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Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01 , **2010, and ending** 06/30, **20** 11

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

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) | Room/suite
5300 N. INDEPENDENCE AVE., STE. 130

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 $ 87,484,488.

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) ☐ 501(c) ( ) ◀ (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

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	3.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0.
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
6 Total number of volunteers (estimate if necessary)	6	191.
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.

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,004,800.	12,001,523.
9 Program service revenue (Part VIII, line 2g)	54,003,621.	60,386,511.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,459,350.	114,377.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,829,470.	14,959,287.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,378,541.	87,461,698.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,103.	24,845.
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)	58,853,217.	66,649,028.
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)	19,483,739.	19,117,738.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	78,365,059.	85,791,611.
19 Revenue less expenses Subtract line 18 from line 12	-2,986,518.	1,670,087.

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	53,158,602.	63,581,636.
21 Total liabilities (Part X, line 26)	44,179,190.	53,354,408.
22 Net assets or fund balances Subtract line 21 from line 20	8,979,412.	10,227,228.

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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 — Date 4/6/12

▶ Type or print name and title W. J. Miller CFO

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
MORGAN L. SOUZA	Morgan L. Souza	03/21/2012		P00652612

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

Firm's address ▶ 210 PARK AVE , SUITE 2850 OKLAHOMA CITY, OK 73102 — Phone no 405-239-6411

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

JSA
0E1010 1 000

SH8935 1722 3/21/2012 11:22:33 AM V 10-8.3 45660

SCANNED JUN 07 2012

Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response to any question in this Part III X

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 $ 81,586,310 including grants of $ 24,845) (Revenue $ 60,386,511)
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** ▶ 81,586,310.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 line 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 (or a family member thereof) 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)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* [X] Yes [ ] No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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

Check if Schedule O contains a response to any question in this Part V. X

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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*

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant 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*	9		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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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**

Check if Schedule O contains a response to any question in this Part VII X

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 1										
(1) C. BRUCE LAWRENCE DIRECTOR	1.00	X		X				0.	889,184.	100,402.
(2) WENTZ MILLER ASST.TREASURER/VP/DIRECTOR	1.00	X		X				0.	554,422.	51,768.
(3) BETH PAUCHNIK DIRECTOR/SECRETARY	1.00	X		X				0.	406,004.	42,936.
(4) BARTON H. DAWSON VICE PRESIDENT	40.00				X			251,597.	0	14,507.
(5) MUHAMMAD YASIN CLINIC PHYSICIAN IPS	40.00					X		1,034,987.	0	26,547.
(6) SAEED AHMAD CLINIC PHYSICIAN IPS	40.00					X		1,028,348.	0	27,801.
(7) JOHN S. CHAFFIN PHYSICIAN	40.00					X		1,214,332.	0	26,567.
(8) PAUL J. KANALY PHYSICIAN	40.00					X		1,214,295.	0	27,949.
(9) C. CRAIG ELKINS PHYSICIAN	40.00					X		1,207,448.	0	30,757.
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								5,951,007.	1,849,610.	349,234.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								5,951,007.	1,849,610.	349,234.

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 ▶ 120

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O, GENERAL STATEMENT 12		2,203,436.

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 ▶ 6

Part VIII Statement of Revenue

			(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	12,001,523			
	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		12,001,523			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621990	54,274,074	54,274,074		0.
	b IMAGING SERVICES	900099	482,941	482,941		0
	c RENTAL INCOME	532000	58,277	58,277		0
	d PACER FITNESS CENTER	900099	1,774,629	0		1,774,629
	e ADMIN SERVICES	900099	983,910	0		983,910
	f All other program service revenue	900099	2,812,680.	2,134,161		678,519
	g Total. Add lines 2a-2f		60,386,511			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		137,167.			137,167
	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		0			
	b Less cost or other basis and sales expenses		22,790.			
	c Gain or (loss)		-22,790.			
	d Net gain or (loss)		-22,790			-22,790
	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	14,959,287			14,959,287
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		14,959,287			
	12 Total revenue. See instructions		87,461,698	56,949,453		18,510,722

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	24,845.	24,845.		
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	268,910.	258,614.	10,296.	
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	54,821,753.	52,769,550.	2,052,203.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,343,106.	4,126,370.	216,736.	
9 Other employee benefits	4,567,255.	4,214,479.	352,776.	
10 Payroll taxes	2,648,004.	2,521,075.	126,929.	
11 Fees for services (non-employees)				
a Management	84,908.		84,908.	
b Legal	81,005.	75,754.	5,251.	
c Accounting	32,115.		32,115.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	232,541.	103,114.	129,427.	
12 Advertising and promotion	530,274.	313,035.	217,239.	
13 Office expenses	4,461,754.	4,216,259.	245,495.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	4,171,524.	4,064,097.	107,427.	
17 Travel	267,661.	228,004.	39,657.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	217,350.	189,600.	27,750.	
20 Interest	19,904.		19,904.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	846,813.	844,190.	2,623.	
23 Insurance	1,158,641.	1,172,111.	-13,470.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PURCHASED SERVICES	3,326,707.	2,924,759.	401,948.	
b PROVISION FOR BAD DEBT	2,382,898.	2,382,946.	-48.	
c RIF & RECRUITMENT	717,682.	704,380.	13,302.	
d DUES & MEMBERSHIP	166,597.	155,568.	11,029.	
e SPECIAL FUNCTIONS	93,068.	0.	93,068.	
f All other expenses	326,296.	297,560.	28,736.	
25 Total functional expenses. Add lines 1 through 24f	85,791,611.	81,586,310.	4,205,301.	
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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	48,533.	1	54,886.
	2	Savings and temporary cash investments	39,040,026.	2	47,238,319.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,049,726.	4	3,033,680.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	37,493.	9	32,507.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 14,445,010.			
	b	Less accumulated depreciation — 10b: 10,341,192.	4,516,184.	10c	4,103,818.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	2,531,018.	12	2,096,045.
	13	Investments - program-related See Part IV, line 11	4,792,132.	13	6,963,230.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	143,490.	15	59,151.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	53,158,602.	16	63,581,636.
Liabilities	17	Accounts payable and accrued expenses	40,518,171.	17	48,509,132.
	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	3,661,019.	25	4,845,276.
	26	**Total liabilities.** Add lines 17 through 25	44,179,190.	26	53,354,408.
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	8,979,412.	27	10,227,228.
	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	8,979,412.	33	10,227,228.
	34	Total liabilities and net assets/fund balances	53,158,602.	34	63,581,636.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,461,698.
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,791,611.
3	Revenue less expenses Subtract line 2 from line 1	3	1,670,087.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,979,412.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-422,271.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,227,228.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII X

			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 separate basis, consolidated 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

2010

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 ☒ 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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2010** 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 - 2009.** 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 explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any 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

2010

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 education)
☐ 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 Tax 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, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 year end balance held as

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI 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		1,719,749.	474,738.	1,245,011.
c Leasehold improvements		1,607,853.	989,094.	618,759.
d Equipment		10,965,893.	8,844,710.	2,121,183.
e Other		81,188.	32,650.	48,538.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				4,103,818.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1) INVESTMENT IN FRESENIUS	2,430,322.	FMV
(2) INVESTMENT IN ADVANCED	219,444.	FMV
(3) IMAGING LLC		
(4) INVESTMENT IN SW ORTHO	3,569,288.	FMV
(5) INVESTMENT IN MEDICAL PLAZA	744,176.	FMV
(6) IMAGING		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	6,963,230.	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) OTHER LONG-TERM LIABILITIES	57,167.
(3) ACCRUED COMPENSATION AND	4,788,109.
(4) PAYROLL TAXES	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,845,276.

2. FIN 48 (ASC 740) 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 (ASC 740)

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

2010

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? . . . . . [X] 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. Part II can be duplicated 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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal, other)	(f) Description of non-cash assistance
1	BEEP SCHOLARSHIPS	15	2,738			
2	HERITAGE HALL SCHOLARSHIPS	2.	22,107			
3						
4						
5						
6						
7						

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

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

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. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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.

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

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. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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

2010

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 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 from the organization or a related organization?	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 Regulations 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 duplicate copies 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				
1 C. BRUCE LAWRENCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	629,114.	185,852.	74,218.	84,310.	16,092.	989,586.	0.
2 WENTZ MILLER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	399,681.	120,669.	34,072.	35,828.	15,940.	606,190.	0.
3 BARTON H. DAWSON	(i)	192,287.	42,852.	16,458.	11,411.	3,096.	266,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MUHAMMAD YASIN	(i)	1,024,275.	0.	10,712.	12,486.	14,061.	1,061,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SAEED AHMAD	(i)	1,022,275.	0.	6,073.	13,475.	14,326.	1,056,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JOHN S. CHAFFIN	(i)	1,198,170.	0.	16,162.	9,800.	16,767.	1,240,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 PAUL J. KANALY	(i)	1,200,014.	0.	14,281.	13,475.	14,474.	1,242,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 C. CRAIG ELKINS	(i)	1,198,330.	0.	9,118.	13,475.	17,282.	1,238,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 BETH PAUCHNIK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	294,534.	89,777.	21,693.	29,842.	13,094.	448,940.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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 NONQUALIFIED RETIREMENT PLANS WHICH ARE MAINTAINED BY THE SPONSOR.

Part III Supplemental Information

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

THE PLAN PROVIDES AN OPPORTUNITY TO EARN SUPPLEMENTAL INCENTIVE INCOME BY

PROVIDING ANNUAL CONTRIBUTIONS TO THE ACCOUNT SO LONG AS THE EXECUTIVE

REMAINS EMPLOYED BY THE SPONSOR TO RETIREMENT AGE OF 65.

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

THIS PLAN BUT DID NOT RECEIVE A PAYMENT DURING THE YEAR.

C. BRUCE LAWRENCE

WENTZ MILLER

BETH PAUCHNIK

SUPPLEMENTAL INFORMATION 3

SCHEDULE J, PART I, LINE 7

THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM

CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS).

INTEGRIS HEALTH HAS ESTABLISHED A FINANCIAL INCENTIVE PLAN THAT

ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT

Part III Supplemental Information

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

IMPROVEMENTS OF THE QUALITY AND FINANCIAL OPERATIONS OF THE ORGANIZATION.

THE QUALITY COMPONENT IS DEFINED AS IMPROVEMENT IN PATIENT SAFETY,

PATIENT SATISFACTION AND REDUCTION OF EMPLOYEE TURNOVER. THE FINANCIAL

COMPONENT CONSISTS OF ACHIEVEMENT IN NET OPERATING INCOME THRESHOLD TO BE

ACHIEVED TO ACTIVATE THE PLAN. A PREDETERMINED THRESHOLD IS CREATED

WITHIN ALL ASPECTS OF THE PLAN BEFORE FINANCIAL ACHIEVEMENT IS PAYABLE.

ALL PLANS ARE WRITTEN ACCORDING TO EXECUTIVE LEVEL AND ADOPTED BY

INTEGRIS HEALTH BOARD RESOLUTION EACH PLAN YEAR AND PAYABLE AFTER

INDEPENDENT AUDIT RESULTS ARE DETERMINED.

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

2010

Open to Public Inspection

Name of the organization

INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number

73-1192765

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated 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	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all liabilities in accordance with state laws?	5		
6 a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	6b		
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. Part II can be duplicated 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	VAR	82,387,006	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 and 6c, and Part II, line 2e Also complete this part to provide any additional information.

SUPPLEMENTAL INFORMATION 1

SCHEDULE N, PART II, LINE 2A

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF INTEGRIS HEALTH (INTEGRIS), AN INTEGRATED HEALTHCARE SYSTEM. IACC IS REIMBURSING INTEGRIS FOR EXPENSES RELATED TO MANAGEMENT, HOUSEKEEPING, UTILITIES, SECURITY AND OTHER INTEGRATED SERVICES PROVIDED BY INTEGRIS. THE FOLLOWING INDIVIDUALS WERE OFFICERS OR DIRECTORS OF BOTH ORGANIZATIONS AT THE TIME OF THE TRANSACTIONS:

C. BRUCE LAWRENCE

WENTZ MILLER

BETH PAUCHNIK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

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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

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GENERAL STATEMENT 2

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

INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS INCLUDED IN THE INTEGRIS HEALTH SYSTEM. IACC PROVIDED $2,382,898 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 37 THROUGH 60.

GENERAL STATEMENT 3

PART III, LINE 4A: COMMUNITY BENEFIT REPORT

MY COMMUNITY - PEOPLE MAKING A DIFFERENCE

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

AS WE INDICATE BY OUR MISSION STATEMENT, INTEGRIS HEALTH WORKS DILIGENTLY TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE ACROSS OKLAHOMA. WE BELIEVE THAT WELLNESS AND ACCESS TO HEALTH CARE IS THE CORNERSTONE FOR MAKING OUR STATE HEALTHIER AND THE PRACTICE OF MEDICINE EVEN BETTER.

THIS IS THE REASON THAT MUCH OF THE WORK WE DO IN THE COMMUNITY FOCUSES ON HELPING PEOPLE WITH THE CARE THEY NEED, AND EDUCATING THEM ON THE IMPORTANCE OF TAKING CARE OF THEIR HEALTH TO IMPROVE THEIR QUALITY OF LIFE.

OUR HEALTH SYSTEM IS OPERATED FOR THE BENEFIT OF EACH COMMUNITY WHERE WE ARE LOCATED. EACH HOSPITAL HAS A GOVERNING BOARD OF DIRECTORS COMPRISED

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OF REPRESENTATIVES FROM THE COMMUNITY WHO UNDERSTAND OUR MISSION, AND THAT WE ARE RESPONSIBLE TO OUR COMMUNITIES FOR PROVIDING QUALITY AND COMPASSIONATE HEALTH CARE SERVICES.

THE SCOPE OF SERVICES WE PROVIDE WITHIN OUR HOSPITAL WALLS IS JUST A PART OF OUR COMMITMENT TO CARING FOR OKLAHOMA. OUR COMMUNITY OUTREACH INCLUDES HEALTH SCREENINGS, WELLNESS PROMOTIONS, HEALTH EDUCATION, SUPPORT GROUPS FOR A VARIETY OF HEALTH ISSUES, MENTORING PROGRAMS FOR AT-RISK CHILDREN, NUTRITION EDUCATION AND SERVICES FOR SENIOR CITIZENS, JUST TO NAME A FEW OF THE PROGRAMS WE PROVIDE.

IN ADDITION, INTEGRIS HEALTH EMPLOYEES VOLUNTEER THOUSANDS OF HOURS IN COMMUNITY SERVICES AND SUPPORT A VARIETY OF COMMUNITY ACTIVITIES AND HEALTH INITIATIVES ACROSS THE STATE. OUR EMPLOYEES' COMMITMENT OF TIME, TALENT AND RESOURCES TO SERVE THEIR COMMUNITIES HELPS MAKE FOR A BETTER AND HEALTHIER PLACE TO LIVE AND WORK.

THANK YOU FOR ALLOWING INTEGRIS HEALTH THE OPPORTUNITY TO SERVE YOU AND YOUR COMMUNITY.

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

SINCERELY,

BRUCE LAWRENCE

PRESIDENT AND CEO, INTEGRIS HEALTH

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WHY WE DO WHAT WE DO

"NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD. INDEED, IT IS THE ONLY THING THAT EVER HAS." THE WORLD HAS ALWAYS BEEN CHANGED BY SMALL GROUPS OF PEOPLE WHO ARE WILLING TO GET INVOLVED.

FOR EXAMPLE, THE CIVIL RIGHTS MOVEMENT BEGAN AS A SERIES OF SMALL GROUPS CARRYING OUT SMALL ACTIONS. THE DEDICATION OF EACH INDIVIDUAL WITHIN THE SMALL GROUPS BROUGHT ABOUT MUCH NEEDED CHANGE IN OUR COUNTRY. HABITAT FOR HUMANITY BEGAN WITH A FEW PEOPLE BUILDING HOUSES FOR THE POOR IN A SMALL TOWN IN GEORGIA, AND HAS SINCE BUILT MORE THAN 175,000 HOUSES IN COUNTRIES ROUND THE WORLD.

IN THE BIG SCHEME OF THINGS, WE AT INTEGRIS HEALTH ARE A SMALL GROUP OF DEDICATED INDIVIDUALS DOING WHAT WE CAN TO CHANGE THE WORLD OR AT LEAST OUR PART OF IT. WE CREATE CHANGE BY GIVING BACK THROUGH OUR COMMUNITY BENEFIT PROGRAMS. WE ARE NOT ALONE IN OUR QUEST. THE VOLUNTEERS WHO SERVE TIRELESSLY IN OUR COMMUNITIES ARE OUR "BACKBONE FOR SUCCESS" AND TOGETHER WE ARE A TEAM COMMITTED TO CREATE THE CHANGES NEEDED TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

INTEGRIS HEALTH IS THE LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS. WE HAVE HOSPITALS, REHABILITATION CENTERS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES,

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FITNESS CENTERS, INDEPENDENT LIVING CENTERS AND HOME HEALTH AGENCIES THROUGHOUT THE STATE. APPROXIMATELY SIX OF EVERY 10 OKLAHOMANS LIVE WITHIN 30 MILES OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS HEALTH ORGANIZATION.

INTEGRIS HEALTH HELPS ACCOMPLISH A VARIETY OF THINGS IN OUR COMMUNITIES - FROM PROVIDING FREE CLINICAL SERVICES, SCREENINGS AND EDUCATION PROGRAMS, TO ACTIVITIES FOR SENIOR CITIZENS.

BIG CHANGES START WITH SMALL ACTIONS BY PEOPLE WHO SEE A NEED AND HAVE A DESIRE TO MAKE A DIFFERENCE. INTEGRIS HEALTH HAS THE DESIRE TO SEE GREAT CHANGES IN THE HEALTH AND LIVES OF THE CITIZENS OF OKLAHOMA AND THAT IS WHY WE PROVIDE OPPORTUNITIES FOR CHANGE THROUGH OUR MANY COMMUNITY BENEFIT PROGRAMS.

INTEGRIS HEALTH IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE CORPORATION AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS (ABOUT 9,000 EMPLOYEES STATEWIDE), WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, FITNESS CENTERS, INDEPENDENT LIVING CENTERS AND HOME HEALTH AGENCIES THROUGHOUT MUCH OF THE STATE. CORPORATE HEADQUARTERS ARE LOCATED ON THE CAMPUS OF INTEGRIS BAPTIST MEDICAL CENTER IN OKLAHOMA CITY. IT IS A NOT-FOR-PROFIT CORPORATION GOVERNED BY A 19-MEMBER BOARD OF DIRECTORS MADE UP OF BUSINESS, MEDICAL AND COMMUNITY LEADERS FROM ACROSS THE STATE. INTEGRIS IS MANAGED BY PRESIDENT AND CHIEF EXECUTIVE OFFICER BRUCE LAWRENCE, WITH THE ASSISTANCE OF SENIOR STAFF IN

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THE AREAS OF PHYSICIAN SERVICES, FACILITY OPERATIONS, STRATEGIC SERVICES AND FINANCE.

HISTORY

FORMED IN 1995, INTEGRIS WAS THE RESULT OF A MERGER THAT SAME YEAR BETWEEN OKLAHOMA HEALTH SYSTEM AND SOUTHWEST MEDICAL CENTER IN OKLAHOMA CITY. OKLAHOMA HEALTH SYSTEM ITSELF WAS A NEW ORGANIZATION FORMED ONE YEAR EARLIER FROM A MERGER BETWEEN OKLAHOMA HEALTHCARE CORPORATION (BAPTIST MEDICAL CENTER'S PARENT COMPANY) AND BAPTIST HEALTHCARE OF OKLAHOMA. THE ENTITIES THAT COMPRISE INTEGRIS HEALTH PROVIDE CARE IN MANY SETTINGS, FROM SOPHISTICATED URBAN MEDICAL CENTERS TO YOUR OWN HOME.

SCOPE

THROUGH ITS AFFILIATES, INTEGRIS HEALTH OPERATES 15 HOSPITALS, LED IN THE OKLAHOMA CITY AREA BY INTEGRIS BAPTIST MEDICAL CENTER AND INTEGRIS SOUTHWEST MEDICAL CENTER. THE ORGANIZATION HAS AFFILIATED MENTAL HEALTH PROVIDERS IN 50 OKLAHOMA TOWNS AND CITIES, AND OFFERS HOSPICE SERVICES THROUGH HOSPICE OF OKLAHOMA COUNTY. APPROXIMATELY SIX OUT OF EVERY 10 OKLAHOMANS LIVE WITHIN 30 MILES OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS HEALTH ORGANIZATION. COLLECTIVELY, THE ENTITIES WITHIN INTEGRIS HEALTH MAINTAIN MORE THAN 1,900 LICENSED BEDS AND HAVE MEDICAL STAFFS THAT NUMBER MORE THAN 2,500 PHYSICIANS.

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SERVICES

THE ENTITIES THAT COMPRISE INTEGRIS HEALTH OFFER A WIDE RANGE OF HIGHLY DEVELOPED INPATIENT, OUTPATIENT AND ANCILLARY SERVICES. EXCELLENCE IN MEDICAL CARE ALONG WITH RESEARCH, STAFF EDUCATION, SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES, AND EDUCATIONAL PROGRAMS FOR THE COMMUNITY, ALLOWS MEMBERS OF INTEGRIS HEALTH TO ACHIEVE THE ORGANIZATION'S MISSION. SPECIALIZED CENTERS OF EXCELLENCE HAVE BEEN DEVELOPED THROUGH VARIOUS ENTITIES AFFILIATED WITH INTEGRIS HEALTH TO PROVIDE A HIGH STANDARD OF CARE FOR OUR COMMUNITIES. EACH OF THESE ORGANIZATIONS BRINGS A RICH HISTORY OF SERVING OKLAHOMANS. THE LOCATIONS OF INTEGRIS ENTITIES ARE SHOWN ON THE MAP.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* 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

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INTEGRIS BAPTIST MEDICAL CENTER - OKLAHOMA CITY

INTEGRIS BAPTIST MEDICAL CENTER OPENED ITS DOORS ON EASTER SUNDAY 1959 AS A 200 BED HOSPITAL. TODAY, THE ONLY OKLAHOMA-OWNED DESIGNATED MAGNET HOSPITAL FOR EXCELLENCE IN NURSING SERVICES IS A CENTER OF LEADING EDGE MEDICINE, AND THE HOME OF A FULL SERVICE HEART HOSPITAL, A COMPREHENSIVE TRANSPLANT INSTITUTE AND A REGIONAL BURN CENTER. INTEGRIS BAPTIST ALSO OFFERS A FULL RANGE OF DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE SERVICES AND IS LICENSED FOR MORE THAN 500 BEDS.

CENTERS OF EXCELLENCE INCLUDE THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA AT BAPTIST MEDICAL CENTER, INTEGRIS HEART HOSPITAL, INTEGRIS HENRY G. BENNETT JR. FERTILITY INSTITUTE, INTEGRIS JAMES R. DANIEL CEREBROVASCULAR AND STROKE CENTER AT BAPTIST MEDICAL CENTER, INTEGRIS M.J. AND S. ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER OF OKLAHOMA, INTEGRIS NAZIH ZUHDI TRANSPLANT INSTITUTE, INTEGRIS PAUL SILVERSTEIN BURN CENTER, AND THE HOUGH EAR INSTITUTE.

INTEGRIS BAPTIST REGIONAL HEALTH CENTER - MIAMI

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

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

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* GREEN COUNTRY BENEFIT 5K RUN
* WYANDOTTE DAYS HEALTH FAIR
* BACK TO SCHOOL FAIR
* OTTAWA COUNTY FAIR
* ANNUAL CUSTOMER APPRECIATION DAY

INTEGRIS BASS BAPTIST HEALTH CENTER - ENID

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

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INTEGRIS BASS BAPTIST HAS MADE A COMMITMENT TO EXCELLENCE. THE OPEN HEART SURGERY PROGRAM COMBINED WITH THE NEW STATE-OF-THE-ART HEART AND VASCULAR INSTITUTE PROVIDES THE BEST CARDIAC CARE IN NORTHWEST OKLAHOMA. ALONG WITH THE HEART INSTITUTE, INTEGRIS BASS BAPTIST OFFERS ACUTE CARE AND DIAGNOSTIC SERVICES, SKILLED NURSING, A CANCER CENTER, GERIATRIC BEHAVIORAL HEALTH SERVICES, A STATE-OF-THE-ART WOMEN'S CENTER, HOME HEALTH SERVICES AND OCCUPATIONAL HEALTH SERVICES.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* HEALTH CARE CAREERS "SCRUB CAMP" FOR HIGH SCHOOL STUDENTS
* FREE COMMUNITY HEALTH FAIR SCREENINGS AND FLU SHOTS
* MEALS FOR POOH'S CORNER DAYCARE FOR TEEN MOMS AND MOTHERS IN CRISIS
* PROJECT SEARCH WORKFORCE TRAINING FOR STUDENTS WITH DISABILITIES
* SUPPORT KETTERMAN NURSING SKILLS LAB AT NORTHWESTERN OKLAHOMA STATE UNIVERSITY

INTEGRIS BLACKWELL REGIONAL HOSPITAL - BLACKWELL

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

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

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* BLACKWELL COMMUNITY HEALTH FAIR
* COMMUNITY LUNCH & LEARN SERIES
* BLACKWELL/TONKAWA RELAY FOR LIFE SURVIVOR'S BANQUET
* STUDENT GOVERNING BOARD
* MENTORING PROGRAM AT BLACKWELL ELEMENTARY SCHOOL

INTEGRIS CANADIAN VALLEY HOSPITAL - YUKON

OPENED IN NOVEMBER 2001, INTEGRIS CANADIAN VALLEY HOSPITAL IS A 75-BED PRIMARY CARE FACILITY WITH A FULL RANGE OF SERVICES INCLUDING 57 PRIVATE MEDICAL SURGICAL ROOMS, A 10-BED WOMEN'S UNIT AND AN EIGHT-BED INTENSIVE CARE UNIT.

THE HOSPITAL OFFERS A HIGH LEVEL OF TECHNOLOGY IN A SMALL COMMUNITY SETTING. IT HAS A MEDICAL STAFF OF MORE THAN 250 PHYSICIANS IN VARIOUS SPECIALTIES. INTEGRIS CANADIAN VALLEY WAS NAMED ONE OF SOLUCIENT'S TOP 100 HOSPITALS IN 2005 AND MAINTAINS ITS ACCREDITATION STATUS AWARDED BY

THE JOINT COMMISSION.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* UNITED WAY OF CANADIAN COUNTY

* STUDENT GOVERNING BOARD

* FESTIVAL OF THE CHILD

* CZECH FEST

* RELAY FOR LIFE

* YUKON SENIOR HEALTH AND SAFETY FAIR

* YUKON HIGH SCHOOL ATHLETICS NUTRITION SEMINAR

* YUKON PUBLIC SCHOOLS INITIATIVE

* MUSTANG NEWS NEWSPAPERS IN EDUCATION PROGRAM

* INDEPENDENCE MIDDLE SCHOOL HEALTHY LIFESTYLES FAIR

* CLINICAL EDUCATION ROTATIONS

* YUKON PARKS AND RECREATION NATIONAL SENIORS HEALTH AND FITNESS DAY

GENERAL STATEMENT 4

PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED

INTEGRIS CANCER INSTITUTE OF OKLAHOMA - 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.

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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 SIX CAMPUSES STATEWIDE, THE PROTON CAMPUS, IN CONJUNCTION WITH PROCURE PROTON THERAPY CENTERS, WAS THE FIRST COMMUNITY-BASED PROTON THERAPY CANCER CAMPUS IN THE UNITED STATES. IT REMAINS ONE OF LESS THAN A DOZEN PROTON CENTERS IN NORTH AMERICA.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* COMMUNITY CANCER SCREENINGS
* CELEBRATION OF LIFE NATIONAL CANCER SURVIVORS DAY
* FIRESIDE CHATS COMMUNITY EDUCATION SERIES
* CELEBRATION OF LIFE ART SHOW
* SUSAN G. KOMEN RACE FOR THE CURE

INTEGRIS CLINTON REGIONAL HOSPITAL - CLINTON

INTEGRIS CLINTON REGIONAL HOSPITAL IS A 56-BED ACUTE CARE FACILITY LOCATED IN THE HEART OF WESTERN OKLAHOMA. IT'S IN CUSTER COUNTY, 90 MILES WEST OF OKLAHOMA CITY AND 140 MILES EAST OF AMARILLO, TEXAS. THE HOSPITAL BEGAN OPERATING IN 1909 AND MOVED TO ITS CURRENT LOCATION IN 1976. THE HOSPITAL IS FREQUENTLY RECOGNIZED WITH AWARDS AND CERTIFICATIONS FOR OUTSTANDING CARE AND QUALITY SERVICES SUCH AS CONSECUTIVELY WINNING THE VHA LEADERSHIP AWARD FOR CLINICAL EXCELLENCE.

INTEGRIS CLINTON REGIONAL HAS ONE OF THE FEW STROKE CENTERS IN WESTERN OKLAHOMA, AND ITS JIM THORPE REHABILITATION UNIT IS THE ONLY INPATIENT

ACUTE CARE REHABILITATION FACILITY IN THE AREA. INTEGRIS CLINTON OFFERS STATE-OF-THE-ART CANCER TREATMENT METHODS INCLUDING IMRT, DELIVERING HIGH DOSES OF RADIATION DIRECTLY TO CANCER CELLS IN A VERY TARGETED WAY THAT IS MUCH MORE PRECISE THAN CONVENTIONAL RADIOTHERAPY.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* HEALTH CARE STUDENT SCHOLARSHIP
* GRIEF SUPPORT GROUP
* PARTNERS FOR COMMUNITY BLOOD DRIVES
* SPEAKERS BUREAU FOR COMMUNITY
* SUPPORT LOCAL/AREA YOUTH ACTIVITIES

INTEGRIS GROVE HOSPITAL - GROVE

SINCE 1963, INTEGRIS GROVE HOSPITAL HAS DELIVERED THE BEST IN MEDICAL CARE SERVICES TO RESIDENTS OF NORTHEAST OKLAHOMA.

IN 2010, A NEW $56 MILLION STATE-OF-THE-ART FACILITY BROUGHT ADVANCES IN THE DELIVERY OF PATIENT CARE. LOCATED ON GRAND LAKE O' THE CHEROKEES, THE HOSPITAL SERVES AS A BEACON FOR QUALITY HEALTH CARE FOR NORTHEAST OKLAHOMA, NORTHWEST ARKANSAS AND SOUTHWEST MISSOURI.

THE NEW INTEGRIS GROVE HOSPITAL FEATURES 58 PRIVATE PATIENT ROOMS AND INCLUDES A MEDICAL SURGICAL UNIT, EMERGENCY DEPARTMENT, CRITICAL CARE UNIT, WOMEN'S HEALTH CENTER AND SURGERY DEPARTMENT. A FULL SPECTRUM OF ANCILLARY SERVICES IS OFFERED INCLUDING RADIOLOGY, RESPIRATORY THERAPY,

HOME HEALTH, HOME MEDICAL EQUIPMENT, PHYSICAL THERAPY AND A CARDIAC CATHETERIZATION LAB. INTEGRIS GROVE IS ACCREDITED BY THE JOINT COMMISSION AND HAS RECEIVED NUMEROUS AWARDS AND HONORS FOR PROVIDING QUALITY HEALTH CARE.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* 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

INTEGRIS HEALTH EDMOND - EDMOND

THE LATEST ADDITION TO INTEGRIS HEALTH IS INTEGRIS HEALTH EDMOND. LOCATED ON THE I-35 CORRIDOR IN EDMOND, THE HOSPITAL FEATURES "GREEN" CONCEPTS COMBINED WITH A HOME ENVIRONMENT FEEL TO ENHANCE THE HEALING EXPERIENCE. THE INITIAL PHASE OF THE FACILITY FEATURES 40 INPATIENT BEDS, FOUR SURGICAL SUITES, 17 EMERGENCY DEPARTMENT ROOMS, AND A 45,000 SQUARE FOOT MEDICAL OFFICE BUILDING.

INTEGRIS HEALTH EDMOND BROUGHT LABOR AND DELIVERY SERVICES BACK TO THE CITY OF EDMOND, AND IS A LEADER IN WOMEN'S CARE. THREE INTEGRIS FAMILY CARE CLINICS ARE LOCATED IN EDMOND TO SERVE THE COMMUNITY IN PARTNERSHIP WITH THE HOSPITAL. THE CLINICS' PHYSICIANS SPECIALIZE IN OBSTETRICS AND

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GYNECOLOGY, INTERNAL MEDICINE, PEDIATRICS AND FAMILY MEDICINE.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* WOMEN'S HEALTH FORUM

* SCHOOL HEALTH FAIR

* PHYSICIAN COMMUNITY LECTURES

* SUPPORT LOCAL COMMUNITY AGENCIES

* SUPPORT EDMOND PUBLIC AND PRIVATE SCHOOLS

INTEGRIS JIM THORPE REHABILITATION

OKLAHOMA'S FOREMOST COLLECTION OF INPATIENT, OUTPATIENT, HOME AND COMMUNITY-BASED TREATMENT FOR ADOLESCENTS AND ADULTS NEEDING TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, STROKE, AMPUTEE OR ORTHOPEDIC CARE. A NETWORK OF OUTPATIENT SERVICES AND FACILITIES IS IN PLACE TO SERVE PATIENTS ACROSS OKLAHOMA. THROUGH TEAM-BASED PERSONAL CARE, PATIENTS BENEFIT FROM THE EXPERTISE OF PHYSICIANS, THERAPISTS, NURSES, PSYCHOLOGISTS, CASE MANAGERS, SOCIAL WORKERS AND OTHERS SPECIALLY TRAINED IN REHABILITATION.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* COURAGE RUN

* COURAGE AWARDS GALA

* SPINAL CORD SUPPORT GROUP

* BRAIN INJURY SUPPORT GROUP

* LVAD SUPPORT GROUP

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

* LIMB LOSS SUPPORT GROUP
* FALL PREVENTION PROGRAM
* CHILDREN'S CHALLENGE AT OKC SCHOOLS
* EMPLOYEE PARTICIPATION IN POSITIVE DIRECTIONS MENTORING PROGRAM

INTEGRIS MARSHALL COUNTY MEDICAL CENTER - MADILL

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

INTEGRIS MARSHALL COUNTY IS CONSIDERED A CRITICAL ACCESS HOSPITAL. DIAGNOSTIC IMAGING - MRI, ULTRASOUND, CT SCAN - AND BONE DENSITY TESTING ARE PROVIDED ON SITE. RADIOLOGISTS ARE AVAILABLE 24 HOURS DAILY TO INTERPRET IMAGES FOR ATTENDING PHYSICIANS. PHYSICAL 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.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* NATIONAL SAND BASS FESTIVAL
* ANNUAL REUEL LITTLE CLASSIC RUN
* AMERICAN CANCER SOCIETY RELAY FOR LIFE

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

* ANNUAL HEALTH FAIR

* "HANGING OF THE GREEN" CHRISTMAS PROJECT

INTEGRIS MAYES COUNTY MEDICAL CENTER - PRYOR

INTEGRIS MAYES COUNTY MEDICAL CENTER IS A LICENSED 52-BED ACUTE CARE HOSPITAL IN THE HEART OF THE BEAUTIFUL OKLAHOMA GREEN COUNTRY REGION. BUILT IN 1954, THE HOSPITAL IS A VALUABLE RESOURCE TO THE RESIDENTS OF MAYES COUNTY AND SURROUNDING AREAS. IN ADDITION TO INPATIENT SERVICES SUCH AS WOMEN'S HEALTH AND A MEDICAL SURGICAL UNIT, INTEGRIS MAYES COUNTY PROVIDES CARE IN THE AREAS OF HOSPICE, HOME HEALTH, PHYSICAL THERAPY, DIGITAL MAMMOGRAPHY, RADIOLOGY AND MORE.

INTEGRIS MAYES COUNTY MEDICAL CENTER OFFERS A GROUP OF HIGHLY TRAINED PHYSICIANS AND MEDICAL EXPERTS COMMITTED TO PROVIDING THE VERY BEST CARE TO THEIR PATIENTS. THE HOSPITAL CONTINUES TO INVEST IN UPDATING THE FACILITY WITH STATE-OF-THE-ART EQUIPMENT AND EXPANDING CLINICAL AND ANCILLARY SERVICES, AND CONTINUALLY FOCUSES ON RECRUITMENT OF NEW PHYSICIANS. THE HOSPITAL IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND IS ACCREDITED BY THE JOINT COMMISSION. IT IS A MEMBER OF THE OKLAHOMA HOSPITAL ASSOCIATION, VOLUNTARY HOSPITALS OF AMERICA AND THE AMERICAN HOSPITAL ASSOCIATION.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* COUNTY-WIDE FREE SCHOOL SPORTS PHYSICALS

* MAYES COUNTY AMERICAN CANCER SOCIETY'S RELAY FOR LIFE

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

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

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

* AMERICAN RED CROSS HEROES CAMPAIGN

* MAYES COUNTY WELLNESS FESTIVAL

INTEGRIS MENTAL HEALTH SERVICES - SPENCER

INTEGRIS MENTAL HEALTH OFFERS A COMPLETE FAMILY OF SERVICES PROVIDED BY HIGHLY QUALIFIED PROFESSIONALS IN INPATIENT AND OUTPATIENT SETTINGS. SERVICES INCLUDE ADULT AND GERIATRIC INPATIENT SERVICES THROUGH DEACONESS AT BETHANY AND CHILD AND ADOLESCENT PSYCHIATRIC INPATIENT AND RESIDENTIAL PROGRAMS BASED AT INTEGRIS MENTAL HEALTH.

ADDITIONAL PROGRAMS INCLUDE DAY AND EVENING PARTIAL HOSPITALIZATION/INTENSIVE OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS FOR ADULTS AND ADOLESCENTS AT INTEGRIS DECISIONS; MOBILE ASSESSMENT TEAM SERVICES THROUGH MANY OF OUR INTEGRIS HOSPITAL EMERGENCY DEPARTMENTS; EMPLOYEE ASSISTANCE SERVICES FROM THE CORPORATE ASSISTANCE PROGRAM; AND MANY SPECIALTY EDUCATION OFFERINGS AT INTEGRIS JAMES L. HALL JR. CENTER FOR MIND, BODY AND SPIRIT.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* 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. R. MURALI KRISHNA

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

* SPENCER COMMUNITY HEALTH FAIR

INTEGRIS SEMINOLE MEDICAL CENTER - SEMINOLE

INTEGRIS SEMINOLE MEDICAL CENTER HAS SERVED THE COMMUNITY SINCE THE 1940S; NOW IN A 32-BED, 64,000 SQUARE FOOT FACILITY THAT WAS BUILT IN 1998. A FAMILY MEDICAL CENTER CLINIC IS LOCATED IN THE HOSPITAL ALONG WITH PHYSICIAN OFFICES AND A SPECIALTY CLINIC. ALL PATIENT ROOMS ARE PRIVATE AND DESIGNED TO PROVIDE A HOME-LIKE ATMOSPHERE SO RECOVERY CAN BE MADE EASIER.

STAFFED BY QUALIFIED PHYSICIANS AND PHYSICIAN ASSISTANTS, THE EMERGENCY ROOM IS OPEN AROUND THE CLOCK EACH DAY OF THE YEAR. WITH TWO LARGE OPERATING SUITES, A POST-ANESTHESIA RECOVERY SUITE AND ENDOSCOPY SERVICES, THE HIGHLY SKILLED SURGICAL STAFF IS DEDICATED TO CARING FOR ALL SURGICAL NEEDS. INTEGRIS SEMINOLE SERVES APPROXIMATELY 30,000 RESIDENTS IN SEMINOLE COUNTY AND IS A MODEL FOR RURAL HEALTH CARE IN OKLAHOMA.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* MOVE FOR LIFE
* FOURTH OF JULY FESTIVAL
* POSITIVE DIRECTIONS MENTORING PROGRAM
* COMMUNITY HEALTH FAIRS
* AMERICAN HEART WALK
* WELLNESS SCREENINGS FOR AREA BUSINESSES

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

* MARCH OF DIMES SUPPORT

* CARE FUNDS INDIGENT PRESCRIPTIONS, EQUIPMENT, TRANSPORTATION

* BLOOD DRIVES

* TRAINING FOR PA, RT AND NURSING STUDENTS

* TICKLED PINK BREAST CANCER AWARENESS EVENT

INTEGRIS SOUTHWEST MEDICAL CENTER - OKLAHOMA CITY

INTEGRIS SOUTHWEST MEDICAL CENTER HAS BEEN A PART OF THE SOUTHWEST OKLAHOMA CITY COMMUNITY SINCE 1965, FIRST AS SOUTH COMMUNITY HOSPITAL. THE NAME WAS CHANGED TO SOUTHWEST MEDICAL CENTER OF OKLAHOMA IN MARCH 1992, AND THEN BECAME INTEGRIS SOUTHWEST MEDICAL CENTER IN FEBRUARY 1995. IT HAS GROWN FROM A 73-BED COMMUNITY HOSPITAL TO A COMPREHENSIVE MEDICAL CENTER OFFERING A FULL RANGE OF SERVICES WITH MORE THAN 400 BEDS.

INTEGRIS SOUTHWEST CENTERS OF EXCELLENCE INCLUDE THE INTEGRIS CANCER INSTITUTE OF OKLAHOMA AT SOUTHWEST MEDICAL CENTER, INTEGRIS JAMES R. DANIEL STROKE CENTER OF OKLAHOMA AT SOUTHWEST MEDICAL CENTER, INTEGRIS JIM THORPE REHABILITATION, INTEGRIS NEUROMUSCULAR CENTER, AND THE INTEGRIS M.J. AND S. ELIZABETH SCHWARTZ SLEEP DISORDERS CENTER OF OKLAHOMA.

OUR COMMUNITY OUTREACH ACTIVITIES INCLUDE THE FOLLOWING.

* MEALS ON WHEELS

* COMMUNITY DIABETES EDUCATION PROGRAM

* STROKE SUPPORT GROUP

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

* PHYSICIAN COMMUNITY HEALTH LECTURES

* 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 2011

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 AND CLINICAL PROGRAM IMPROVEMENT	0.02

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

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 2011, INTEGRIS HEALTH PROVIDED $61,033,151 IN COMMUNITY BENEFITS. THIS INCLUDES OUR RETURNSHIP EFFORTS AND UNCOMPENSATED SERVICES.

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

RETURNSHIP

RETURNSHIP EPITOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNITY. IT TAKES THE FORM OF HUNDREDS OF PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA - FREE HEALTH SCREENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE AS REFLECTED IN THE PREVIOUS PAGES.

OUR RETURNSHIP EFFORTS EQUALED $5,738,529

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 $25,909,858

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

OVERALL HOSPITAL COST-TO-CHARGE RATIOS.

UNPAID COSTS OF MEDICAID PROGRAMS EQUALED $29,384,764

IN ADDITION, INTEGRIS HEALTH WROTE OFF $201,786,321 IN PATIENT CHARGES AS BAD DEBTS.

GENERAL STATEMENT 6

PART V: QUESTION 1A AND 2A

PART V: QUESTION 1A - THE NUMBER OF FORMS 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 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 11B

THE ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (SYSTEM). THE SYSTEM HAS A SINGLE AUDIT COMPLIANCE COMMITTEE WHICH OVERSEES THE CONSOLIDATED FINANCIAL STATEMENT AUDIT AS WELL AS THE FILING OF FEDERAL AND STATE TAX FORMS. THE SYSTEM ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO PREPARE THE FORM. A DRAFT FORM 990 IS PROVIDED TO THE SYSTEM VICE PRESIDENT 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

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

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

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

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

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.

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 OKLAHOMA CITY, OK 73112	PHYSICIANS	$948,835
ALLSCRIPTS HEALTHCARE, LLC 24630 NETWORK PLACE CHICAGO,IL 60673	SOFTWARE LICENSING	$535,752

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

GE HEALTHCARE IITS U.S. CORP. P.O. BOX 277475 ATLANTA, GA 30384	SOFTWARE LICENSING	$303,848
DIAGNOSTIC LAB OF OKLAHOMA, LLC 1001 CORNELL PARKWAY OKLAHOMA CITY, OK 73108	REFERENCE LAB	$258,021
MICHAEL R. SEIKEL, M.D. 3433 N.W. 56, SUITE 210 OKLAHOMA CITY, OK 73112	PHYSICIAN SERVICES	$156,980

GENERAL STATEMENT 13

PART XI: RECONCILIATION OF NET ASSETS, LINE 5

INCOME FROM SUBSIDIARY - FOUNDATION 100%	37,739
INCOME FROM SUBSIDIARY - WEST VILLAGE ACADEMY 100%	(552,714)
UNREALIZED GAIN	12,704
EQUITY TRANSFER FROM INTEGRIS HEALTH, INC.	80,000
TOTAL	(422,271)

Name of the organization: INTEGRIS AMBULATORY CARE CORPORATION

Employer identification number: 73-1192765

GENERAL STATEMENT 14

PART XII: FINANCIAL STATEMENTS AND REPORTING

PART XII: 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.

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
C. BRUCE LAWRENCE DIRECTOR	39.00
WENTZ MILLER ASST.TREASURER/VP/DIRECTOR	39.00
BETH PAUCHNIK DIRECTOR/SECRETARY	39.00

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

2010

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
(1) HORIZON DEVELOPMENT, LLC 73-1192765 5300 N. INDEPENDENCE AVE.,STE. OKLA. CITY, OK 73112	DORMANT	OK	0.	0.	N/A
(2)					
(3)					
(4)					
(5)					
(6)					

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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) INTEGRIS HEALTH, INC 73-1192764 5300 N INDEPENDENCE AVE ,STE. OKLA CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 11 -I	N/A		X
(2) BAPTIST HEALTHCARE OF OKLAHOMA, INC 23-7456301 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A		X
(3) HOSPICE OF OKLAHOMA COUNTY, INC 73-1369586 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 9	N/A		X
(4) INTEGRIS BAPTIST MEDICAL CENTER, INC 73-1034824 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A		X
(5) INTEGRIS RURAL HEALTH, INC 73-1444504 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A		X
(6) INTEGRIS SOUTHWEST MEDICAL CENTER, INC 73-1089149 5300 N INDEPENDENCE AVE.,STE OKLA CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A		X
(7) INTEGRIS SOUTHWEST MED CTR FDN , INC 73-1295820 5300 N. INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	FUNDRAISING	OK	501(C)(3)	LINE 7	N/A		X

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

2010

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) INTEGRIS REALTY CORPORATION 73-1192750 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	PROPERTY MGMT	OK	501(C)(3)	LINE 9	N/A	X	
(2) GREAT PLAINS MEDICAL FOUNDATION 73-1457016 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	MED.RES. PROG	OK	501(C)(3)	LINE 3	N/A		X
(3) INTEGRIS BAPTIST MEDICAL CTR FND , INC. 73-1047338 5300 N. INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	FUNDRAISING	OK	501(C)(3)	LINE 7	N/A		X
(4) INTEGRIS RURAL HEALTH FOUNDATION, INC 73-1523096 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	FUNDRAISING	OK	501(C)(3)	LINE 7	N/A		X
(5) MEDICAL PARKING, INC 73-1210537 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	PARKING FAC.	OK	501(C)(3)	LINE 11 -II	N/A	X	
(6) WESTERN VILLAGE ACADEMY, INC 73-1588764 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	SCHOOL	OK	501(C)(3)	LINE 2	N/A	X	
(7) INTEGRIS HEALTH EDMOND, INC 45-1027361 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A		X

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

2010

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) INTEGRIS MENTAL HEALTH, INC 73-0738716 5300 N INDEPENDENCE AVE ,STE OKLA CITY, OK 73112	HEALTH CARE	OK	501(C)(3)	LINE 3	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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? 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	(k) Percentage ownership
(1) BMPA, LTD, 73-1228665 OKLAHOMA CITY, OK 73112	MED OFFICE BLDG	OK	N/A	N/A				X			X	
(2) GRAND LAKE, 73-1622843 GROVE, OK 74345	MEDICAL	OK	N/A	N/A				X			X	
(3) QC-III, 20-8723857 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	N/A				X			X	
(4) INTEGRIS HEART CTR, 73-1576694 OKLAHOMA CITY, OK 73112	MANAGEMENT	OK	N/A	N/A				X			X	
(5) DIAGNOSTIC LAB, 73-1560760 MADISON, NJ 07940	CLINICAL LAB	NJ	N/A	N/A				X			X	
(6) MPI CENTER, 73-1283942 OKLAHOMA CITY, OK 73112	MEDICAL	OK	N/A	RELATED	348,818	718,009		X	0	X		50 0000
(7) HILLCREST/INTEGRIS HEALTH, LLC OKLAHOMA CITY, OK 73112	DORMANT	OK	N/A	N/A				X			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	(g) Share of end-of-year assets	(h) Percentage ownership
(1) INTEGRIS PROHEALTH, INC 73-1046179 5300 N INDEPENDENCE AVE , STE 130 OKLA. CITY, OK 73112	RETAIL PHARMA	OK	N/A	C			
(2) THE STANLEY F HUPFELD CHAR REMAIN TRUST 26-6238051 5300 N INDEPENDENCE AVE , STE 130 OKLA CITY, OK 73112	FINANCIAL	OK	N/A	T			
(3) QUALITY ALLIANCE ASSURANCE CO 73-1192764 P O BOX 10027 KYI-1001 GRAND CAYMAN, CJ	INSURANCE	CJ	N/A	C			
(4) INTEGRIS PHYSICIAN SERVICES, INC 73-1477468 3500 N W 56TH ST , STE 200 OKLA CITY, OK 73112	MGMT. SERVICE	OK	N/A	C			
(5) BAPTIST HEALTH SYSTEM, INC 5300 N INDEPENDENCE AVE , STE 130 OKLA CITY, OK 73112	DORMANT	OK	N/A	C			
(6) ONE CARE, INC 5300 N INDEPENDENCE AVE., STE 130 OKLA CITY, OK 73112	DORMANT	OK	N/A	C			
(7) VADOVATIONS, INC 27-0821922 5300 N INDEPENDENCE AVE , STE. 130 OKLA CITY, OK 73112	HEALTH CARE	OK	N/A	C			

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

			Yes	No
1	During the tax year, did the 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	(d) Method of determining amount involved
(1)	INTEGRIS REALTY CORPORATION	J	2,192,856.	COST
(2)				
(3)				
(4)				
(5)				
(6)				

Related 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
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).