS AND FAMILIES IN MADILL AND SURROUNDING SOUTHERN OKLAHOMA TOWNS, AS WELL AS THE RESIDENTS OF NORTH CENTRAL TEXAS. DIAGNOSTIC IMAGING - MRI, ULTRASOUND AND CAT SCAN - AND BONE DENSITY TESTING ARE PROVIDED ON-SITE. OFF-SITE 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 ONGOING 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 MARSHALL COUNTY MEDICAL CENTER

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

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ATTACHMENT 1 (CONT'D)

*NATIONAL SANDBASS FESTIVAL

*ANNUAL REUEL LITTLE CLASSIC RUN

*AMERICAN CANCER SOCIETY RELAY FOR LIFE

*ANNUAL HEALTH FAIR

*"HANGING OF THE GREEN" CHRISTMAS PROJECT

PRYOR - INTEGRIS MAYES COUNTY MEDICAL CENTER IS A LICENSED 52-BED ACUTE CARE HOSPITAL IN PRYOR, LOCATED IN NORTHEASTERN OKLAHOMA IN THE HEART OF GREEN COUNTRY. THE HOSPITAL, FORMERLY KNOWN AS GRAND VALLEY HOSPITAL, WAS BUILT IN 1954. IT IS ACCREDITED BY THE JOINT COMMISSION, MEDICARE AND MEDICAID CAO. IT IS A MEMBER OF THE OKLAHOMA HOSPITAL ASSOCIATION, VOLUNTARY HOSPITALS OF AMERICA AND THE AMERICAN HOSPITAL ASSOCIATION.

INTEGRIS MAYES COUNTY MEDICAL CENTER

*COUNTY-WIDE FREE SCHOOL SPORTS PHYSICALS

*MAYES COUNTY AMERICAN CANCER SOCIETY'S RELAY FOR LIFE

*14TH ANNUAL MAYES COUNTY FREE WOMEN'S HEALTH FAIR

*DIAGNOSTIC IMAGING AND LAB SUPPORT TO THE FREE CLINIC OF MAYES COUNTY

*AMERICAN RED CROSS HEROES CAMPAIGN

SPENCER - INTEGRIS MENTAL HEALTH, AN AFFILIATE OF INTEGRIS HEALTH IN SPENCER, OKLA., OFFERS A COMPLETE FAMILY OF SERVICES PROVIDED BY HIGHLY QUALIFIED CARE PROFESSIONALS IN INPATIENT, OUTPATIENT AND CLINICAL

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ATTACHMENT 1 (CONT'D)

SETTINGS. INTEGRIS MENTAL HEALTH SERVICES RANGE FROM DAY PROGRAMS FOR CHILDREN AND ADOLESCENTS TO ADULT AND GERIATRIC INPATIENT SERVICES. INTEGRIS MENTAL HEALTH HAS BUILT A COMPREHENSIVE STATEWIDE NETWORK OF PSYCHIATRISTS, PSYCHOLOGISTS, SUPPORT AND THERAPY GROUPS, AND CLINICAL FACILITIES TO SERVE THE PEOPLE OF OKLAHOMA.

INTEGRIS MENTAL HEALTH - SPENCER

*NATIONAL ALLIANCE FOR THE MENTALLY ILL WALK

*HEALTH ALLIANCE FOR THE UNINSURED

*PHYSICIAN FORUM SPONSOR FOR CHESAPEAKE'S YOUR LIFE MATTERS SYMPOSIUM

*ART OF HAPPY LIVING SERIES BY DR. MURALI R. KRISHNA

*SPENCER COMMUNITY HEALTH FAIR

SEMINOLE - INTEGRIS SEMINOLE MEDICAL CENTER SERVES MORE THAN 30,000 RESIDENTS IN SEMINOLE COUNTY, OKLA., AND THE SURROUNDING AREA. THE MODERN NEW 32-BED FACILITY WAS BUILT IN 1998. THE 64,000 SQUARE-FOOT COMPLEX IS LOCATED ON 20 ACRES. THE LICENSED ACUTE CARE HOSPITAL HAS TWO LARGE OPERATING SUITES, ONE ENDOSCOPY SUITE, ONE POST ANESTHESIA RECOVERY ROOM AND 32 PRIVATE ROOMS THAT HELP ENSURE THE HIGHEST LEVEL OF COMFORT FOR PATIENTS AND THEIR FAMILIES. STAFFED BY QUALIFIED PHYSICIANS, PHYSICIAN ASSISTANTS AND ACLS CERTIFIED NURSES, THE EMERGENCY ROOM IS OPEN EVERY DAY AROUND THE CLOCK. HIGHLY SKILLED SURGICAL STAFF MEMBERS ARE DEDICATED TO CARING FOR ALL SURGICAL NEEDS.

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ATTACHMENT 1 (CONT'D)

INTEGRIS SEMINOLE MEDICAL CENTER

*MOVE FOR LIFE

*FOURTH OF JULY FESTIVAL

*POSITIVE DIRECTIONS MENTORING PROGRAM

*COMMUNITY HEALTH FAIRS

*AMERICAN HEART WALK

OKLAHOMA CITY - INTEGRIS SOUTHWEST MEDICAL CENTER HAS BEEN A VITAL AND GROWING PART OF THE OKLAHOMA CITY COMMUNITY SINCE ITS BEGINNING IN 1965. FORMERLY KNOWN AS SOUTH COMMUNITY HOSPITAL, THE FACILITY HAS GROWN FROM A 73-BED COMMUNITY HOSPITAL TO A COMPREHENSIVE MEDICAL CENTER OFFERING A FULL RANGE OF MEDICAL, SUPPORT AND REHABILITATION SERVICES WITH 406 BEDS. THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA, THE INTEGRIS SOUTHWEST BREAST HEALTH AND IMAGING CENTER, INTEGRIS JIM THORPE REHABILITATION, THE INTEGRIS NEUROMUSCULAR CENTER, THE INTEGRIS M.J. AND S. ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER AND THE INTEGRIS JAMES R. DANIEL STROKE CENTER ARE INTEGRIS HEALTH CENTERS OF EXCELLENCE ON THE INTEGRIS SOUTHWEST CAMPUS.

INTEGRIS SOUTHWEST MEDICAL CENTER

*MEALS ON WHEELS

*COMMUNITY DIABETES EDUCATION PROGRAM

*STROKE SUPPORT GROUP

*PHYSICIAN COMMUNITY HEALTH LECTURES

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

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ATTACHMENT 1 (CONT'D)

*JIM THORPE REHABILITATION SPINAL CORD INJURY SUPPORT GROUP

GENERAL STATEMENT 5

PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED

WHERE DOES THE INTEGRIS DOLLAR GO?

FISCAL YEAR 2010	
BILLED CHARGE	$1.00
EXPENSES	
*DISCOUNTS TAKEN BY MEDICARE, MEDICAID, MANAGED CARE COMPANIES AND OTHER INSURERS	0.63
*FREE SERVICE/CHARITY CARE	0.02
*BAD DEBT EXPENSE FROM PATIENTS NOT PAYING THEIR BILLS	0.05
*EMPLOYEE SALARIES	0.12
*EMPLOYEE HEALTH INSURANCE EXPENSE	0.01
*EMPLOYEE RETIREMENT EXPENSE	0.01
*MEDICAL, SURGICAL AND DRUG SUPPLIES	0.05
*OTHER GENERAL SUPPLIES	0.01
*PURCHASED SERVICES FOR MAINTENANCE, LAB AND OTHER SERVICES	0.04
*TELEPHONE, UTILITY AND RENTAL EXPENSES	0.01
*OTHER OPERATIONAL EXPENSES	0.03
*TOTAL EXPENSES	0.98
*FUNDS AVAILABLE FOR NEW EQUIPMENT, CONSTRUCTION	

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ATTACHMENT 1 (CONT'D)

AND CLINICAL PROGRAM IMPROVEMENT 0.02

PLEASE NOTE THAT INTEGRIS HEALTH IS A NOT-FOR-PROFIT COMPANY AND AS SUCH IS 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 2010, INTEGRIS HEALTH PROVIDED $52,389,511 IN COMMUNITY BENEFITS. THIS INCLUDES OUR RETURNSHIP EFFORTS AND UNCOMPENSATED SERVICES.

RETURNSHIP

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

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ATTACHMENT 1 (CONT'D)

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.

OUR RETURNSHIP EFFORTS EQUALED $5,177,494

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 $26,355,174

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.

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ATTACHMENT 1 (CONT'D)

UNPAID COSTS OF MEDICAID PROGRAMS EQUALED $20,856,843

IN ADDITION, INTEGRIS HEALTH WROTE OFF $185,237,087 IN PATIENT CHARGES AS BAD DEBTS.

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.

GENERAL STATEMENT 7

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTIONS 6, 7A AND 7B - INTEGRIS HEALTH, INC. IS THE SOLE MEMBER OF INTEGRIS AMBULATORY CARE CORPORATION. AS SUCH IT HAS THE POWER (1) TO ELECT THE DIRECTORS OF THE CORPORATION AND TO REMOVE THE ENTIRE BOARD OF DIRECTORS OR ANY INDIVIDUAL DIRECTOR AT ANY TIME WITH OR WITHOUT

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

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ATTACHMENT 1 (CONT'D)

CAUSE, (2) TO APPROVE OR DISAPPROVE ANY ACTION TAKEN BY THE BOARD OF DIRECTORS AMENDING, ALTERING, CHANGING OR REPEALING THE BYLAWS, AND (3) TO VOTE ON ALL MATTERS WHERE THE AUTHORIZATION OR APPROVAL OF THE SOLE MEMBER IS REQUIRED BY THE CERTIFICATE OF INCORPORATION, THE BYLAWS OR STATE LAW.

GENERAL STATEMENT 8

PART VI: QUESTION 11A

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.

GENERAL STATEMENT 9

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

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

ATTACHMENT 1 (CONT'D)

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.

GENERAL STATEMENT 10

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.

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

ATTACHMENT 1 (CONT'D)

GENERAL STATEMENT 11

PART VI: SECTION C. DISCLOSURE

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

GENERAL STATEMENT 12

PART VII: SECTION B. INDEPENDENT CONTRACTORS

PLAZA MEDICAL GROUP 3433 N.W. 56, SUITE 400 OKC, OK 73112	PHYSICIANS	$420,793
DIAGNOSTIC LAB OF OKLAHOMA, LLC 1001 CORNELL PARKWAY OKC, OK 73108	REFERENCE LAB	$295,297
GE HEALTHCARE IITS US CORP P.O. BOX 277475 ATLANTA, GA 30384	SOFTWARE LICENSING	$223,243

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

ATTACHMENT 1 (CONT'D)

TURNER & COMPANY, INC 3540 S. BOULEVARD, SUITE 210 EDMOND, OK 73013	CONSTRUCTION WORK	$150,000
MICHAEL R. SEIKEL, MD 3433 N.W. 56, SUITE 210 OKC, OK 73112	PHYSICIAN SERVICES	$144,047

GENERAL STATEMENT 13

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number
73-1192765

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(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		LINE 11 -I	N/A
BAPTIST HEALTHCARE OF OKLAHOMA, INC. 23-7456301 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK		LINE 3	N/A
HOSPICE OF OKLAHOMA COUNTY, INC. 73-1369586 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK		LINE 9	N/A
INTEGRIS BAPTIST MEDICAL CENTER, INC. 73-1034824 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK		LINE 3	N/A
INTEGRIS RURAL HEALTH, INC. 73-1444504 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK		LINE 3	N/A
INTEGRIS SOUTHWEST MEDICAL CENTER, INC. 73-1089149 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	HEALTH CARE	OK		LINE 3	N/A
INTEGRIS SOUTHWEST MED. CTR. FDN., INC. 73-1295820 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	FUNDRAISING	OK		LINE 7	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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
OC-III, 20-8723857 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	N/A	N/A	N/A		X	N/A		X
INTEGRIS HEART CTR, 73-1576694 OKLAHOMA CITY, OK 73112	MANAGEMENT	OK	N/A	N/A	N/A	N/A		X	N/A		X
DIAGNOSTIC LAB, 73-1560760 MADISON, NJ 07940	CLINICAL LAB	NJ	N/A	N/A	N/A	N/A		X	N/A		X
MPI CENTER, 73-1283942 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	RELATED	1,031,453	581,691		X	0.	X	

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

(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 PHARMA	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. SERVICE	OK	N/A	C			

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	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	(b) Transaction type (a–r)	(c) Amount involved
(1)	INTEGRIS REALTY CORPORATION	F	25,563.
(2)	INTEGRIS REALTY CORPORATION	J	1,940,920.
(3)	INTEGRIS REALTY CORPORATION	L	39,406.
(4)	INTEGRIS REALTY CORPORATION	P	3,562.
(5)	WESTERN VILLAGE ACADEMY, INC.	P	29,481.
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See instructions for Schedule R (Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Name of filing organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

Part I Continuation of 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 **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 REALTY CORPORATION 73-1192750 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	PROPERTY MGM	OK		LINE 9	N/A
GREAT PLAINS MEDICAL FOUNDATION 73-1457016 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	MED.RES. PRO	OK		LINE 3	N/A
INTEGRIS BAPTIST MEDICAL CTR. FND., INC. 73-1047338 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	FUNDRAISING	OK		LINE 7	N/A
INTEGRIS RURAL HEALTH FOUNDATION, INC. 73-1523096 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	FUNDRAISING	OK		LINE 7	N/A
MEDICAL PARKING, INC. 73-1210537 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	PARKING FAC.	OK		LINE 11 -II	N/A
WESTERN VILLAGE ACADEMY, INC. 73-1588764 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	SCHOOL	OK		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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount 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

JSA

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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)			

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(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 on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Schedule R-1 (Form 990) 2009