

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
Integris Ambulatory Care Corp
% KATHRYN INGERLY
Doing business as
SEE SCHEDULE O
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5300 N INDEPENDENCE AVE STE 130
City or town, state or province, country, and ZIP or foreign postal code
OKLAHOMA CITY, OK 73112

D Employer identification number
73-1192765
E Telephone number
(405) 949-6026
G Gross receipts \$ 221,630,656

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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.integrisok.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1983 **M** State of legal domicile: OK

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	2
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,328
6 Total number of volunteers (estimate if necessary)	715
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,415,254	2,272,575
9 Program service revenue (Part VIII, line 2g)	194,529,291	219,171,628
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-27,119	-830
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,320	186,453
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	196,991,746	221,629,826

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,727,988	1,490,578
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)	161,085,228	183,137,362
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	55,685,091	58,730,096
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	219,498,307	243,358,036
19 Revenue less expenses. Subtract line 18 from line 12	-22,506,561	-21,728,210

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	202,505,640	269,196,872
21 Total liabilities (Part X, line 26)	201,937,329	290,364,965
22 Net assets or fund balances. Subtract line 21 from line 20	568,311	-21,168,093

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: 2020-07-15
Type or print name and title: DOUGLAS M SMITH EXECUTIVE VP, CFO

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-07-14
Check if self-employed PTIN: P01284594
Firm's name ▶ KPMG LLP Firm's EIN ▶
Firm's address ▶ 210 Park Ave Suite 2650 Oklahoma City, OK 73102 Phone no. (405) 239-6411

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 227,924,007 including grants of \$ 1,490,578) (Revenue \$ 219,171,628)
See Additional Data

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 ▶ 227,924,007

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 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 Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	1,328		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (2); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (OK); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: KATHRYN INGERLY 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 (405) 949-3085

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

Check if Schedule O contains a response or note to any line in this Part VII [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...
List all of the organization's current key employees...
List the organization's five current highest compensated employees...
List all of the organization's former officers...
List all of the organization's former directors or trustees...

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.

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total							▶			
1c Total from continuation sheets to Part VII, Section A							▶			
1d Total (add lines 1b and 1c)							▶	6,443,419	10,006,762	376,479

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 336

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GENERAL STATEMENT 1,		2,721,746

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 13

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants and Other Similar Amounts) and 1g-1h (Total).

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f and 2g Total.

Table for Other Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-12 (Investment income, Rental income, Gain or loss, Fundraising events, Gaming activities, Sales of inventory, and Miscellaneous Revenue).

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21	1,490,578	1,490,578		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
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	156,844,974	156,844,974		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,657,585	5,657,585		
9 Other employee benefits	12,916,664	12,916,664		
10 Payroll taxes	7,718,139	7,718,139		
11 Fees for services (non-employees):				
a Management	0			
b Legal	148,059	148,059		
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,810,686	3,376,657	15,434,029	
12 Advertising and promotion	245,108	245,108		
13 Office expenses	11,791,664	11,791,664		
14 Information technology	0			
15 Royalties	0			
16 Occupancy	10,639,774	10,639,774		
17 Travel	628,958	628,958		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	407,558	407,558		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,230,417	2,230,417		
23 Insurance	2,843,031	2,843,031		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	8,998,900	8,998,900	0	0
b RIF & RECRUITMENT	1,112,374	1,112,374	0	0
c DUES & MEMBERSHIPS	332,308	332,308	0	0
d LICENSES/PERMITS ETC.	175,304	175,304	0	0
e All other expenses	365,955	365,955		
25 Total functional expenses. Add lines 1 through 24e	243,358,036	227,924,007	15,434,029	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	15,621	1	18,659
	2 Savings and temporary cash investments	158,254,796	2	65,795,590
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,349,441	4	53,360,917
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	156,879	7	156,880
	8 Inventories for sale or use	107,853	8	44,103
	9 Prepaid expenses and deferred charges	0	9	38,597
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	36,587,142		
	b Less: accumulated depreciation	22,278,603		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	4,945,682	12	4,937,487
	13 Investments—program-related. See Part IV, line 11	27,774,438	13	127,671,474
	14 Intangible assets	0	14	2,864,626
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	202,505,640	16	269,196,872	
Liabilities	17 Accounts payable and accrued expenses	200,630,889	17	289,270,061
	18 Grants payable	0	18	0
	19 Deferred revenue	1,306,440	19	1,094,904
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	201,937,329	26	290,364,965
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	568,311	27	-21,168,093
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	568,311	33	-21,168,093
	34 Total liabilities and net assets/fund balances	202,505,640	34	269,196,872

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	221,629,826
2	Total expenses (must equal Part IX, column (A), line 25)	2	243,358,036
3	Revenue less expenses. Subtract line 2 from line 1	3	-21,728,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	568,311
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,194
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-21,168,093

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 73-1192765

Name: Integris Ambulatory Care Corp

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O STATEMENTS 2 THROUGH 5

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Integrigris Ambulatory Care Corp

Employer identification number
73-1192765

Employer identification number
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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

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

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 73-1192765

Name: Integris Ambulatory Care Corp

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
Integris Ambulatory Care Corp

Employer identification number
73-1192765

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,327		70,327
b Buildings		10,071,186	3,215,735	6,855,451
c Leasehold improvements		2,198,831	1,598,133	600,698
d Equipment		23,368,148	17,316,913	6,051,235
e Other		878,650	147,822	730,828
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				14,308,539

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN LAKESIDE	20,073,042	F
(2) INVESTMENT IN ADVANCED	-1,800	F
(3) INVESTMENT IN SW ORTHO	107,282,580	F
(4) INVESTMENT IN JV COMMUNITY	184,022	F
(5) INVESTMENT IN MEDICAL PLAZA	133,630	F
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	127,671,474	

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
------------------	-------------	--

Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
------------------	-------------

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Integris Ambulatory Care Corp

Hospitals

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
 73-1192765

OMB No. 1545-0047
2018
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input checked="" type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,484,275		1,484,275	0.570 %
b Medicaid (from Worksheet 3, column a)			6,659,245	4,034,766	2,624,480	1.000 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			8,143,520	4,034,766	4,108,755	1.570 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,945,779	45,000	1,900,779	0.730 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			1,945,779	45,000	1,900,779	0.730 %
k Total. Add lines 7d and 7j			10,089,299	4,079,766	6,009,534	2.300 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			182,447		182,447	0.070 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			182,447		182,447	0.070 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	12,312,194
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	575,320
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	10,498,467
6 Enter Medicare allowable costs of care relating to payments on line 5	6	5,603,374
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	4,895,093
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 LAKESIDE WOMEN'S	WOMEN'S HEALTH	75 %		25 %
2 MEDPLAZA IMAGING	RADIOLOGY IMAGING CENTER	50 %		50 %
3 SW AMBSURGERY CTR	AMBULATORY SURGERY CENTER	25.1 %		49.9 %
4 COMM HOSP NORTH LLC	HEALTH CARE	25.5 %		49 %
5 TPG HOSPITAL	HEALTH CARE	25.5 %		49 %
6 HPI NORTH	HEALTH CARE	25.5 %		49 %
7 HPI PHYSICIANS LLC	HEALTH CARE	25.5 %		49 %
8 HPI HOLDCO	HEALTH CARE	25.5 %		49 %
9 HPI LLC	HEALTH CARE	25.5 %		49 %
10 OCOM	HEALTH CARE	25.1 %		49.9 %
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

4

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **1**

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
-----------	---	----	-----	--

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

B

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **2**

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):		No
	a <input type="checkbox"/> A definition of the community served by the hospital facility		
	b <input type="checkbox"/> Demographics of the community		
	c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input type="checkbox"/> How data was obtained		
	e <input type="checkbox"/> The significant health needs of the community		
	f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 ____		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		
6 b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
	a <input type="checkbox"/> Hospital facility's website (list url): _____		
	b <input type="checkbox"/> Other website (list url): _____		
	c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.		
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____		
	a		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12 a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		No
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?		No
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
	a <input checked="" type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	d <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
	f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	Yes	
	a <input checked="" type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	d <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
	a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
	e <input type="checkbox"/> Other (describe in Section C)		
	f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	Yes	
	If "No," indicate why:		
	a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
	b <input type="checkbox"/> The hospital facility's policy was not in writing		
	c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
	d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

B

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23	Yes	
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

C

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 34

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):		No
	a <input type="checkbox"/> A definition of the community served by the hospital facility		
	b <input type="checkbox"/> Demographics of the community		
	c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input type="checkbox"/> How data was obtained		
	e <input type="checkbox"/> The significant health needs of the community		
	f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 ____		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
	a <input type="checkbox"/> Hospital facility's website (list url): _____		
	b <input type="checkbox"/> Other website (list url): _____		
	c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.		
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____		
	a _____		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

C

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>151</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

C

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?		No
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
	a <input checked="" type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	d <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
	f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		No
	a <input checked="" type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	d <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
	a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
	e <input type="checkbox"/> Other (describe in Section C)		
	f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		Yes
	If "No," indicate why:		
	a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
	b <input type="checkbox"/> The hospital facility's policy was not in writing		
	c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
	d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

C

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23	Yes	
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 SOUTHWEST AMBULATORY SURGERY CENTER LLC 8125 SOUTH WALKER OKLAHOMA CITY, OK 73139	AMBULATORY SURGERY CENTER
2 MEDICAL PLAZA IMAGING CENTER 3330 NW 56TH OKLAHOMA CITY, OK 73112	RADIOLOGY IMAGING CENTER
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	<p>SCHEDULE H, PART VI: INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC. AS SUCH IACC FOLLOWS CERTAIN POLICIES AND PROCEDURES ESTABLISHED AT THE SYSTEM LEVEL, MANY OF WHICH ARE DESCRIBED BELOW. IACC DOES NOT HAVE A DIRECTLY OWNED HOSPITAL FACILITY, BUT OWNS A MINORITY INTEREST IN FOUR HOSPITAL FACILITIES, OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SPECIALTY SURGERY (OCOM), THROUGH ITS INVESTMENT IN SOUTHWEST AMBULATORY SURGERY CENTER, LLC, COMMUNITY HOSPITAL AND TPG HOSPITAL (D/B/A NW SURGICAL HOSPITAL (HPI FACILITIES), THROUGH ITS INVESTMENT IN HPI AND LAKESIDE WOMEN'S HOSPITAL, LLC (LWH). THE ACTIVITY REPORTED ON SCHEDULE H, PARTS I-III INCLUDES THE ACTIVITY OF OCOM, HPI FACILITIES & LWH AS WELL AS THE THE DIRECT ACTIVITY OF IACC AND IACC'S PROPORTIONATE SHARE OF THE ACTIVITY OF THE NON-HOSPITAL JOINT VENTURES LISTED ON SCHEDULE H, PART V, SECTION D.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	<p>REPORTING GROUP B PART VI, LINE 3C: CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE BASED ON A PATIENT'S REQUEST FOR FINANCIAL ASSISTANCE - A WRITTEN REQUEST FOR FINANCIAL ASSISTANCE BASED UPON THE INDIVIDUAL'S CURRENT FINANCIAL NEED. THE REQUEST SHOULD BE IN WRITING FROM THE PATIENT AND THE AMOUNT OF FINANCIAL AID GRANTED SHOULD BE DOCUMENTED BY THE CEO OR CFO. THE REQUEST CAN BE ACCEPTED BEFORE OR AFTER SURGERY.</p> <p>REPORTING GROUP A PART I, LINE 6A: INTEGRIS HEALTH, INC., (EIN: 73-1192764), THE PARENT ORGANIZATION OF INTEGRIS AMBULATORY CARE CORPORATION, PRODUCES A CONSOLIDATED COMMUNITY BENEFIT REPORT THAT IS MADE AVAILABLE TO THE PUBLIC. BENEFIT REPORT THAT IS MADE AVAILABLE TO THE PUBLIC. BENEFIT REPORT THAT IS MADE AVAILABLE TO THE PUBLIC.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	REPORTING GROUP A PART I, LINE 7: COSTING METHODOLOGY: THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE CHARITY ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF CHARITY ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON PART 1, LINE 7. DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE. REPORTING GROUP B PART I, LINE 7: COSTING METHODOLOGY: THE COST TO CHARGE RATIO CALCULATED IN OCOM'S 2018 COST REPORT WAS USED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 4	REPORTING GROUP A PART II: COMMUNITY BUILDING ACTIVITIES COMMUNITY-BUILDING ACTIVITIES IMPROVE THE COMMUNITY'S HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSE OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS. THESE ACTIVITIES STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION. COSTS FOR THESE ACTIVITIES INCLUDE CASH AND IN-KIND DONATIONS AND EXPENSES FOR THE DEVELOPMENT OF A VARIETY OF COMMUNITY-BUILDING PROGRAMS AND PARTNERSHIPS.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	<p>REPORTING GROUP A PART III, LINES 2, 3 AND 4: EFFECTIVE JULY 1, 2018, INTEGRIS HEALTH ADOPTED THE NEW REVENUE RECOGNITION STANDARD, ACCOUNTING STANDARDS UPDATE (ASU) 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606), ISSUED BY THE FASB IN 2014, USING THE MODIFIED RETROSPECTIVE METHOD. WITH THE ADOPTION OF THE NEW REVENUE RECOGNITION STANDARD, NET PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH INTEGRIS HEALTH EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE HEALTHCARE SERVICES PROMISED IN THE CONTRACT WITH A PATIENT REPRESENT A BUNDLE OF GOODS AND (OR) SERVICES THAT IS DISTINCT AND ACCOUNTED FOR AS A SINGLE PERFORMANCE OBLIGATION. THE TRANSACTION PRICE FOR THE BUNDLED GOODS AND (OR) SERVICES PROVIDED IS ESTIMATED BY REDUCING THE TOTAL STANDARD CHARGES BY VARIABLE PRICE CONCESSIONS, INCLUDING CONTRACTUAL ADJUSTMENTS BASED ON THE TERMS PROVIDED BY (IN THE CASE OF MEDICARE AND MEDICAID) OR NEGOTIATED WITH (IN THE CASE OF MANAGED CARE AND COMMERCIAL INSURANCE COMPANIES) THIRD-PARTY PAYORS, INTEGRIS HEALTH DISCOUNT POLICIES, AND OTHER IMPLICIT PRICE CONCESSIONS BASED ON HISTORICAL COLLECTIONS EXPERIENCE FOR UNINSURED AND UNDER-INSURED PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE. A PORTFOLIO APPROACH BY MAJOR PAYOR CATEGORIES AND TYPES OF SERVICE WAS USED TO ESTIMATE THE HISTORICAL COLLECTIONS EXPERIENCE. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. PORTFOLIO COLLECTION ESTIMATES ARE UPDATED AT LEAST QUARTERLY BASED ON ACTUAL COLLECTIONS EXPERIENCE. INTEGRIS HEALTH BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WAS USED. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE. REVENUE RELATED TO PROVIDING CARE TO PATIENTS IS RECOGNIZED AS THE PERFORMANCE OBLIGATION IS SATISFIED OVER THE PERIOD OF TIME THE PATIENT IS RECEIVING TREATMENT, AS THE PATIENT IS SIMULTANEOUSLY RECEIVING AND CONSUMING THE BENEFITS PROVIDED BY INTEGRIS HEALTH. THE PERFORMANCE OBLIGATION IS GENERALLY SATISFIED OVER AN AVERAGE PERIOD OF LESS THAN FIVE DAYS FOR INPATIENT SERVICES AND ONE DAY FOR OUTPATIENT SERVICES. GENERALLY, PATIENTS AND THIRD-PARTY PAYORS ARE BILLED WITHIN DAYS AFTER THE SERVICES ARE PERFORMED AND (OR) THE PATIENT IS DISCHARGED. THE TRANSACTION PRICE RELATED TO UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMANCE OBLIGATIONS AT THE END OF THE REPORTING PERIOD PRIMARILY RELATE TO INPATIENT ACUTE CARE SERVICES FOR PATIENTS WHO REMAIN ADMITTED AT THAT TIME. THESE CONTRACT ASSETS WERE \$27,808,650 ON JULY 1, 2018 AT THE ADOPTION OF THE NEW REVENUE RECOGNITION STANDARD. AS OF JUNE 30, 2019, CONTRACT ASSETS OF \$26,658,106 WERE RECORDED IN PATIENT ACCOUNTS RECEIVABLE ON THE CONSOLIDATED BALANCE SHEETS. PATIENT ACCOUNTS RECEIVABLE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH INTEGRIS HEALTH EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THE PRIMARY COLLECTION RISKS RELATE TO UNINSURED PATIENT ACCOUNTS, INCLUDING PATIENT ACCOUNTS FOR WHICH THE PRIMARY INSURANCE COMPANY HAS PAID THE AMOUNTS COVERED BY THE APPLICABLE AGREEMENT, BUT PATIENT RESPONSIBILITY AMOUNTS REMAIN OUTSTANDING. IMPLICIT PRICE CONCESSIONS RELATE PRIMARILY TO AMOUNTS DUE DIRECTLY FROM PATIENTS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL WRITE-OFFS AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PATIENT ACCOUNTS ARE MONITORED AND, IF NECESSARY, PAST DUE ACCOUNTS ARE PLACED WITH COLLECTION AGENCIES IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY MANAGEMENT. ACCOUNTS ARE WRITTEN OFF WHEN ALL REASONABLE INTERNAL AND EXTERNAL COLLECTION EFFORTS HAVE BEEN PERFORMED. ESTIMATED IMPLICIT PRICE CONCESSIONS OF \$185,580,000 WERE RECORDED AS REDUCTIONS TO PATIENT ACCOUNTS RECEIVABLE AT JUNE 30, 2019 ON THE CONSOLIDATED BALANCE SHEETS. REPORTING GROUP B: PART III, LINE 2: THE METHODOLOGY USED TO CALCULATE THE ORGANIZATION'S BAD DEBT EXPENSE IS AS FOLLOWS: -75% OF ACCOUNTS RECEIVABLE NET OF THE CONTRACTUAL ALLOWANCE AGED 120 DAYS OR GREATER (EXCLUDING LEGAL LIABILITY), PLUS 25% OF ACCOUNTS RECEIVABLE NET OF THE CONTRACTUAL ALLOWANCE IN THE 90 DAY BUCKET. WE RESERVE 50% OF LEGAL LIABILITY OVER 120 DAYS. -AN ADDITIONAL RESERVE IS APPLIED ON TOP OF THE RESERVE ABOVE FOR SELF-PAY PATIENTS BASED ON HISTORICAL PAYMENT TRENDS. REPORTING GROUP B PART III, LINE 3: METHODOLOGY USED BY THE ORGANIZATION TO ESTIMATE THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FAP THE HOSPITAL CLASSIFIES FINANCIAL ASSISTANCE AS A CONTRACTUAL WRITE OFF AND NOT AS BAD DEBT, AND DOES NOT ATTRIBUTE ANY PORTION OF ITS BAD DEBT REPORTED ON PART III, LINE 2 TO PATIENTS ELIGIBLE</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	FOR FINANCIAL ASSISTANCE UNDER ITS CHARITY POLICY. REPORTING GROUP B PART III, LINE 4: FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OCOM DOES NOT HAVE A STAND-ALONE AUDIT AND IS INCLUDED IN THE CONSOLIDATED FINANCIALS OF INTEGRIS AMBULATORY CARE CORP. OCOM ACCOUNTS FOR BAD DEBT EXPENSE AS FOLLOWS: -75% OF ACCOUNTS RECEIVABLE NET OF THE CONTRACTUAL ALLOWANCE AGED 120 DAYS OR GREATER (EXCLUDING LEGAL LIABILITY), PLUS 25% OF ACCOUNTS RECEIVABLE NET OF THE CONTRACTUAL ALLOWANCE IN THE 90 DAY BUCKET. WE RESERVE 50% OF LEGAL LIABILITY OVER 120 DAYS. -AN ADDITIONAL RESERVE IS APPLIED ON TOP OF THE RESERVE ABOVE FOR SELF-PAY PATIENTS BASED ON HISTORICAL PAYMENT TRENDS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 6	REPORTING GROUP A PART III, LINE 8: THE AMOUNTS REPORTED ON PART III, LINES 5 AND 6 REPRESENT INTEGRIS AMBULATORY CARE CORPORATION'S (IACC) PROPORTIONATE SHARE OF THE ALLOWABLE COSTS AND MEDICARE REIMBURSEMENTS THAT ARE REPORTED ON OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SPECIALTY SURGERY'S (OCOM) MEDICARE COST REPORT & LAKESIDE WOMEN'S HOSPITAL LLC (LWH) MEDICARE COST REPORT. COSTING METHODOLOGY: MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST-TO-CHARGE RATIO AND THE MEDICARE FILED COST REPORT. REPORTING GROUP B PART III, LINE 8: THE COST TO CHARGE METHODOLOGY WAS USED IN ORDER TO CALCULATE THE MEDICARE ALLOWABLE COSTS RELATED TO PAYMENTS RECEIVED FROM MEDICARE. ANY RESULTING SHORTFALL IS NOT TREATED AS A COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 7	REPORTING GROUP A PART III, LINE 9B: PATIENTS MAY, AT ANY TIME DURING THE COLLECTION CYCLE, SUBMIT FINANCIAL INFORMATION FOR FINANCIAL ASSISTANCE OR CHARITY CONSIDERATION PURSUANT TO INTEGRIS POLICY SYS-RCM-100 CHARITY SERVICES. ALL AVAILABLE AVENUES OF ASSISTANCE AND AVAILABLE PAYMENTS FROM THIRD PARTY PAYORS MUST BE EXHAUSTED BEFORE SUCH ASSISTANCE FOR CHARITY OR OTHER FINANCIAL ASSISTANCE IS CONSIDERED. IACC DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 8	<p>REPORTING GROUP A PART VI, LINE 2: NEEDS ASSESSMENT INTEGRIS HEALTH UTILIZES A VARIETY OF TOOLS TO DETERMINE THE HEALTH CARE NEEDS OF OUR COMMUNITIES. THESE INCLUDE PARTNERSHIPS WITH LOCAL COMMUNITY AGENCIES AND ORGANIZATIONS TO DETERMINE SPECIFIC TARGET MARKET NEEDS, PROGRAM SURVEYS AND COMMUNITY FOCUS GROUPS, PROGRAM EVALUATIONS FROM PARTICIPANTS IN OUR COMMUNITY HEALTH SCREENINGS, HEALTH EDUCATION AND SUPPORT GROUPS, THE COUNTY HEALTH RANKINGS REPORT AND THE OKLAHOMA STATE HEALTH DEPARTMENT'S "STATE OF THE STATE HEALTH REPORT." AFTER REVIEWING THESE MATERIALS FOR ISSUES CONCERNING ACCESS TO CARE, HEALTH EDUCATION NEEDS AND GAPS IN SERVICES IN OUR COMMUNITIES, INTEGRIS HEALTH DETERMINES HOW TO ADDRESS THESE ISSUES BY DEVELOPING PROGRAMS/SERVICES TO IMPLEMENT, INCLUDING, BUT NOT LIMITED TO, HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION AND WELLNESS PROGRAMS, SUPPORT GROUPS, AND ACCESS TO HEALTH CARE FACILITIES. INTEGRIS HEALTH UTILIZES OUR HEALTH SYSTEM RESOURCES, FACILITIES AND PERSONNEL FOR MANY OF THESE PROGRAMS, BUT ALSO PARTNERS WITH OUR COMMUNITIES AND DEVELOPS COLLABORATIONS WITH LOCAL NON-PROFIT AGENCIES, CIVIC ORGANIZATIONS, SCHOOLS, AND CHURCHES TO IMPROVE THE ISSUES IDENTIFIED. REPORTING GROUP B PART VI, LINE 2: NEEDS ASSESSMENT OKLAHOMA CENTER FOR ORTHOPAEDIC AND MULTI-SPECIALTY SURGERY, LLC (OCOM) WAS RESTRUCTURED EFFECTIVE NOVEMBER 1, 2018 WHEN A NEW JOINT VENTURE WAS FORMED BETWEEN INTEGRIS AMBULATORY CARE CORPORATION (INTEGRIS), AN OKLAHOMA NOT FOR PROFIT CORPORATION THAT IS TAX-EXEMPT UNDER SECTION 501(C)(3), AND USP OKLAHOMA, INC. (USP OK), AN OKLAHOMA FOR PROFIT CORPORATION THAT IS AN AFFILIATE OF UNITED SURGICAL PARTNERS. THIS JOINT VENTURE OPERATED THE OCOM FACILITY DURING THE TAX YEAR. THE JOINT VENTURE IS A PARTNERSHIP FOR WHICH A FORM 1065 IS FILED. HOWEVER, WHEN THE NEW JOINT VENTURE WAS FORMED WITH INTEGRIS, OCOM BECAME SUBJECT TO THE 501(R) PROVISIONS. REPORTING GROUP C PART VI, LINE 2: NEEDS ASSESSMENT HEALTH VENTURES IS A PARTNERSHIP FORMED IN FY2019 BETWEEN IACC, AN OKLAHOMA NOT FOR PROFIT CORPORATION THAT IS TAX-EXEMPT UNDER SECTION 501(C)(3) AND USP OKLAHOMA, INC. (USP), AN UNRELATED OKLAHOMA FOR PROFIT CORPORATION FOR THE PURPOSE OF ACQUIRING OWNERSHIP IN OR DEVELOPING FREESTANDING AMBULATORY SURGERY HOSPITALS. ON NOVEMBER 1, 2018, HEALTH VENTURES ACQUIRED 51% OF HPI HOLDINGS, LLC (HPI). HPI OWNS A 100% INTEREST IN COMMUNITY HOSPITAL, LLC AND TPG HOSPITAL, LLC. THIS JOINT VENTURE OPERATED THE COMMUNITY HOSPITAL AND TPG HOSPITAL FACILITIES DURING THE TAX YEAR. THE JOINT VENTURE IS A PARTNERSHIP FOR WHICH A FORM 1065 IS FILED. HOWEVER, WHEN HPI WAS ACQUIRED BY HEALTH VENTURES, COMMUNITY HOSPITAL AND TPG HOSPITAL BECAME SUBJECT TO THE 501(R) PROVISIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 9	<p>REPORTING GROUP A PART VI, LINE 3: PATIENT EDUCATION - ELIGIBILITY FOR ASSISTANCE INTEGRIS HEALTH USES A MULTI-FACETED APPROACH TO EDUCATE OUR PATIENTS ON THE AVAILABILITY OF CHARITY AS WELL AS STATE AND FEDERAL FINANCIAL ASSISTANCE. THIS INCLUDES: *POSTERS CLEARLY DISPLAYED IN EVERY PATIENT REGISTRATION AREA SPEAKING TO OUR FINANCIAL ASSISTANCE PROGRAMS. *A FINANCIAL RIGHTS AND RESPONSIBILITY BROCHURE GIVEN TO EVERY PATIENT AT THE TIME OF THEIR REGISTRATION WHICH PROVIDES FINANCIAL ASSISTANCE PROGRAM DETAILS. *A CLEARLY MARKED PRESENCE ON THE INTEGRIS HEALTH ON-LINE BUSINESS OFFICE WEBSITE WITH A SECTION DEVOTED TO FINANCIAL ASSISTANCE PROGRAM DETAILS AS WELL AS AN ON-LINE CHARITY APPLICATION. *A DESCRIPTION OF THE FINANCIAL ASSISTANCE PROGRAM AS WELL AS THE APPLICATION PROCESS IS INCLUDED ON EVERY PATIENT BILL. FINANCIAL COUNSELORS MEET WITH PATIENTS TO IDENTIFY ELIGIBILITY FOR FEDERAL AND STATE ASSISTANCE PROGRAMS. REPORTING GROUP B PART VI, LINE 3: PATIENT EDUCATION - ELIGIBILITY FOR ASSISTANCE OCOM PATIENTS WERE INFORMED AND EDUCATED OVER THE PHONE OR IN PERSON PRIOR TO OR POST PROCEDURE ABOUT THE AVAILABILITY AND ELIGIBILITY OF FINANCIAL ASSISTANCE. REPORTING GROUP C PART VI, LINE 3: PATIENT EDUCATION - ELIGIBILITY FOR ASSISTANCE HPI FACILITY PATIENTS WERE INFORMED AND EDUCATED ONLINE, BY TELEPHONE, BY MAIL, ON POSTED SIGNS AND PAPER COPIES OR BROCHURES LOCATED IN ALL REGISTRATION AREAS THROUGHOUT THE FACILITIES, IN PERSON, AND IN BILLING STATEMENTS ABOUT THE AVAILABILITY AND ELIGIBILITY OF FINANCIAL ASSISTANCE. REGISTRATION STAFF REFERS PATIENTS TO WEBSITE AND TO THE BILLING DEPARTMENT AS NEEDED OR REQUESTED. THEY PRINT OFF CHARITY APPLICATIONS AND ASSISTS PATIENTS IN COMPLETING. IF TRANSLATION IS NEEDED TO HELP COMPLETE FORMS A CALL IS MADE INTO THE LANGUAGE LINE FOR ASSISTANCE. IF FINANCIAL NEED IS DETERMINED WHEN PATIENT IS IN PERSON AT FACILITY, EXAMPLE LACK OF INSURANCE OR UNABLE TO PAY, PATIENT IS ASSISTED WITH APPLICATION AND/OR REFERRED TO BILLING TO ASSIST. SCHEDULING, FINANCIAL COUNSELOR, REGISTRATION, AND AUTHORIZATION DEPARTMENT, REFER PATIENTS IN NEED OF ASSISTANCE TO WEBSITE AND TO BILLING AS NEEDED.</p>

990 Schedule H, Suplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 10	<p>REPORTING GROUP A PART VI, LINE 4: COMMUNITY INFORMATION INTEGRIS HEALTH SYSTEM IS THE STATE'S LARGEST OKLAHOMA-OWNED HEALTH CARE SYSTEM AND ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS, WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN'S CLINICS, MENTAL HEALTH FACILITIES, CANCER CENTERS, INDEPENDENT LIVING CENTERS, AND HOME HEALTH AGENCIES THROUGHOUT MOST OF THE STATE. ALL COUNTIES IN WHICH INTEGRIS HEALTH OPERATES INCLUDE ONE OR MORE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS. INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS LOCATED IN OKLAHOMA CITY, WHICH IS IN OKLAHOMA COUNTY IN CENTRAL OKLAHOMA. REPORTING GROUP B PART VI, LINE 4: COMMUNITY INFORMATION OCOM IS LOCATED IN SOUTH OKLAHOMA CITY WITH AN HOPD LOCATION (OCOM NORTH) IN NORTHWEST OKLAHOMA CITY AND THREE FREESTANDING IMAGING FACILITIES TO SERVICE OKLAHOMA CITY, IN OKLAHOMA COUNTY, OKLAHOMA. OKLAHOMA CITY IS THE COUNTY SEAT AND THE LARGEST CITY IN THE STATE. THERE ARE 20 CITIES AND SMALL TOWNS LOCATED IN THE COUNTY. THE ECONOMY SPECIALIZES IN OIL, GAS, QUARRYING, EXTRACTION, MANAGEMENT OF COMPANIES AND ENTERPRISES, AND PUBLIC ADMINISTRATION. ACCORDING TO THE 2016 POPULATION ESTIMATES, THE POPULATION OF OKLAHOMA COUNTY WAS 770,101. THE MEDIAN AGE FOR OKLAHOMA COUNTY IS 34.3 YEARS WHILE THE MEDIAN AGE FOR THE STATE OF OKLAHOMA IS 36.2 YEARS. THERE ARE 16.3% OF PERSONS IN POVERTY FOR BOTH OKLAHOMA COUNTY AND THE STATE OF OKLAHOMA. THE OKLAHOMA MEDIAN HOUSEHOLD INCOME IS \$48,987 COMPARED TO \$48,038 FOR THE STATE OF OKLAHOMA. THE MAJORITY OF RESIDENTS IN OKLAHOMA COUNTY IDENTIFY AS WHITE-NON-HISPANIC. THE NEXT LARGEST RACES/ETHNICITIES IN OKLAHOMA COUNTY ARE THE AFRICAN AMERICAN AND AMERICAN INDIAN/ALASKAN NATIVE POPULATIONS AT 16% AND 7% RESPECTIVELY (U.S. CENSUS BUREAU 2012-2016, AMERICAN COMMUNITY SURVEY, 5 -YEAR ESTIMATES). AVERAGE LIFE EXPECTANCY VARIES WIDELY THROUGHOUT OKLAHOMA COUNTY. IN THE 73131 ZIP CODE, CITIZENS HAVE AN OVERALL LIFE EXPECTANCY OF ALMOST 83 YEARS. FURTHER SOUTH IN THE 73145 ZIP CODE, RESIDENTS HAVE AN OVERALL LIFE EXPECTANCY OF 64 YEARS. DURING 2012-2016, THE PERCENT OF STUDENTS RECEIVING THEIR HIGH SCHOOL DIPLOMA IN OKLAHOMA COUNTY WAS 86.4% WHICH WAS SLIGHTLY LOWER THAN THE STATE AT 87.3%. HOWEVER, OKLAHOMA COUNTY HAD A HIGHER PERCENTAGE OF RESIDENTS WITH A BACHELOR OR ADVANCED DEGREE (30.8%) THAN THE STATE (24.5%) DURING THIS SAME PERIOD. DURING 2012-2016, 15.8% OF PERSONS UNDER THE AGE OF 65 IN OKLAHOMA COUNTY WERE WITHOUT HEALTH INSURANCE, WHICH WAS SLIGHTLY LOWER THAN THE STATE AT 16.1%. IN 2016, 9.5% OF PERSONS UNDER THE AGE OF 18 IN OKLAHOMA COUNTY WERE WITHOUT HEALTH INSURANCE, COMPARED TO 8% OF PERSONS IN THE STATE OF OKLAHOMA WHO WERE WITHOUT HEALTH INSURANCE. ACCORDING TO THE OKLAHOMA HEALTH CARE AUTHORITY, 795,577 OF PERSONS IN THE STATE OF OKLAHOMA WERE ENROLLED IN MEDICAID OF WHICH 166,505 OF THOSE ENROLLED WERE IN OKLAHOMA COUNTY, (2018). MEDICARE ENROLLMENT IN THE STATE OF OKLAHOMA IN 2018 WAS APPROXIMATELY 578,271, ACCORDING TO THE CENTER FOR MEDICARE AND MEDICAID SERVICES, OF WHICH 124,591 ENROLLED WERE IN OKLAHOMA COUNTY. OCOM SOUTH IS LOCATED IN SOUTH OKLAHOMA CITY, NEAR INTEGRIS SOUTHWEST AND PROVIDES CARE TO THE CITIZENS OF SOUTH OKLAHOMA CITY AND SURROUNDING AREAS. OCOM SOUTH RECEIVED A CERTIFICATE OF DISTINCTION FROM THE JOINT COMMISSION IN APRIL 2019 FOR OUR TOTAL JOINT REPLACEMENT FOR BOTH HIPS AND KNEES.</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 11	<p>REPORTING GROUP A PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH EVIDENCE OF THE ORGANIZATIONS' RESPONSIVENESS TO THE COMMUNITY, INCLUDING OPPORTUNITIES FOR COMMUNITY INVOLVEMENT IN GOVERNANCE AND ADVISORY GROUPS. IACC'S BOARD OF DIRECTORS IS APPOINTED BY INTEGRIS HEALTH, INC. INTEGRIS HEALTH, INC. IS GOVERNED BY A BOARD OF DIRECTORS SPECIFICALLY MADE UP OF MEN AND WOMEN WHO LIVE AND WORK IN THE COMMUNITY INCLUDING: LOCAL BUSINESS OWNERS, CIVIC LEADERS, COMMUNITY VOLUNTEERS, REPRESENTATIVES WORKING IN HIGHER EDUCATION, UTILITY COMPANIES, AND A VARIETY OF NON-PROFIT ORGANIZATIONS. PATIENT AND COMMUNITY ADVISORY GROUPS HAVE ALSO BEEN ESTABLISHED AT SEVERAL INTEGRIS FACILITIES ACROSS THE STATE. THESE GROUPS GIVE HOSPITAL LEADERS INPUT, SUGGESTIONS, AND FEEDBACK ON WAYS TO IMPROVE PROGRAMS, SERVICES, COMMUNITY NEEDS, AND PROCESS IMPROVEMENT IN CLINICAL AREAS. PROGRAMS ESTABLISHED TO MEET COMMUNITY NEEDS INCLUDE A FALLS PREVENTION PROGRAM FOR SENIOR CITIZENS, COMMUNITY HEALTH SCREENINGS AND PHYSICIAN LECTURES REQUESTED BY LOCAL SCHOOLS, CHURCHES, CIVIC GROUPS, AND COMMUNITY LEADERS TO ADDRESS SPECIFIC HEALTH ISSUES WHICH INCLUDE: DIABETES, CANCER DIAGNOSIS AND TREATMENT OPTIONS, OBESITY AND PHYSICAL FITNESS PROGRAMS, MEN'S UROLOGICAL HEALTH PROGRAMS AND PROSTATE SCREENINGS, CANCER SCREENINGS, SPANISH DIABETES SUPPORT GROUP, AFRICAN AMERICAN MEN AND WOMEN'S HEART HEALTH, AND STROKE LECTURES. ADVOCACY INITIATIVES FOR PROMOTING COMMUNITY-WIDE, STATE OR NATIONAL EFFORTS TO IMPROVE HEALTH OF THE POPULATION AND INCREASE ACCESS. INTEGRIS HEALTH PARTNERS WITH THE OKLAHOMA LIONS CLUB MOBILE HEALTH UNIT, THE OKLAHOMA STATE HEALTH DEPARTMENT, AND THE OKLAHOMA TURNING POINT PROGRAM TO INCREASE HEALTH SCREENING OPPORTUNITIES AND HEALTH ACCESS FOR PEOPLE LIVING IN RURAL, UNDERSERVED AREAS OF OKLAHOMA. THE PARTNERSHIP INCLUDES DONATION OF RESOURCES AND MONEY TO SPONSOR THE OPERATION OF THE LIONS MOBILE HEALTH UNIT WHICH TRAVELS AROUND THE STATE OFFERING FREE HEALTH SCREENINGS AND MEDICAL INFORMATION. THE OKLAHOMA STATE HEALTH DEPARTMENT AND THE OKLAHOMA TURNING POINT PROGRAM ASSIST WITH HEALTH SCREENINGS AND HELP WITH REFERRALS TO MEDICAL HOMES AND CLINICS FOR PEOPLE WITHOUT A PHYSICIAN AND FOR THOSE UNINSURED OR UNDERINSURED. INTEGRIS HEALTH PARTNERS WITH THE OKLAHOMA TURNING POINT PROGRAM, LOCAL CIVIC GROUPS, SUCH AS OUR CHAMBERS OF COMMERCE, ROTARY, AND KIWANIS CLUBS, TECHNOLOGY SCHOOLS, COMMUNITY COLLEGES, CHURCHES, AND LOCAL SCHOOLS IN A VARIETY OF EVENTS AND PROGRAMS TO EDUCATE THE COMMUNITY ON HEALTH/ WELLNESS ISSUES, CREATE OPPORTUNITIES FOR HEALTH ACCESS, PROVIDE COMMUNITY SCREENINGS IN UNDERSERVED AREAS OF OKLAHOMA, AND TO GIVE STUDENTS AND COMMUNITY MEMBERS THE OPPORTUNITY TO VOLUNTEER FOR THESE EVENTS. THIS INCLUDES MEDICAL STUDENTS WHO WORK WITH INTEGRIS ACROSS THE STATE AT OUR EVENTS TO LEARN MORE ABOUT PROVIDING HEALTH SERVICES TO THE COMMUNITY AND TO HELP TRAIN THEM FOR FUTURE WORK IN THE HEALTHCARE ARENA. THE HOSPITAL'S ROLE IN WORKING WITH OTHERS TO IDENTIFY COMMUNITY NEEDS AND ADDRESS COMMUNITY PROBLEMS. INTEGRIS HEALTH WORKS WITH THE OKLAHOMA HOSPITAL ASSOCIATION, THE OKLAHOMA STATE MEDICAL ASSOCIATION, THE ALLIANCE FOR THE UNINSURED, THE OKLAHOMA STATE HEALTH DEPARTMENT, THE OKLAHOMA MENTAL HEALTH ASSOCIATION, AND LOCAL NON-PROFIT ORGANIZATIONS SUCH AS THE OKLAHOMA CHAPTERS OF AMERICAN HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION, AMERICAN DIABETES ASSOCIATION, AMERICAN CANCER SOCIETY, AND OTHER LOCAL HEALTH AND WELLNESS ORGANIZATIONS AND AGENCIES TO DETERMINE HEALTH CARE NEEDS IN THE STATE, ISSUES CONCERNING SPECIFIC CITIES, ACCESS TO HEALTH ISSUES, NEIGHBORHOOD AND ENVIRONMENT ISSUES, AND OTHER SOCIAL DETERMINANTS OF HEALTH THAT AFFECT THE LIVES OF OUR RESIDENTS. A VARIETY OF COALITIONS, TASK FORCES, AND COMMITTEES HAVE BEEN STARTED TO ADDRESS SPECIFIC HEALTH AND WELLNESS ISSUES AND TO DETERMINE INTERVENTIONAL STRATEGIES FOR IMPLEMENTATION. THE IMPACT PROGRAMS ARE HAVING ON COMMUNITY HEALTH, ESPECIALLY PREVENTION ACTIVITIES, EFFORTS TO IMPROVE HEALTH AND INCREASE ACCESS TO HEALTH CARE SERVICES, AND REDUCING HEALTH CARE COSTS. INTEGRIS COMMUNITY HEALTH PROGRAMS ACROSS THE STATE ARE IMPLEMENTED TO EDUCATE OUR RESIDENTS ABOUT HEALTH AND WELLNESS ISSUES AFFECTING THEM AND THEIR COMMUNITIES. WORKING WITH PARTNER AGENCIES AND ORGANIZATIONS IN THE COMMUNITIES WE SERVE GIVES US THE OPPORTUNITY TO CREATE PROGRAMS THAT SPECIFICALLY ADDRESS NEGATIVE HEALTH INDICATORS AFFECTING THE COMMUNITY. PREVENTION AND HEALTH EDUCATION HAVE BEEN THE PRIORITY FOR INTEGRIS FOR MANY YEARS IN AN EFFORT TO BETTER EDUCATE THE PUBLIC ON TAKING CARE OF THEIR HEALTH AND CREATING AWARENESS ABOUT HOW THEIR BEHAVIORS MAY NEGATIVELY AFFECT THEIR HEALTH AND THE HEALTH OF THEIR FAMILIES. WORKING WITH PARTNER AGENCIES, ORGANIZATIONS, PHYSICIANS, AND LOCAL CLINICS, INTEGRIS HAS BEEN ABLE TO HELP SLOWLY IMPROVE HEALTH IN SOME INDICATORS, SUCH AS CHILDHOOD IMMUNIZATIONS, ADULT IMMUNIZATIONS, AND SMALL STEP TOWARD IMPROVING CHILDHOOD OBESITY WITH S</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 11	<p>SEVERAL PROGRAMS IMPLEMENTED IN THE METROPOLITAN AREAS, INCREASING ACCESS BY DEVELOPING REFERRAL NETWORKS BETWEEN FREE CLINICS ACROSS OKLAHOMA CITY AND IN SOME RURAL AREAS. ALL OF THESE PROGRAMS AND PARTNERSHIPS, COUPLED WITH EDUCATING THE COMMUNITY ABOUT AVAILABLE SERVICES, CAN HELP US CONTINUE TO REDUCE SOME OF THE HEALTHCARE COSTS WE SEE IN OUR HOSPITALS, CLINICS, AND EMERGENCY DEPARTMENTS. REPORTING GROUP B PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH OCOM IS A MEMBER OF THE OHA, WHICH ADVOCATES FOR AFFORDABLE, HIGH-QUALITY CARE FOR THE STATE OF OK AND SUPPORTING RURAL HEALTH. WE CONTRACT WITH RESEARCH INTERNATIONAL TO PERFORM IMAGING STUDIES FOR PATIENTS INVOLVED IN RESEARCH. OCOM ALSO PARTICIPATED IN THE HEALTHY OVER HUNGRY CEREAL DRIVE WHICH SUPPORTS THE REGIONAL FOOD BANK OF OKLAHOMA TO HELP SUPPORT OKLAHOMA'S MOST VULNERABLE AND HUNGRY, AS WELL AS PARTICIPATING IN THE OKLAHOMA BLOOD INSTITUTE BLOOD DRIVE TWICE A YEAR.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 12	<p>REPORTING GROUP A PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM ROLES IACC IS A MEMBER OF INTEGRIS HEALTH SYSTEM, OF WHICH INTEGRIS HEALTH, INC. IS THE CONTROLLING MEMBER. INTEGRIS HEALTH SYSTEM IS AN OKLAHOMA HEALTH CARE SYSTEM WHICH SUPPORTS THE COMMUNITY NEEDS ACROSS THE STATE. THE MISSION OF INTEGRIS HEALTH IS TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE. THE FACILITIES OF OTHER TAXPAYERS ARE LISTED ON THE SCHEDULE H OF THEIR RESPECTIVE FORMS 990. SEE SCHEDULE O, GENERAL STATEMENTS 3 THROUGH 5 FOR ADDITIONAL INFORMATION REGARDING THE INTEGRIS HEALTH SYSTEM. REPORTING GROUP B PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM ROLES OKLAHOMA CENTER FOR ORTHOPAEDIC AND MULTI-SPECIALTY SURGERY, LLC (OCOM) WAS RESTRUCTURED EFFECTIVE NOVEMBER 1, 2018 WHEN A NEW JOINT VENTURE WAS FORMED BETWEEN INTEGRIS AMBULATORY CARE CORPORATION (INTEGRIS), AN OKLAHOMA NOT FOR PROFIT CORPORATION THAT IS TAX-EXEMPT UNDER SECTION 501(C)(3), AND USP OKLAHOMA, INC. (USP OK), AN OKLAHOMA FOR PROFIT CORPORATION THAT IS AN AFFILIATE OF UNITED SURGICAL PARTNERS. THIS JOINT VENTURE OPERATED THE OCOM FACILITY DURING THE TAX YEAR. THE JOINT VENTURE IS A PARTNERSHIP FOR WHICH A FORM 1065 IS FILED. HOWEVER, WHEN THE NEW JOINT VENTURE WAS FORMED WITH INTEGRIS, OCOM BECAME SUBJECT TO THE 501(R) PROVISIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	REPORTING GROUP A PART VI, LINE 7: STATE FILING OF COMMUNITY BENEFIT REPORT ALL STATES WITH WHICH THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT: OK REPORTING GROUP B PART VI, LINE 7: STATE FILING OF COMMUNITY BENEFIT REPORT A COMMUNITY BENEFIT REPORT WAS NOT FILED WITH THE STATE OF OKLAHOMA FOR THE FISCAL YEAR ENDED JUNE 30, 2019. REPORTING GROUP C PART VI, LINE 7: STATE FILING OF COMMUNITY BENEFIT REPORT A COMMUNITY BENEFIT REPORT WAS NOT FILED WITH THE STATE OF OKLAHOMA FOR THE FISCAL YEAR ENDED JUNE 30, 2019.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 14	<p>REPORTING GROUP B PART VI - REPORTING OF SECTION 501(R)-RELATED ERRORS AND CORRECTIONS: CO NTENT OF FINANCIAL ASSISTANCE POLICY (PART V, SECTION B, LINE 15C) PRIOR TO JULY 1, 2019 W HEN 501(R)-COMPLIANT POLICIES WERE ENACTED, OCOM'S CHARITY POLICY DID NOT CONTAIN THE CONT ACT INFORMATION OF THE HOSPITAL FACILITY STAFF WHO COULD PROVIDE PATIENTS WITH INFORMATION REGARDING HOW TO APPLY FOR FINANCIAL ASSISTANCE. THROUGH THE COURSE OF IMPLEMENTING POLIC IES THAT MET THE 501(R) GUIDELINES, THE BUSINESS OFFICE MANAGER AND CFO DISCOVERED THAT TH IS INFORMATION NEEDED TO BE ADDED, MADE THE NECESSARY CHANGES AND ADOPTED IT INTO THE NEW FINANCIAL ASSISTANCE POLICY (FAP). WIDELY PUBLICIZING FINANCIAL ASSISTANCE POLICY (PART V, SECTION B, LINE 16) OKLAHOMA CENTER FOR ORTHOPAEDIC AND MULTI-SPECIALTY SURGERY, LLC (OCO M) WAS RESTRUCTURED EFFECTIVE NOVEMBER 1, 2018 WHEN A NEW JOINT VENTURE WAS FORMED BETWEEN INTEGRIS AMBULATORY CARE CORPORATION (INTEGRIS), AN OKLAHOMA NOT FOR PROFIT CORPORATION T HAT IS TAX-EXEMPT UNDER SECTION 501 (C)(3), AND USP OKLAHOMA, INC. (USP OK), AN OKLAHOMA FO R PROFIT CORPORATION THAT IS AN AFFILIATE OF UNITED SURGICAL PARTNERS. THIS JOINT VENTURE OPERATED THE OCOM FACILITY DURING THE TAX YEAR. THE JOINT VENTURE IS A PARTNERSHIP FOR WHI CH A FORM 1065 IS FILED. HOWEVER, WHEN THE NEW JOINT VENTURE WAS FORMED WITH INTEGRIS, OCO M BECAME SUBJECT TO THE 501(R) PROVISIONS. OCOM UPDATED ITS FAP AND BILLING AND COLLECTION POLICY IN ORDER TO COMPLY WITH 501(R). HOWEVER, THESE AMENDED DOCUMENTS WERE NOT APPROVED OR ADOPTED UNTIL JULY 1, 2019. IT WAS DISCOVERED DURING THE PREPARATION OF THE 2018 SCHED ULE H FOR OCOM THAT THE REQUIREMENT OF MAKING ITS FAP WIDELY PUBLICIZED WITHIN THE COMMUNI TY SERVED BY THE HOSPITAL DURING FISCAL YEAR ENDING JUNE 30, 2019 WAS NOT MET. HOWEVER, TH IS REQUIREMENT WAS MET PRIOR TO THE FILING OF ITS SCHEDULE H WITH INTEGRIS'S FORM 990 FOR FYE JUNE 30, 2019. THIS INCLUDES HAVING THE FAP DOCUMENTS TRANSLATED INTO THE PRIMARY LANG UAGES SPOKEN BY LIMITED ENGLISH PROFICIENT (LEP) POPULATIONS IN OCOM'S COMMUNITY. IN ORDER TO ENSURE OCOM IS IN COMPLIANCE WITH THESE WIDELY PUBLICIZED REQUIREMENTS OF 501 (R) GOING FORWARD, CERTAIN PROCEDURES AND PRACTICES HAVE BEEN PUT IN PLACE BY OCOM, USP OK AND INTE GRIS. THESE INCLUDE MONTHLY TOUCH BASE MEETINGS BETWEEN INTEGRIS AND OCOM, QUARTERLY CHECK S OF OCOM'S WEBSITE FOR PURPOSES OF COMPLIANCE WITH 501(R), AND ADDITIONAL TRAINING AS NEE DED FOR POLICY AND/OR REGULATION CHANGES. AS OF JULY 1, 2019, OCOM HAS MADE ITS FAP, FAP A PPLICATION AND FAP PLAIN LANGUAGE SUMMARY AVAILABLE TO PATIENTS UPON REQUEST AND WITHOUT C HARGE IN THE OCOM FACILITY, AND POSTED THOSE DOCUMENTS ON OCOM'S WEBSITE. ALSO, AS OF JULY 1, 2019, OCOM HAS NOTIFIED AND INFORMED INDIVIDUALS WHO RECEIVE CARE FROM THE OCOM FACILI TY ABOUT THE FAP AND FINANCIAL ASSISTANCE THROUGH CONSPICUOUS DISPLAYS AT EACH ADMISSION A REA, NOTIFICATIONS INCLUDED ON BILLING STATEMENTS, AND PAPER COPIES OF THE PLAIN LANGUAGE SUMMARY INCLUDED IN THE DISCHARGE SUMMARY. IN ORDER TO STREAMLINE THE PROCESS, PATIENTS AR E NOW GIVEN THE PAPER FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY UPON ADMISSION. IN AD DITION, OCOM'S PATIENT FINANCIAL ADVOCATE DISCUSSES THE AVAILABILITY OF FINANCIAL ASSISTAN CE ON PRE-PROCEDURE PHONE CALLS WITH PATIENTS. OCOM HAS ALSO EMAILED COMMUNITY GROUPS, INC LUDING THE REGIONAL FOOD BANK OF OKLAHOMA AND THE OKLAHOMA BLOOD INSTITUTE, TO PROVIDE COP IES OF ITS FAP, PROVIDE COPIES OF ITS FAP AND PLAIN LANGUAGE SUMMARY AND A LINK TO OCOM'S WEBSITE, AND ASKED THOSE GROUPS TO PROVIDE THE PLAIN LANGUAGE SUMMARY TO LOW-INCOME PERSON S WHO ARE LIKELY TO QUALIFY FOR FINANCIAL ASSISTANCE FROM OCOM. BILLING AND COLLECTIONS AC TIONS (PART V, SECTION B, LINE 17) NEITHER THE OCOM CHARITY POLICY NOR THE BILLING AND COL LECTION POLICY IN EFFECT FOR THE TAX YEAR EXPLAINED ALL THE COLLECTION ACTIONS THAT OCOM C OULD TAKE UPON NONPAYMENT OF PATIENT BILLS. IN THE COURSE OF IMPLEMENTING 501(R) GUIDELINE S, THE BUSINESS OFFICE MANAGER AND CFO DISCOVERED THAT THIS INFORMATION NEEDED TO BE ADDED , MADE THE NECESSARY CHANGES AND ADOPTED IT INTO THE NEW POLICIES EFFECTIVE JULY 1, 2019. MAKING REASONABLE EFFORTS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE REPORTI NG PATIENTS TO CREDIT AGENCIES (PART V, SECTION B, LINES 18A AND 19A) PRIOR TO JULY 1, 201 9 WHEN 501(R)-COMPLIANT POLICIES WERE ENACTED, OCOM'S CHARITY POLICY AND OCOM'S COLLECTION POLICY DID NOT PROHIBIT OCOM FROM REPORTING A PATIENT TO A CREDIT AGENCY BEFORE MAKING RE ASONABLE EFFORTS TO DETERMINE THAT PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE. THROUGH THE COURSE OF IMPLEMENTING POLICIES THAT MET THE 501(R) GUIDELINES, THE BUSINESS OFFICE M ANAGER AND CFO DISCOVERED THAT THIS INFORMATION NEEDED TO BE ADDED, MADE THE NECESSARY CHA NGES AND ADOPTED IT INTO THE NEW POLICIES. MAKING REASONABLE EFFORTS TO DETERMINE FINAN CIA L ASSISTANCE ELIGIBILITY BY PROVIDING A WRITTEN NOTICE REGARDING INTENT TO REPORT TO CREDI T AGENCY AND AVAILABILITY OF FINANCIAL ASSISTANCE,</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 14	<p>WITH PLAIN LANGUAGE SUMMARY, AT LEAST 30 DAYS BEFORE REPORTING PATIENT (PART V, SECTION B , LINE 20A) OCOM DID NOT PROVIDE WRITTEN NOTICES REGARDING (I) ITS INTENT TO REPORT PATIENTS TO A CREDIT AGENCY FOR FAILURE TO PAY BILLS, AND (II) THE AVAILABILITY OF FINANCIAL ASSISTANCE, AND THAT INCLUDED A COPY OF THE PLAIN LANGUAGE SUMMARY OF OCOM'S FINANCIAL ASSISTANCE POLICY, AT LEAST 30 DAYS BEFORE REPORTING THOSE PATIENTS TO CREDIT AGENCIES, DURING THE TAX YEAR. THROUGH THE COURSE OF IMPLEMENTING POLICIES THAT MET THE 501(R) GUIDELINES, THE BUSINESS OFFICE MANAGER AND CFO DISCOVERED THAT THIS INFORMATION NEEDED TO BE ADDED, MADE THE NECESSARY CHANGES AND ADOPTED IT INTO THE NEW POLICIES. OCOM HAS IDENTIFIED ALL PERSONS FOR WHOM IT REPORTED ADVERSE INFORMATION TO A CREDIT AGENCY BEFORE MAKING REASONABLE EFFORTS TO DETERMINE THAT PERSON'S ELIGIBILITY FOR FINANCIAL ASSISTANCE, AND HAS ASKED THOSE CREDIT AGENCIES TO DELETE THOSE NEGATIVE REPORTS AND ANY RELATED INFORMATION FROM THEIR RECORDS. CHARGES TO FAP-ELIGIBLE INDIVIDUALS GREATER THAN AMOUNTS GENERALLY BILLED (PART V, SECTION B, LINE 23) OKLAHOMA CENTER FOR ORTHOPAEDIC AND MULTI-SPECIALTY SURGERY, LLC (OCOM) WAS RESTRUCTURED EFFECTIVE NOVEMBER 1, 2018 WHEN A NEW JOINT VENTURE WAS FORMED BETWEEN INTEGRIS AMBULATORY CARE CORPORATION (INTEGRIS), AN OKLAHOMA NOT FOR PROFIT CORPORATION THAT IS TAX-EXEMPT UNDER SECTION 501(C)(3), AND USP OKLAHOMA, INC. (USP OK), AN OKLAHOMA FOR PROFIT CORPORATION THAT IS AN AFFILIATE OF UNITED SURGICAL PARTNERS. THIS JOINT VENTURE OPERATED THE OCOM FACILITY DURING THE TAX YEAR. THE JOINT VENTURE IS A PARTNERSHIP FOR WHICH A FORM 1065 IS FILED. HOWEVER, WHEN THE NEW JOINT VENTURE WAS FORMED WITH INTEGRIS, OCOM BECAME SUBJECT TO THE 501(R) PROVISIONS. AMY TAYLOR, THE CFO, INQUIRED TO THE FORMER CEO ABOUT 501(R) POLICIES AND PRACTICES, INCLUDING LIMITATIONS ON CHARGES. SHE THEN DISCUSSED IT WITH TIFFANY THOMPSON, REGIONAL COMPLIANCE OFFICER WHO PUT OCOM IN CONTACT WITH USPI AND INTEGRIS FOR ASSISTANCE. 501(R) WAS FULLY IMPLEMENTED AT OCOM IN JULY 2019. PRIOR TO JULY 2019, BEFORE THE PROVISIONS OF 501(R) WERE IMPLEMENTED, UNINSURED PATIENTS WERE CHARGED A RATE BASED UPON A PERCENTAGE OF MEDICARE, IF THEY QUALIFIED FOR FINANCIAL ASSISTANCE THE SELF-PAY RATE WOULD BE WRITTEN OFF TO CHARITY CARE (OR THE PERCENTAGE THAT THEY QUALIFIED FOR BASED UPON THE FEDERAL POVERTY LEVEL) AND INSURED PATIENTS ACCOUNTS THAT QUALIFIED FOR FINANCIAL ASSISTANCE WOULD BE WRITTEN OFF TO CHARITY CARE (OR THE PERCENTAGE THAT THEY QUALIFIED FOR BASED UPON THE FEDERAL POVERTY LEVEL) ONCE INSURANCE WAS PROCESSED. CURRENTLY, HOWEVER, THE LOOK BACK METHOD, USING PAST PAYMENTS FROM MEDICARE OR FROM A COMBINATION OF MEDICARE AND COMMERCIAL INSURER PAYMENTS, IS THE METHOD THAT INTEGRIS CURRENTLY USES FOR OCOM IN ORDER TO DETERMINE AMOUNTS GENERALLY BILLED (AGB) TO INSURED INDIVIDUALS FOR MEDICALLY NECESSARY SERVICES. THE AMOUNTS CHARGED FOR EMERGENCY AND MEDICALLY NECESSARY MEDICAL SERVICES TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL NOT BE MORE THAN THE AVERAGE AGB TO INDIVIDUALS WITH INSURANCE COVERAGE FOR SIMILAR SERVICES. INTEGRIS DETERMINES A GB BASED ON ALL CLAIMS PAID IN FULL TO INTEGRIS BY MEDICARE AND PRIVATE HEALTH INSURERS (INCLUDING PAYMENTS FOR MEDICARE BENEFICIARIES OR INSURED INDIVIDUALS THEMSELVES), OVER A 12 -MONTH PERIOD, DIVIDED BY THE ASSOCIATED GROSS CHARGES FOR THOSE CLAIMS (LOOK-BACK METHOD) . OCOM IS IN THE PROCESS OF IDENTIFYING ALL PERSONS WHOM IT DETERMINED QUALIFIED FOR FINANCIAL ASSISTANCE UNDER ITS FAP, BUT WHOM IT CHARGED MORE THAN AMOUNTS GENERALLY BILLED (AGB) AT MEDICARE RATES FOR EMERGENCY AND OTHER MEDICALLY NECESSARY SERVICES. OCOM PLANS TO ISSUE A REFUND TO ALL OF THOSE PERSONS, TO THE EXTENT REASONABLY FEASIBLE, OF THE AMOUNTS THOSE PERSONS PAID THAT EXCEEDED THE AGB MEDICARE RATES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 15	REPORTING GROUP C PART VI - REPORTING OF SECTION 501(R)-RELATED ERRORS AND CORRECTIONS: IN NOVEMBER 2018 THE HPI FACILITIES WERE ACQUIRED BY THE ORGANIZATION. WITH RESPECT TO THE FACILITIES, IT WAS RECENTLY DISCOVERED THAT THEY HAD FAILURES TO MEET THE REQUIREMENTS OF SECTION 501(R) THAT WERE NOT WILLFUL OR EGREGIOUS. AS SOON AS THE DISCOVERY WAS MADE THE FACILITIES INITIATED A PLAN TO CORRECT AND DISCLOSE ANY SUCH FAILURES PURSUANT TO REV. PROC. 2015-21. THE HOSPITAL FACILITIES WILL REPORT THE INFORMATION DESCRIBED IN SECTION 7 OF REV. PROC. 2015-21 ON ITS NEXT FORM 990.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	<p>SCHEDULE H, PART V: INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC. AS SUCH IACC FOLLOWS CERTAIN POLICIES AND PROCEDURES ESTABLISHED AT THE SYSTEM LEVEL, MANY OF WHICH ARE DESCRIBED BELOW. REPORTING GROUP B PART V, SECTION B, LINE 2 ACQUISITION DETAILS IF HOSPITAL FACILITY ACQUIRED OR PLACED INTO SERVICE AS A TAX-EXEMPT HOSPITAL IN THE CURRENT YEAR OR IMMEDIATELY PRECEDING YEAR. OKLAHOMA CENTER FOR ORTHOPAEDIC AND MULTI-SPECIALTY SURGERY, LLC (OCOM) WAS RESTRUCTURED EFFECTIVE NOVEMBER 1, 2018 WHEN A NEW JOINT VENTURE WAS FORMED BETWEEN INTEGRIS AMBULATORY CARE CORPORATION (INTEGRIS), AN OKLAHOMA NOT FOR PROFIT CORPORATION THAT IS TAX-EXEMPT UNDER SECTION 501(C)(3), AND USP OKLAHOMA, INC. (USP OK), AN OKLAHOMA FOR PROFIT CORPORATION THAT IS AN AFFILIATE OF UNITED SURGICAL PARTNERS. THIS JOINT VENTURE OPERATED THE OCOM FACILITY DURING THE TAX YEAR. THE JOINT VENTURE IS A PARTNERSHIP FOR WHICH A FORM 1065 IS FILED. HOWEVER, WHEN THE NEW JOINT VENTURE WAS FORMED WITH INTEGRIS, OCOM BECAME SUBJECT TO THE 501(R) PROVISIONS. REPORTING GROUP C PART V, SECTION B, LINE 2 HEALTH VENTURES IS A PARTNERSHIP FORMED IN FY2019 BETWEEN IACC, AN OKLAHOMA NOT FOR PROFIT CORPORATION THAT IS TAX-EXEMPT UNDER SECTION 501(C)(3) AND USP OKLAHOMA, INC. (USP), AN UNRELATED OKLAHOMA FOR PROFIT CORPORATION FOR THE PURPOSE OF ACQUIRING OWNERSHIP IN OR DEVELOPING FREESTANDING AMBULATORY SURGERY HOSPITALS. ON NOVEMBER 1, 2018, HEALTH VENTURES ACQUIRED 51% OF HPI HOLDINGS, LLC (HPI). HPI OWNS A 100% INTEREST IN COMMUNITY HOSPITAL, LLC AND TPG HOSPITAL, LLC. THIS JOINT VENTURE OPERATED THE COMMUNITY HOSPITAL AND TPG HOSPITAL FACILITIES DURING THE TAX YEAR. THE JOINT VENTURE IS A PARTNERSHIP FOR WHICH A FORM 1065 IS FILED. HOWEVER, WHEN HPI WAS ACQUIRED BY HEALTH VENTURES, COMMUNITY HOSPITAL AND TPG HOSPITAL BECAME SUBJECT TO THE 501(R) PROVISIONS.</p>
SUPPLEMENTAL INFORMATION 2	<p>REPORTING GROUP A PART V, SECTION B, LINE 5: PUBLIC HEALTH EXPERTISE WAS UTILIZED WITH THE FACILITY USING THE OKLAHOMA STATE DEPARTMENT OF HEALTH'S TURNING POINT CONSULTANT. EACH CONSULTANT GAVE THEIR INPUT BASED ON COUNTY DATA AND GAVE THEIR APPROVAL OF THE CHOSEN INDICATORS. THEY ALSO BASED IN APPROVAL OF THE OVERALL STRATEGIC PLAN. EACH CONSULTANT HELPED THE INDIVIDUAL COALITIONS PRIORITIZE THEIR COUNTY'S NEEDS BASED ON SEVERAL FACTORS. PUBLIC HEALTH EXPERTS INCLUDED: CENTRAL OKLAHOMA TURNING POINT WELLNESS CHAIR: KEITH KLESZYNSKI IN CONDUCTING THE CHNA, THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY BY SURVEYS, LISTENING SESSIONS, FOCUS GROUPS, AND LOCAL DATA COLLECTION. ETHNICITIES INPUT WAS OBTAINED FROM SURVEYS BY TARGETING POPULATION GATHERING PLACES SUCH AS COMMUNITY CLINIC, CHURCHES, HEALTH DEPARTMENT, HUMAN SERVICES, AFTER SCHOOL PROGRAMS, AND PUBLIC TRANSPORTATION SERVICES.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	REPORTING GROUP A PART V, SECTION B, LINE 6A: THE FACILITIES LISTED IN THE METRO AREA USED THE SAME SURVEY, BUT SOME CONTENTS OF THE PLANS WERE CHANGED DUE TO SOME DEMOGRAPHIC ASPECTS OF THE COMMUNITIES (IE LARGE HISPANIC POPULATION, HIGHER SOCIO ECONOMIC FACTORS, ETC). THOSE FACILITIES INCLUDED: INTEGRIS HEALTH EDMOND, INTEGRIS BAPTIST MEDICAL CENTER, LAKESIDE WOMEN'S HOSPITAL, INTEGRIS SOUTHWEST MEDICAL CENTER, AND INTEGRIS CANADIAN VALLEY HOSPITAL. DUE TO THEIR CLOSE PROXIMITY AND GEOGRAPHIC LOCATION, INTEGRIS GROVE HOSPITAL AND INTEGRIS BAPTIST REGIONAL HEALTH CENTER USED THE SAME. INTEGRIS BASS BAPTIST HEALTH CENTER AND INTEGRIS NORTHWEST SPECIALTY HOSPITAL USED THE SAME SURVEY SINCE THEY SHARE THE SAME ZIP CODE. EACH FACILITY PLACED THE ASSESSMENT SURVEY ON THEIR WEB SITE'S HOME PAGE.
SUPPLEMENTAL INFORMATION 4	REPORTING GROUP A PART V, SECTION B, LINE 6B: OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	REPORTING GROUP A PART V, SECTION B, LINE 7D: THE CHNA IS WIDELY AVAILABLE TO THE COMMUNITY. THE PLANS WERE ALSO ADDED TO EACH FACILITY'S WEBSITE AND CLEARLY TITLED. THE PLANS WERE ALSO DISTRIBUTED TO ADMINISTRATION, LOCAL BOARDS, AT COMMUNITY FORUMS, COALITIONS, OTHER LOCAL AGENCIES AND ORGANIZATIONS. COPIES OF THE PLAN WERE PLACED IN EACH FACILITY'S ADMINISTRATION OFFICES FOR DISTRIBUTION AS WELL.
SUPPLEMENTAL INFORMATION 6	REPORTING GROUP A PART V, SECTION B, LINE 11: THE CHNA PROCESS ASSISTED IN DETERMINING AVAILABLE RESOURCES, GAPS IN SERVICES, AND BOTH PERCEIVED AND ACTUAL NEEDS WITHIN THE INTEGRIS SERVICE AREAS. MANY OF THE NEEDS IDENTIFIED WERE COMMON WITHIN THE VARIOUS SERVICE AREAS, INCLUDING ACCESS TO CARE, TOBACCO USE, OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE. OTHERS, HOWEVER, SUCH AS CHILD ABUSE AND TEEN PREGNANCY, WERE NOT AS PREDOMINANT. THE NEEDS IDENTIFIED BY THE CHNA WERE INITIALLY PRIORITIZED THROUGH COLLABORATION WITH THE LOCAL COMMUNITY COALITIONS. THESE LOCAL PRIORITIZED NEEDS WERE THEN REEXAMINED BY INTEGRIS TO DETERMINE WHICH NEEDS COULD MOST EFFECTIVELY BE IMPACTED BY INTEGRIS THROUGH ADMINISTRATION OF THE DEVELOPED COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) AND WHICH, IF ANY OF THE REMAINING, WERE CURRENTLY BEING ADDRESSED THROUGH OTHER COMMUNITY RESOURCES AND/OR SERVICES. INTEGRIS OPTED TO CONCENTRATE ON FOUR FOCUS AREAS FOR THE CHIPS IN EACH OF THE SERVICE AREAS-OBESITY, MENTAL HEALTH, ACCESS TO CARE/FOOD INSECURITY, AND TOBACCO-BELIEVING THAT A UNITED EFFORT WOULD ALLOW FOR A SHARING OF RESOURCES, PERSONNEL, PROGRAMS, ETC. AND ENSURE CONSISTENCY IN IMPLEMENTATION AND EVALUATION METHODS, THEREBY INCREASING THE POTENTIAL TO MORE EFFECTIVELY COMBAT THE ISSUES SYSTEM-WIDE. OTHER COMMONLY IDENTIFIED NEEDS SUCH AS DIABETES, HEART DISEASE, AND SUBSTANCE ABUSE THAT ARE ASSOCIATED RISK FACTORS FOR THE PRIMARY FOCUS AREAS ARE ADDRESSED IN ONE OR MORE OF THOSE RESPECTIVE SECTIONS OF THE CHIP. IT WAS DETERMINED THAT THE REMAINING NEEDS THAT WERE HIGHLY PRIORITIZED WITHIN CERTAIN SERVICE AREAS WERE PREVIOUSLY IDENTIFIED AND ALREADY BEING ADDRESSED THROUGH LOCAL AGENCY AND/OR COALITION AND PARTNERSHIP EFFORTS WITHIN THE COMMUNITIES. AS SUCH, INTEGRIS COMMITTED TO PROVIDE SUPPORT AND RESOURCES TO THE COMMUNITY PARTNERS TAKING THE LEAD ON THOSE PARTICULAR ISSUES.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 7	REPORTING GROUP A PART V, SECTION B, LINE 7A AND LINE 10A: HTTPS://INTEGRISOK.COM/ABOUT-INTEGRIS/SERVING-OUR-COMMUNITY/REPORTS
SUPPLEMENTAL INFORMATION 8	REPORTING GROUP A PART V, SECTION B, LINES 16A, 16B, AND 16C: INTEGRISOK.COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE REPORTING GROUP B PART V, SECTION B, LINES 16A, 16B, AND 16C: THE CURRENT VERSIONS OF THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY OF THE FAP CAN BE FOUND ON THE FOLLOWING WEBSITE: HTTPS://OCOMHOSPITAL.COM/FINANCE-OPTIONS/ REPORTING GROUP C PART V, SECTION B, LINES 16A, 16B, AND 16C: COMMUNITYHOSPITALOKC.COM/TEST-ACCOUNT-ASSISTANCE REPORTING GROUP B PART V, SECTION B, LINES 15C, 16A-16D, 16F- 16I, 17, 18A, 19A, 20A, AND 23: SEE PART VI FOR 501(R) REPORTING OF ERRORS AND CORRECTIONS REPORTING GROUP C PART V, SECTION B, LINES 15C, 16A-16D, 16F- 16I, 17, 18A, 19A, 20A, AND 23: SEE PART VI FOR 501(R) REPORTING OF ERRORS AND CORRECTIONS

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Integris Ambulatory Care Corp

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: INTEGRIS SOUTH OKLAHOMA CITY HOSPITAL CORP, 73-1089149, 501(C)(3), 1,490,578, TO FUND OPERATIONS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE I, PART I, LINE 2 INTEGRIS AMBULATORY CARE CORPORATION, INC. (IACC) PROVIDES FUNDS TO VARIOUS COMMONLY CONTROLLED HOSPITALS TO SUPPORT THEIR OPERATIONS. IACC DETERMINES THE AMOUNT OF THE FUNDS PROVIDED ON AN ANNUAL BASIS.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Integris Ambulatory Care Corp

Employer identification number
73-1192765

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE J, PART 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.

Return Reference	Explanation
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. 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. DANIEL DAVIS, BETH A. PAUCHNIK, AND C. BRUCE LAWRENCE RECEIVED PAYMENTS FROM THE PLAN IN THE CURRENT YEAR EQUAL TO \$174,445, \$766,922, AND \$3,012,461 RESPECTIVELY.

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

2019 Schedule J (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 73-1192765

Name: Integris Ambulatory Care Corp

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BETH PAUCHNIK DIRECTOR/SEC. THRU NOV 2018	(i)	0	0	0	0	0	0	0
	(ii)	497,906	1,788,836	13,380	98,605	12,183	2,410,910	0
DANIEL DAVIS ASST. TREAS. THRU NOV 2018	(i)	0	0	0	0	0	0	0
	(ii)	417,269	901,027	17,257	76,864	16,529	1,428,946	0
HANI BARADI PHYSICIAN	(i)	877,295	535,518	1,080	14,975	18,041	1,446,909	0
	(ii)	0	0	0	0	0	0	0
JEREMY PHELPS PHYSICIAN	(i)	740,791	567,233	660	14,975	18,002	1,341,661	0
	(ii)	0	0	0	0	0	0	0
SCOTT SHADFAR PHYSICIAN	(i)	922,929	290,902	947	14,975	8,083	1,237,836	0
	(ii)	0	0	0	0	0	0	0
NATHANIEL STETSON PHYSICIAN	(i)	808,027	643,062	780	14,975	18,308	1,485,152	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER LENTZ PHYSICIAN/MEDICAL DIRECTOR	(i)	656,449	394,650	3,096	14,513	7,549	1,076,257	0
	(ii)	0	0	0	0	0	0	0
DAVID R HADLEY FORMER OFFICER & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	0	244,392	0	0	244,392	0
C BRUCE LAWRENCE DIRECTOR THRU JULY 2018	(i)	0	0	0	0	0	0	0
	(ii)	205,684	5,306,315	291	20,375	515	5,533,180	0
TIMOTHY PEHRSON PRESIDENT/CEO OF IH	(i)	0	0	0	0	0	0	0
	(ii)	354,491	253,599	6,315	0	7,012	621,417	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
Integris Ambulatory Care Corp

Employer identification number

73-1192765

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 1	FORM 990, BOX C: DOING BUSINESS AS CHEST PAIN EMERGENCY CENTER PROHEALTH LABORATORY MEDICAL PLAZA IMAGING CENTER MERIDIAN OCCUPATIONAL HEALTH CENTER MERIDIAN PRIORITY OCCUPATIONAL HEALTH CENTER FAMILY PHYSICIANS OF OKLAHOMA CITY INTEGRIS HOMECARE PLUS SAMARITAN HOME INFUSION SAMARITAN HEALTH SERVICES INTEGRIS FAMILY CARE CENTER SOUTH PENN FAMILY MEDICINE CENTER SOUTH PENN FAMILY MEDICINE CLINIC INTEGRIS AMBULATORY CARE REHABILITATION SERVICES INTEGRIS FAMILY CARE CENTRAL BAPTIST COMMUNITY CLINIC HELP INTEGRIS COCHLEAR IMPLANT CLINIC INNER EAR RESEARCH TEAM INTEGRIS EXPRESS CARE INTEGRIS MEDICAL GROUP INTEGRIS JIM THORPE REHABILITATION INTEGRIS ADVANCED CARDIAC CARE INTEGRIS JIM THORPE OUTPATIENT REHABILITATION HEFNER POINTE INTEGRIS JIM THORPE REHABILITATION ENID

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 CHARITY CARE AT COST OF \$757,380 USING A COST TO CHARGE RATIO METHOD OF CALCULATION. IACC ALSO PROVIDED CARE FOR PATIENTS WHO DID NOT PAY AND MUST BE WRITTEN OFF AS BAD DEBT COST OF \$7,365,996 BASED ON A COST TO CHARGE RATIO METHOD OF CALCULATION. FOR ADDITIONAL DETAILS REGARDING COMMUNITY BENEFIT SEE THE ATTACHED COMPLETE COMMUNITY BENEFIT REPORT ON SCHEDULE O STATEMENTS 3 THROUGH 5.

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 3	<p>PART III, LINE 4A: COMMUNITY BENEFIT REPORT INTEGRIS COMMUNITY BENEFIT REPORT 2019 A MESSAGE FROM OUR PRESIDENT AND CEO INTEGRIS Health is an Oklahoman-based, not-for-profit health system that has served Oklahoma communities for more than 100 years. INTEGRIS is the largest health system in the state and is known for innovation and unparalleled quality, offering advanced treatment options and specialties found nowhere else in the region. Beyond the walls of our hospitals and clinics, INTEGRIS actively partners with other community organizations to improve access to care and outcomes. As a not-for-profit health system, our obligations are to the community, not shareholders. We look at the unique health care needs of the people in our community and seek to address those needs. Examples of these efforts include free clinics, health screenings, wellness promotions, health education, health support groups, mentoring programs for at-risk youth, clean up after natural disasters, assistance for the elderly and much more. Last year INTEGRIS provided more than \$20.3 million in financial assistance to more than 9,857 Oklahomans who otherwise could not afford life-changing care. This report highlights a few ways INTEGRIS positively impacted our community last year. We are humbled by the trust Oklahomans place in us and are committed to being the most trusted partner for health. Warmly, Tim Pehrson President and CEO INTEGRIS MISSION To improve the health of the people and communities we serve VISION Most Trusted Name in Health Care VALUES Love, Learn, Lead INTEGRIS FOR YOU. FOR HEALTH. FOR LIFE. We all have stories to tell. But at INTEGRIS, we have the unique opportunity to not only care for our patients, but to share in their stories, experiences and quite often ...triumphs. Our belief is we are more than a health care system. We are a life system united by one simple cause: to help people. INTEGRIS CONNECTIONS SERIES Experience the latest episode of Connections, a collection of episodes celebrating the human moments we all share, illustrating the INTEGRIS promise to be there For you. For health. For life. Watch the full story here. INTEGRIS INSPIRATIONS SERIES Everyone in the INTEGRIS family has a story to tell. Whether their stories of joy, heartbreak, humor or miracles, what they all share is that vital, healing element of genuine human connection. Watch the full story here. CARING FOR OUR COMMUNITIES INTEGRIS Baptist Medical Center INTEGRIS FIT CLUB The INTEGRIS Fit Club focuses on obesity and hypertension prevention while increasing access to care via health lectures, exercise classes, nutrition classes and demonstrations, and providing screenings and referral resources to at-risk Oklahoma City residents. The lack of access to care remains a barrier to living a healthy lifestyle. INTEGRIS Fit Clubs weekly sessions focus on four core tenets: * Nutrition * Physical activity/active lifestyle * Mental health * Health screenings INTEGRIS Fit Club members are</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 3	<p>introduced to diverse exercise modalities such as walking, chair exercise, resistance bands and cardio calisthenics to motivate them to stay active and make healthful choices. Results * Average weight loss: 4.4 pounds * Combined weight loss: 78.75 pounds * Average waist circumference loss: 1.76 inches * Combined waist circumference loss: 29.97 inches * 59% of participants (23) saw a body mass index reduction. * 22 participants saw an A1C reduction. * 2 participants dropped from prediabetes to normal. * 9 participants saw a decrease in blood pressure category. ** Hypertension Stage 2 to Stage 1: 2 ** Hypertension Stage 2 to Elevated: 1 ** Hypertension Stage 1 to Elevated: 1 ** Hypertension Stage 1 to Normal: 1 ** Elevated to Normal: 4</p> <p>INTEGRIS Bass Baptist Health Center DEEP: DIABETES EMPOWERMENT EDUCATION PROGRAM The DEEP is an evidence-based program that provides tools to manage diabetes more effectively and to reduce complications, leading to healthier, longer lives. The Midwest Latino Health Research, Training and Policy Center launched DEEP at the University of Illinois at Chicago. Based on principles of empowerment and adult education the curriculum (created in English and Spanish) engages community residents in self-management practices for diabetes prevention and control. Currently implemented across the United States, in Puerto Rico and Peru, DEEP educates participants on priority indicators: * Heart disease prevention * Nutrition * Physical activity/obesity prevention DEEP also covers mental health issues including stress relief, depression and coping with diabetes. Enid, Piedmont, Oklahoma City and Mustang Location 113 Number enrolled 67% Attrition rate 80% % of participants who increased (or maintained) fruit and vegetable consumption (days in which five or more servings were eaten in the last week) 67% % of participants who increased (or maintained) exercise (days in which they exercised 30 minutes or longer in the last week) 91% % of participants who increased (or maintained) blood sugar monitoring (days in which they tested their blood sugar in the last week) 91% % of participants who increased (or maintained) 100% compliance) their medication compliance (days in which they took their medication as ordered in the last week)</p> <p>INTEGRIS Canadian Valley Hospital YOGA FOR KIDS The University of Arkansas Division of Agriculture Research and Extension developed Yoga for Kids. Intended for those ages five to 19, it incorporates adult yoga poses into kid-friendly routines and games. Participants achieve optimal physical, social and mental health while building their strength, flexibility and confidence. Breathing exercises promote relaxation and quiet the mind, and classroom yoga/stretch breaks are proven to improve concentration. This fun and simple program combines breath, physical postures and mindfulness to help strengthen and calm the body and mind. Yoga for Kids promotes stress relief as well as physical activity. Enid, Piedmont, Oklahoma</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 4	<p>tricin Nutrition Education at Rockwell Senior Center - MAPS 3 Nutrition Education at Staff Development Training for SHA Nutrition Education for Senior Wellness Program at Enid Bass Nutrition Presentation for Healthy Living Center - MAPS3 Nutrition Presentation for Meado wood Baptist Church, MWC Nutrition Presentation for Parkinsons Support Group, Mustang, OK Nutrition Presentation, Edmond Senior Center Nutrition Presentation, Edmond Senior Center Nutrition Presentation, HLC-MAPS3 Rockwell Nutrition Program-ISMC Out of the Darkness Community Walk Physical Exercise and Brain Health Picnic for Progress Positive Directions Ment oring Project 31 Breast Cancer Support Group presentation Proton Center Wellness Initiativ e Kick-Off Resilience Sarcopenia, Bethany 1st Church of Nazarene Senior Cafe-ISMC Senior H ealth and Fitness Day Senior Health Fair at MAPS 3 Senior Life and Community Wellness Open ing and Picnic Senior Life Wellness Budget Senior Nutrition Program-ISMC Sleep and Relaxat ion related to Brain Health Snack Chat Sneaky Tips for Surviving the Holidays-TALC, Brookl ine Spanish Cancer Support Group/Grupo de Apoyo de Cancer Speaker Presentation at Bethany First Church, Bethany, OK Spices and Herbs St. Pauls Lutheran Mens Prayer Meeting, guest s peaker Stanley Hupfeld Academy Operational Funding Stanly Hupfeld Academy Clinic Survivors of Suicide support group TALC Educational Programs TALC Nutrition Program-Brookline Town Hall-Naloxone Training Walk this Way What Everyone Needs to Know About Mens Health Whats N ew on the Menu Yoga for Kids Yoga in Your Chair Youth Speak Out Yukon Community Screenings Yukon Public Schools Health Fair 2019 COMMUNITY BENEFITS BY THE NUMBERS INTEGRIS provided \$79,740,126 in community benefits including the cost of bad debt. This includes our retur nship, community building efforts, uncompensated services and Medicaid services.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>GENERAL STATEMENT 5</p>	<p>PART III, LINE 4A: COMMUNITY BENEFIT REPORT CONTINUED RETURNSHIP Returnship epitomizes our mission of giving back to our community. It takes the form of hundreds of programs and acts of charity provided daily across the state of Oklahoma. * Free health screenings * Support groups * Medical services * Educational programs * Health fairs Total 2019 Returnship = \$4,088,758 COMMUNITY BUILDING Community building is another vital way we give back. These efforts mean addressing the root causes of health problems in our communities. * Making physical improvements in housing * Economic development * Community support * Environmental enhancements * Advocacy for community health advancements Total 2019 Community Building = \$290,476 UNCOMPENSATED SERVICES AND MEDICAID SERVICES Uncompensated services are the costs of providing free and reduced-cost care. As a system of not-for-profit hospitals, INTEGRIS provides services to everyone, regardless of the ability to pay for their insurance coverage. Thus, we provide a much-needed safety net for members of our community who would otherwise have no access to medical care. Charity care costs are based on the overall hospital cost-to-charge ratios. INTEGRIS also provides care to patients who qualify for Medicaid programs. Total 2019 charity care and Medicaid services - estimated cost of \$44,010,520 BAD DEBT In addition, INTEGRIS incurred bad debt with an estimated cost of \$31,350,372 based on the overall hospital cost-to-charge ratio.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 6	PART V: QUESTION 1A AND 2A PART V: QUESTION 1A - INTEGRIS HEALTH, INC., AS THE PARENT ENTITY OF THE INTEGRIS HEALTH SYSTEM, PAYS ALL VENDORS FOR SERVICES PROVIDED TO ALL ENTITIES WITHIN THE SYSTEM. ACCORDINGLY, COMPENSATION PAID TO INDEPENDENT CONTRACTORS IS REPORTED ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U.S. INFORMATION RETURNS OF INTEGRIS HEALTH, INC., EIN 73-1192764. EXPENSES ARE ALLOCATED TO AND REIMBURSED BY INDIVIDUAL ENTITIES WITHIN THE SYSTEM, AND REPORTED ON THEIR RESPECTIVE FORMS 990, PART VII, SECTION B AND PART IX, AS APPROPRIATE. PART V: QUESTION 2A - 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 W-3. THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF FULL TIME EMPLOYEES, AS DETERMINED BY FTE HOURS WORKED, FOR THE FILING ORGANIZATION DURING THE 2018 TAX YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 7	PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT PART VI: QUESTION 2 - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (SYSTEM). THE FOLLOWING OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF THEIR POSITIONS AS OFFICERS, DIRECTORS, OR EMPLOYEES OF RELATED ENTITIES WITHIN THE SYSTEM: C. BRUCE LAWRENCE BETH A. PAUCHNIK DANIEL DAVIS DOUGLAS M. SMITH TIMOTHY PEHRSON

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 8	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 9	PART VI: SECTION B. POLICIES 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, FINANCE FOR REVIEW. A FINAL FORM 990 IS GIVEN TO THE SYSTEM CHIEF FINANCIAL OFFICER FOR REVIEW, APPROVAL, AND SIGNATURE. THE FINAL FORM 990 IS MADE AVAILABLE TO THE ORGANIZATION'S BOARD OF DIRECTORS, AS WELL AS TO THE SYSTEM'S AUDIT/COMPLIANCE COMMITTEE, FOR REVIEW PRIOR TO FILING THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 10	PART VI: SECTION B. POLICIES PART VI: QUESTION 12C - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS OR SYSTEM). CONFLICT OF INTEREST IS ADDRESSED IN THE INTEGRIS CODE OF CONDUCT. ALL SYSTEM EMPLOYEES RECEIVE TRAINING DURING NEW EMPLOYEE ORIENTATION AND ARE INSTRUCTED TO REPORT ANY POSSIBLE CONFLICTS, TO REFER ANY CONFLICT OF INTEREST QUESTIONS TO THE SYSTEM'S COMPLIANCE OFFICER OR THROUGH THE ANONYMOUS INTEGRITY LINE. ALL NEW MANAGERS RECEIVE ADDITIONAL TRAINING ON CONFLICT OF INTEREST POLICIES DURING LEADERSHIP TRAINING. LEGAL SERVICES REVIEWS ALL CONTRACTS FOR CONFLICTS OF INTEREST. INTERNAL AUDIT CONDUCTS AUDITS FOR POSSIBLE CONFLICTS OF INTEREST BASED ON THEIR ANNUAL RISK ASSESSMENT. CORPORATE COMPLIANCE INCLUDES ASSESSMENTS FOR CONFLICTS OF INTEREST IN ITS ANNUAL WORK PLAN AND CONDUCTS SPECIALIZED TRAINING FOR HIGH RISK AREAS. THE 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 11	PART VI: SECTION B. POLICIES PART VI: QUESTION 15B - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS OR SYSTEM). COMPENSATION FOR VICE PRESIDENTS IS ANALYZED BY AN INDEPENDENT HEALTH CARE CONSULTING FIRM. THE ANALYSIS INCLUDES A FAIR MARKET VALUE ASSESSMENT AND ESTABLISHMENT OF A RANGE FOR EACH POSITION BASED ON RESEARCH OF COMPARABLE HEALTH CARE SYSTEMS OF SIMILAR SIZE. THE REPORT AND RECOMMENDED COMPENSATION LEVELS FOR EACH EXECUTIVE MANAGEMENT POSITION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE INTEGRIS HEALTH BOARD OF DIRECTORS AND ULTIMATELY THE FULL BOARD OF DIRECTORS. THE MINUTES OF BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REFLECTS A REVIEW OF THE COMPARABILITY DATA, THE EXECUTIVE PERFORMANCE REVIEWS AND THE DECISION-MAKING PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 12	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 13	PART VII: SECTION B. INDEPENDENT CONTRACTORS ANESTHESIA MEDICAL ANESTHESIA SERVICE \$1,362,872 PROFESSIONALS PLLC P.O. BOX 1540 EDMOND, OK 73083 DIAGNOSTIC LAB OF OKLAHOMA REFERENCE LAB \$ 461,693 225 N.E. 97TH STREET OKLAHOMA CITY, OK 73114 CARAVAN HEALTH ACO SERVICE \$ 427,184 P.O. BOX 219286 KANSAS CITY, MO 64121 PEDS INTENSIVISITS OF PHYSICIAN COVERAGE \$ 265,388 AMERICA 5214 CHAMBER CT. HOUSTON, TX 77069 RADIOLOGY ASSOCIATES INC. RADIOLOGY SERVICES \$ 204,609 3330 N.W. 56TH, STE. 206 OKLAHOMA CITY, OK 73112

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 14	PART XI: RECONCILIATION OF NET ASSETS, LINE 9 INCOME FROM SUBSIDIARY-WESTERN VILLAGE ACADEMY 100% <\$8,194>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Integrus Ambulatory Care Corp

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CARAVAN HEALTH ACO 34 LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 30-0865115	ACO	DE	0	0	IACC

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LAKESIDE WOMEN'S HOSPITAL LLC	c	5,275,908	FMV
(2) LAKESIDE WOMEN'S HOSPITAL LLC	p	5,154,844	FMV
(3) LAKESIDE WOMEN'S HOSPITAL LLC	q	730,987	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 73-1192765
Name: Integris Ambulatory Care Corp

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192764	HEALTH CARE	OK	501(C)(3)	LINE 12-I	NA		No
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 10	IH		No
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1034824	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IH		No
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC	Yes	
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-0738716	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BMPA LTD 73-1228665 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MED. OFFICE BLDG.	OK	NA	N/A								
(1) QC-III 20-8723857 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	NA	N/A								
(2) DIAGNOSTIC LAB 73-1560760 LYNDHURST NJ 07071 LYNDHURST, NJ 07940	CLINICAL LAB	NJ	NA	N/A								
(3) MPI CENTER 73-1283942 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IACC	RELATED	-116,979	214,149		No		Yes		50.000 %
(4) HILLCRESTINTEGRIS HEALTH LLC OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	DORMANT	OK	NA	N/A								
(5) LAKESIDE 73-1493662 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IACC	RELATED	3,923,915	20,210,729		No	849	Yes		78.077 %
(6) 5300 GRAND 73-1306794 FRANKLIN TN 37067 FRANKLIN, TN 37067	REAL ESTATE	TN	NA	N/A								
(7) INTEGRIS USPHLTH 35-2632292 ADDISON TX 75001 ADDISON, TX 75001	MEDICAL SERVICES	TX	IACC	RELATED	2,583,079	106,939,176		No		Yes		50.100 %
(8) INTEGRIS EMER HOSP 90- 1215089 THE WOODLANDS TX 77381 THE WOODLANDS, TX 77381	HEALTH CARE	TX	IACC	RELATED	-301,218	5,593,428		No	-301,218	Yes		51.000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) INTEGRIS PROHEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1046179	RETAIL PHARMACY	OK	NA	C Corp					No
(1) THE STANLEY F HUPFELD REMAIN TRUST 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 26-6238051	FINANCIAL	OK	NA	Trust					No
(2) QUALITY ALLIANCE ASSURANCE CP PO BOX 10027 KYI-1001 GRAND CAYMAN CJ 98-1060671	INSURANCE	CJ	NA	C Corp					No
(3) BAPTIST HEALTH SYSTEM INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1477468	DORMANT	OK	NA	C Corp					No
(4) ONE CARE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	NA	C Corp					No
(5) VADOVATIONS INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 27-0821922	HEALTH CARE	OK	NA	C Corp					No
(6) INTEGRIS HEALTH PARTNERS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-3482852	HEALTH CARE	OK	NA	C Corp					No
(7) INTEGRIS CARDIOVASCULAR PHYSICIANS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-2867352	HEALTH CARE	OK	NA	C Corp					No