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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at [www IRS gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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

% CHERYL PERRY

Doing business as
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address)

5300 N INDEPENDENCE AVE STE 130

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

OKLAHOMA CITY, OK 73112

F Name and address of principal officer

C BRUCE LAWRENCE

5300 N INDEPENDENCE AVE

OKLAHOMA CITY,OK 73112

D Employer identification number

73-1192765

E Telephone number

(405) 949-6026

G Gross receipts \$ 221,070,127

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			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE		
	2 Check this box ▶ ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	1,175
	6	Total number of volunteers (estimate if necessary)	363
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	750
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	
	Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	38,039,98542,974,186
	9	Program service revenue (Part VIII, line 2g)	168,619,732177,679,398
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-115,805-900,312
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	188,786108,557
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	206,732,698219,861,829
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,901,7702,617,930
	14	Benefits paid to or for members (Part IX, column (A), line 4)	00
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	143,954,074153,661,366
Net Assets or Fund Balances	16a	Professional fundraising fees (Part IX, column (A), line 11e)	00
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	53,577,15957,120,269
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	200,433,003213,399,565
	19	Revenue less expenses Subtract line 18 from line 12	6,299,6956,462,264
	Beginning of Current Year		End of Year
	20	Total assets (Part X, line 16)	179,748,546212,377,104
	21	Total liabilities (Part X, line 26)	134,526,264160,462,548
	22	Net assets or fund balances Subtract line 21 from line 20	45,222,28251,914,556

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

2017-04-27

Date

DANIEL DAVIS CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

MORGAN L SOUZA

Preparer's signature

MORGAN L SOUZA

Date

2017-04-24

Check ☐ if self-employed

PTIN

P00652612

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 210 Park Ave Suite 2850

Phone no (405) 239-6411

Oklahoma City, OK 73102

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

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

☐ Yes☒ No

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 \$ 194,849,770 including grants of \$ 2,617,930) (Revenue \$ 177,679,398)

SEE SCHEDULE O STATEMENTS 2 AND 3

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 ▶ 194,849,770

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 3		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	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?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b 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	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	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?		
a The organization's CEO, Executive Director, or top management official	15a	No
b Other officers or key employees of the organization	15b	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?	16a	Yes
b 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?	16b	Yes

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 ☒ 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
CHERYL PERRY 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112 (405) 951-2747

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

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 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

[illegible]

Part VII

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	5,291,252	3,314,775	848,568

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 ▶ 315

		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,		1,367,115

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations . . .	1d	42,974,186				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$		21,737				
	h	Total. Add lines 1a-1f			42,974,186			
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code					
			621990	114,683,801	114,683,801			
	b	QUALITY INCENTIVES	900099	3,194,676	3,194,676			
	c	INCOME FROM JOINT VENTURES	621990	4,864,269	4,863,519	750		
	d	SYSTEM SERVICE REVENUE	900099	48,967,450	48,967,450			
	e	ELECTRONIC HEALTH RECORDS	900099	3,478,904	3,478,904			
	f	All other program service revenue		2,490,298	1,138,183		1,352,115	
	g	Total. Add lines 2a-2f			177,679,398			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0				
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)	0	0			
		d	Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			279,286	28,700				
		b	Less cost or other basis and sales expenses	148,980	1,059,318			
		c	Gain or (loss)	130,306	-1,030,618			
	d	Net gain or (loss)			-900,312		-900,312	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events . .			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities . . .			0		
	10a	Gross sales of inventory, less returns and allowances .	a					
		b	Less cost of goods sold . . .	b				
		c	Net income or (loss) from sales of inventory . .			0		
	Miscellaneous Revenue		Business Code					
	11a	MISCELLANEOUS INCOME	900099	108,557	108,557			
	b							
	c							
d	All other revenue							
e	Total. Add lines 11a-11d			108,557				
12	Total revenue. See Instructions			219,861,829	176,435,090	750	451,803	

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.	2,617,930	2,617,930		
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, lines 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.	131,209,797	131,209,797		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,525,125	5,525,125		
9	Other employee benefits.	10,504,443	10,504,443		
10	Payroll taxes.	6,422,001	6,422,001		
11	Fees for services (non-employees):				
a	Management.	18,606,996	57,201	18,549,795	
b	Legal.	0			
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).	353,162	353,162		
12	Advertising and promotion.	297,743	297,743		
13	Office expenses.	11,811,855	11,811,855		
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	8,133,042	8,133,042		
17	Travel.	655,977	655,977		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	320,634	320,634		
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	2,207,804	2,207,804		
23	Insurance.	2,759,245	2,759,245		
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	9,060,124	9,060,124	0	0
b	RIF & RECRUITMENT	1,939,460	1,939,460	0	0
c	DUES & MEMBERSHIPS	330,634	330,634	0	0
d	LICENSES/PERMITS ETC	172,293	172,293	0	0
e	All other expenses	471,300	471,300		
25	Total functional expenses. Add lines 1 through 24e.	213,399,565	194,849,770	18,549,795	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 ☐ 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 X ☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		17,705	1	15,869	
	2	Savings and temporary cash investments		128,614,149	2	161,990,395	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		11,305,497	4	9,298,504	
	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		0	7	0	
	8	Inventories for sale or use		55,565	8	58,031	
	9	Prepaid expenses and deferred charges		35,200	9	42,673	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	27,248,578			
	b	Less: accumulated depreciation	10b	16,409,927	11,015,481	10c	10,838,651
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		3,734,031	12	3,964,040	
	13	Investments—program-related. See Part IV, line 11		24,956,909	13	26,117,179	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		14,009	15	51,762	
16	Total assets. Add lines 1 through 15 (must equal line 34)		179,748,546	16	212,377,104		
Liabilities	17	Accounts payable and accrued expenses		134,512,256	17	160,448,269	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	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		14,008	25	14,279	
	26	Total liabilities. Add lines 17 through 25		134,526,264	26	160,462,548	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		45,222,282	27	51,914,556	
	28	Temporarily restricted net assets		0	28	0	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		45,222,282	33	51,914,556	
	34	Total liabilities and net assets/fund balances		179,748,546	34	212,377,104	

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	219,861,829
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,399,565
3	Revenue less expenses Subtract line 2 from line 1	3	6,462,264
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	45,222,282
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	230,010
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	51,914,556

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
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	Yes	
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	Yes	
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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

INTEGRIS AMBULATORY CARE CORP

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 11, check only one box)

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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.	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	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))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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?
*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.*
- 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?
*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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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)?
*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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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?
*If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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?
*If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ 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?
*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.*
- 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?
*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.*
- 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? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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 **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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization INTEGRIS AMBULATORY CARE CORP	Employer identification number 73-1192765
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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) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐

Yes

3a(ii)

☐

No

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' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land		70,327		70,327
b Buildings		4,683,181	2,299,732	2,383,449
c Leasehold improvements		1,686,525	1,110,045	576,480
d Equipment		20,082,858	12,898,366	7,184,492
e Other		725,687	101,784	623,903
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				10,838,651

Schedule D (Form 990) 2015

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

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization INTEGRIS AMBULATORY CARE CORP	Employer identification number 73-1192765
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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	1a	Yes	
b	If "Yes," was it a written policy?	1b	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 ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 <i>free</i> care ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %	3a	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 ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
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?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

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)			613,533		613,533	0 290 %
b Medicaid (from Worksheet 3, column a)			1,302,691		1,302,691	0 610 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			1,916,224		1,916,224	0 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,371,286	15,004	2,356,282	1 100 %
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)			28,076		28,076	0 010 %
j Total. Other Benefits			2,399,362	15,004	2,384,358	1 110 %
k Total. Add lines 7d and 7j			4,315,586	15,004	4,300,582	2 010 %

Part IICommunity 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		254		254	
3	Community support		269,990		269,990	0 130 %
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		270,244		270,244	0 130 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

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

7,658,022

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

382,901

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

2,832,702

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

2,809,702

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

23,000

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.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

9b

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 IVManagement 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 ADVANCED IMAGING LLC	RADIOLOGY IMAGING CENTER	50 %		50 %
3 MEDPLAZA IMAGING	RADIOLOGY IMAGING CENTER	50 %		50 %
4 SW AMBSURGERY CTR	AMBULATORY SURGERY CENTER	20 258 %		58 %
5				
6				
7				
8				
9				
10				
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?
2

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)

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

OKLAHOMA CENTER FOR ORTHOPAEDIC &

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?	1	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	2	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) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C)	3	Yes
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15		
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	5	Yes
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	6a	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	6b	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) a ☒ Hospital facility's website (list url) SEE PART V, SECTION C b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☒ Other (describe in Section C)	7	Yes
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	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) SEE PART V, SECTION C b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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)

OKLAHOMA CENTER FOR ORTHOPAEDIC &

Name of hospital facility or letter of facility reporting group			Yes	No
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	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☒ Notified individuals of the financial assistance policy on admission			
b	☒ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ 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	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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	23		No
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	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)

LAKESIDE WOMEN'S HOSPITAL LLC

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?	1	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	2	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) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ 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	3	Yes
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	6a	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	6b	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) a ☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u> b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☒ 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 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE PART V, SECTION C</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	7	Yes
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)? 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? \$ _____	8	Yes
		10	Yes
		10b	
		12a	No
		12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

LAKESIDE WOMEN'S HOSPITAL LLC

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that 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 a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 % and FPG family income limit for eligibility for discounted care of 300 % b ☐ Income level other than FPG (describe in Section C) c ☒ Asset level d ☒ Medical indigency e ☒ Insurance status f ☐ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C) <td>13</td><td>Yes</td><td></td>	13	Yes	
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) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C) <td>15</td><td>Yes</td><td></td>	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☐ The FAP was widely available on a website (list url) b ☒ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C c ☐ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☐ 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 ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☐ Other (describe in Section C) <td>16</td><td>Yes</td><td></td>	16	Yes	
Billing and Collections				
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 non-payment?	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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) e ☒ None of these actions or other similar actions were permitted <td></td><td></td><td></td>			

Part V

Facility Information (continued)

LAKESIDE WOMEN'S HOSPITAL LLC

Name of hospital facility or letter of facility reporting group			Yes	No
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	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☒ Notified individuals of the financial assistance policy on admission			
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c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ 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	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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	23		No
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	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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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

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? 4

Name and address	Type of Facility (describe)
1 SOUTHWEST AMBULATORY SURGERY CENTER LLC 8125 SOUTH WALKER OKLAHOMA CITY,OK 73139	AMBULATORY SURGERY CENTER
2 FRESENIUS INTEGRIS LLC 920 WINTER STREET WALTHAM,MA 02451	DIALYSIS CENTER
3 MEDICAL PLAZA IMAGING CENTER 3330 NW 56TH OKLAHOMA CITY,OK 73112	RADIOLOGY IMAGING CENTER
4 ADVANCED IMAGING LLC 3330 NW 56TH SUITE 206 OKLAHOMA CITY,OK 73112	RADIOLOGY IMAGING CENTER
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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	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 TWO HOSPITAL FACILITIES, OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SPECIALTY SURGERY (OCOM), THROUGH ITS INVESTMENT IN SOUTHWEST AMBULATORY SURGERY CENTER, LLC AND LAKESIDE WOMEN'S HOSPITAL, LLC (LWH) THE ACTIVITY REPORTED ON SCHEDULE H, PARTS I-III INCLUDES THE ACTIVITY OF OCOM & 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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	PART I, LINE 3C N/A

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 3	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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 4	PART I, LINE 7, COLUMN F THERE WAS NO BAD DEBT INCLUDED IN TOTAL EXPENSES FROM PART IX LINE 25(A) \$213,399,565 AS SUCH NO ADJUSTMENT WAS REQUIRED FOR PURPOSES OF CALCULATING THE PERCENTAGES ON PART I, LINE 7

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	PART 1, 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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 6	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 7	PART III, LINES 2, 3 AND 4 NET PATIENT SERVICE REVENUE IS RECORDED AT ESTABLISHED RATES, NET OF CONTRACTUAL ADJUSTMENTS, CHARITY CARE ADJUSTMENTS, ADMINISTRATIVE ADJUSTMENTS, AND NET PATIENT BAD DEBT RETROACTIVELY CALCULATED CONTRACTUAL ADJUSTMENTS ARISING UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYORS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED ADJUSTMENTS TO ESTIMATES IN FUTURE PERIODS ARE RECORDED AS FINAL SETTLEMENTS ARE DETERMINED OR AS ADDITIONAL INFORMATION BECOMES AVAILABLE ACCOUNTS RECEIVABLE ARE RECORDED NET OF AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND CONTRACTUAL ADJUSTMENTS OF APPROXIMATELY \$645,936,000 AND \$551,223,000 AT JUNE 30, 2016 AND 2015, RESPECTIVELY, WHICH IS FROM THE CONSOLIDATED AUDIT ALTHOUGH INTEGRIS HEALTH ESTIMATES UNCOLLECTIBLE ACCOUNTS ON A REASONABLE BASIS, THE NET PATIENT ACCOUNTS RECEIVABLE BALANCE IS SUBJECT TO AN ACCOUNTING LOSS IF PATIENTS AND THIRD-PARTY PAYORS ARE UNABLE TO MEET THEIR CONTRACTUAL OBLIGATIONS THE ALLOWANCE AND RESULTING PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE AGING OF RECEIVABLES AND MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE AND PAYMENT TRENDS BY PAYOR CATEGORY PATIENT ACCOUNTS ARE ALSO MONITORED, AND, IF NECESSARY, PAST DUE ACCOUNTS ARE PLACED WITH COLLECTION AGENCIES IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY INTEGRIS HEALTH ALL PATIENT BALANCES REGARDLESS OF PAYOR SOURCE ARE COLLECTED IN ACCORDANCE WITH A PREDEFINED TIME LIMITED PROCESS DESIGNED TO GIVE THE PATIENT AN OPPORTUNITY TO PAY THE BALANCE BEFORE WRITING OFF THE BALANCE TO BAD DEBT EXPENSE AND TURNING THE ACCOUNT OVER TO A COLLECTION AGENCY INTEGRIS AMBULATORY CARE CORPORATION AND CERTAIN OTHER OF THE HEALTHCARE RELATED CONTROLLED ENTITIES OF INTEGRIS HEALTH, INC PROVIDE CARE WITHOUT CHARGE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER INTEGRIS HEALTH'S CHARITY CARE POLICY BECAUSE THESE ENTITIES DO NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE AMOUNTS ARE NOT REPORTED AS NET REVENUE OR INCLUDED IN NET ACCOUNTS RECEIVABLE THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON PART III, LINE 2 DISCOUNTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE IN ADDITION, PART III, LINES 2 AND 3 ALSO INCLUDE IACC'S PROPORTIONATE SHARE OF THE BAD DEBT EXPENSE REPORTED BY THE JOINT VENTURE HOSPITAL AND NON-HOSPITAL FACILITIES LISTED ON SCHEDULE H, PART V INTEGRIS HEALTH CONTRIBUTES RESOURCES, ADVOCACY AND COMMUNITY SUPPORT TO PROMOTE THE HEALTH STATUS OF THE COMMUNITIES WE SERVE INTEGRIS HEALTH BELIEVES THAT MEDICALLY NECESSARY HEALTH CARE SERVICES SHOULD BE ACCESSIBLE TO ALL REGARDLESS OF RACE, ANCESTRY, RELIGION, NATIONAL ORIGIN, CITIZENSHIP STATUS, AGE, DISABILITY OR GENDER INTEGRIS HEALTH IS COMMITTED TO PROVIDING HEALTH SERVICES AND ACKNOWLEDGES THAT IN SOME CASES THE PATIENT WILL NOT BE ABLE TO PAY FOR THE SERVICES RECEIVED AND IN THOSE CASES ASSOCIATED BAD DEBT COULD BE CONSIDERED AS A COMMUNITY BENEFIT INTEGRIS HEALTH HAS ADOPTED A PRESUMPTIVE PROCESS TO ACCURATELY IDENTIFY THOSE PATIENTS WHO WOULD QUALIFY FOR CHARITY ASSISTANCE THE PROCESS REVIEWS THE PATIENT'S ABILITY TO PAY BASED ON AN ALGORITHM DEVELOPED BY AN EXTERNAL VENDOR AND REVIEWED BY KPMG, THE EXTERNAL AUDITOR FOR INTEGRIS ALL BAD DEBT ACCOUNTS ARE REVIEWED USING THIS ALGORITHM AND THOSE THAT MEET THE CHARITY THRESHOLD OF 150% OF THE FEDERAL POVERTY LEVEL ARE RECLASSIFIED AS CHARITY CARE THE RESULTANT EFFECT IS THAT INTEGRIS BELIEVES THAT LESS THAN 5% OF BAD DEBT EXPENSE MIGHT BE ABLE TO BE CLASSIFIED AS CHARITY EXPENSE

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 8	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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 9	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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 10	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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 11	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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 12	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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH EVIDENCE OF THE ORGANIZATIONS' RESPONSIVENESS TO THE COMMUNITY, INCLUDING OPPORTUNITIES FOR COMMUNITY INVOLVEMENT IN GOVERNANCE AND A DVISORY 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/WEELNESS 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 SEVERAL PROGRAMS IM

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 13	PLEMENTED 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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 14	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 STATEMENT 3 FOR ADDITIONAL INFORMATION REGARDING THE INTEGRIS HEALTH SYSTEM

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 15	PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT ALL STATES WITH WHICH THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT OK

Schedule H (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 73-1192765

Name: INTEGRIS AMBULATORY CARE CORP

Form 990 Schedule H, Part V Section A. Hospital Facilities

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?

2

Name, address, primary website address, and state license number

		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
1	OKLAHOMA CENTER FOR ORTHOPAEDIC & 330 SOUTHWEST 80TH STREET OKLAHOMA CITY,OK 73139 WWW INTEGRISOK COM 2347	X	X					X			
2	LAKESIDE WOMEN'S HOSPITAL LLC 11200 N PORTLAND OKLAHOMA CITY,OK 73120 WWW INTEGRISOK COM 2339	X	X					X			

2015

73-1192765

Schedule I (Form 990) 2015

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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORP

Employer identification number
73-1192765

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes 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	1b	
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?	2	
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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 C BRUCE LAWRENCE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	978,354	390,993	34,671	375,231	12,410	1,791,659	0
2 BETH PAUCHNIK DIRECTOR/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	431,657	152,210	15,512	106,280	11,755	717,414	0
3 DAVID HADLEY ASST TREASURER/VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	511,015	179,513	24,346	95,862	15,653	826,389	0
4 BRIAN GEISTERPHYSICIAN	(i)	875,255	119,925	3,473	27,425	12,166	1,038,244	0
	(ii)	0	0	0	0	0	0	0
5 MUZAFFAR HUSSAIN PHYSICIAN	(i)	696,433	392,226	3,473	17,025	16,241	1,125,398	0
	(ii)	0	0	0	0	0	0	0
6 STEVEN SANDSPHYSICIAN	(i)	720,030	262,165	676	14,425	11,388	1,008,684	0
	(ii)	0	0	0	0	0	0	0
7 DAVID VANHOOSER PHYSICIAN	(i)	1,167,478	4,875	5,507	32,625	7,843	1,218,328	0
	(ii)	0	0	0	0	0	0	0
8 ATUL WALIAPHYSICIAN	(i)	683,322	349,693	6,721	16,917	15,828	1,072,481	0
	(ii)	0	0	0	0	0	0	0
9 JEFFREY CRUZAN FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	404,615	172,884	19,005	44,191	15,303	655,998	0

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.
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. THE FOLLOWING INDIVIDUALS LISTED IN PART VII OF FORM 990 PARTICIPATED IN THIS PLAN BUT DID NOT RECEIVE A PAYMENT DURING THE YEAR: DAVID HADLEY C. BRUCE LAWRENCE BETH PAUCHNIK.
SUPPLEMENTAL INFORMATION 3	SCHEDULE J, PART I, LINE 7 THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC. (INTEGRIS). INTEGRIS HEALTH HAS ESTABLISHED A FINANCIAL INCENTIVE PLAN THAT ENCOURAGES THE EXECUTIVE OFFICER'S PARTICIPATION IN THE SIGNIFICANT 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 PRODUCTION 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.

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				
1C BRUCE LAWRENCE DIRECTOR	(i) 0	0	0	0	0	0	0
	(ii) 978,354	390,993	34,671	375,231	12,410	1,791,659	0
1BETH PAUCHNIK DIRECTOR/SECRETARY	(i) 0	0	0	0	0	0	0
	(ii) 431,657	152,210	15,512	106,280	11,755	717,414	0
2DAVID HADLEY ASST TREASURER/VP/DIRECTOR	(i) 0	0	0	0	0	0	0
	(ii) 511,015	179,513	24,346	95,862	15,653	826,389	0
3BRIAN GEISTERPHYSICIAN	(i) 875,255	119,925	3,473	27,425	12,166	1,038,244	0
	(ii) 0	0	0	0	0	0	0
4MUZAFFAR HUSSAIN PHYSICIAN	(i) 696,433	392,226	3,473	17,025	16,241	1,125,398	0
	(ii) 0	0	0	0	0	0	0
5STEVEN SANDSPHYSICIAN	(i) 720,030	262,165	676	14,425	11,388	1,008,684	0
	(ii) 0	0	0	0	0	0	0
6DAVID VANHOOSER PHYSICIAN	(i) 1,167,478	4,875	5,507	32,625	7,843	1,218,328	0
	(ii) 0	0	0	0	0	0	0
7ATUL WALLIAPHYSICIAN	(i) 683,322	349,693	6,721	16,917	15,828	1,072,481	0
	(ii) 0	0	0	0	0	0	0
8JEFFREY CRUZAN FORMER KEY EMPLOYEE	(i) 0	0	0	0	0	0	0
	(ii) 404,615	172,884	19,005	44,191	15,303	655,998	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORP

Employer identification number
73-1192765

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$												

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V					No

Part V Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF INTERESTED PERSON INTEGRIS PROHEALTH, INC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$221,214 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS HEALTH PARTNERS, LLC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$185,768 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON INTEGRIS CARDIOVASCULAR PHYSICIANS, LLC (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$5,915,087 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO
SUPPLEMENTAL INFORMATION 2	SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS THE FILING ORGANIZATION AND THE INTERESTED PERSON ARE BOTH AFFILIATES WITHIN AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC THE INTERESTED PERSONS REPORTED ON SCHEDULE L, PART V, SUPPLEMENTAL INFORMATION 1 ARE EACH GREATER THAN 35% CONTROLLED ENTITIES OF INTEGRIS HEALTH, INC AND/OR INTEGRIS BAPTIST MEDICAL CENTER, BOTH SUBSTANTIAL CONTRIBUTORS TO THE FILING ORGANIZATION THE TRANSACTIONS REPORTED CONSIST OF ROUTINE TRANSACTIONS WITHIN THE ACTIVITY OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THE TRANSACTIONS INCLUDE EXPENSE REIMBURSEMENTS, LEASING OF FACILITIES, PURCHASE OF SERVICES, EQUITY CONTRIBUTIONS AND DISTRIBUTIONS, AND OTHER INTERCOMPANY TRANSFERS

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
INTEGRIS AMBULATORY CARE CORP

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number
73-1192765

Part I

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.
Part I can be duplicated if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
---	---	-------------------------	--	---	---------------------	----------------------------------	--

	Yes	No
2		
Did or will any officer, director, trustee, or key employee of the organization		
a		
Become a director or trustee of a successor or transferee organization?		
b		
Become an employee of, or independent contractor for, a successor or transferee organization?		
c		
Become a direct or indirect owner of a successor or transferee organization?		
d		
Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?		
e		
If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶		

Part I

Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

3

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b

If "Yes," did the organization provide such notice?

5

Did the organization discharge or pay all of its liabilities in accordance with state laws?

6a

Did the organization have any tax-exempt bonds outstanding during the year?

b

If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?

c

If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III

Yes

No

Part II

Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	REIMBURSEMENT OF EXPENSES		203,644,651	COST	73-1192764	INTEGRIS HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	501(C)(3)

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

b

Become an employee of, or independent contractor for, a successor or transferee organization?

c

Become a direct or indirect owner of a successor or transferee organization?

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e

If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

Yes

No

Part III **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE N, PART II, LINE 2A AND 2B INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF INTEGRIS HEALTH (INTEGRIS), AN INTEGRATED HEALTHCARE SYSTEM IACC IS REIMBURSING INTEGRIS FOR EXPENSES RELATED TO MANAGEMENT, HOUSEKEEPING, UTILITIES, SECURITY AND OTHER INTEGRATED SERVICES PROVIDED BY INTEGRIS THE FOLLOWING INDIVIDUALS WERE OFFICERS, DIRECTORS, OR EMPLOYEES OF BOTH ORGANIZATIONS AT THE TIME OF THE TRANSACTIONS C BRUCE LAWRENCE BETH PAUCHNIK DAVID R HADLEY

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
INTEGRIS AMBULATORY CARE CORP

Employer identification number

73-1192765

**Return
Reference****Explanation**GENERAL
STATEMENT 1FORM 990, BOX C DOING BUSINESS AS CHEST PAIN EMERGENCY CENTER MEDICAL PLAZA IMAGING CENTER MEDICAL
PLAZA SURGERY CENTER PROHEALTH LABORATORY MERIDIAN OCCUPATIONAL HEALTH CENTER MERIDIAN PRIORITY
OCCUPATIONAL HEALTH CENTER FAMILY PHYSICIANS OF OKLAHOMA CITY PACER FITNESS CENTER INTEGRIS HOMECARE
PLUS SAMARITAN HEALTH SERVICES INTEGRIS FAMILY CARE CENTER SOUTH PENN FAMILY MEDICINE CENTER SOUTH PENN
FAMILY MEDICINE CLINIC SAMARITAN HOME INFUSION INTEGRIS AMBULATORY CARE REHABILITATION SERVICES
SAMARITAN HOME BASED SERVICES BAPTIST COMMUNITY CLINIC HELP INTEGRIS COCHLEAR IMPLANT CLINIC INNER EAR
RESEARCH TEAM INTEGRIS MEDICAL GROUP

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 OF \$613,533 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 \$7,658,022 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 STATEMENT 3

Return Reference	Explanation
GENERAL STATEMENT 3	PART III, LINE 4A COMMUNITY BENEFIT REPORT INTEGRIS COMMUNITY BENEFITS ANNUAL REPORT 2016 FROM OUR PRESIDENT AND CEO INTEGRIS IS WIDELY RECOGNIZED FOR ITS EXCELLENT HEALTH CARE AND CONTINUED COMMITMENT TO ENSURE ALL OKLAHOMANS HAVE EASY ACCESS TO THE MOST COMPREHENSIVE CONTINUUM OF CARE IN THE STATE FROM OUR WORLD-CLASS BURN CENTER TO OUR PIONEERING TRANSPLANT AND IMPLANT PROGRAMS AND EVERY CENTER OF EXCELLENCE AND SPECIALTY WE OFFER BEGINNING WITH PRIMARY CARE INTEGRIS PHYSICIANS ARE ON THE FOREFRONT OF MEDICINE. LESS RECOGNIZED ARE THE DAY-TO-DAY COMMUNITY OUTREACH PROGRAMS INTEGRIS OFFERS THAT HELP ENCOURAGE EVERYONE, FROM SMALL CHILDREN TO SENIORS, TO LIVE EACH DAY IN A MORE HEALTHY WAY. OUR 2016 COMMUNITY BENEFIT REPORT HIGHLIGHTS A SAMPLING OF THOSE EFFORTS. IT PROVIDES A BRIEF OVERVIEW OF PROGRAMS OFFERED TO THE PEOPLE AND COMMUNITIES WE SERVE. AS YOU WILL SEE IN THESE PAGES, INTEGRIS IS FOCUSED ON KEEPING PEOPLE WELL AND NOT JUST ON CARING FOR THEM, IF AND WHEN THEY BECOME ILL. THE PROGRAMS FEATURED WITHIN THESE PAGES ARE BUT A HANDFUL OF EXAMPLES THAT SHOWCASE INTEGRIS AND ITS EMPLOYEES LIVING OUR MISSION. I AM PROUD TO BE PART OF SUCH A GIVING AND CARING TEAM OF PEOPLE. SINCERELY, BRUCE LAWRENCE, PRESIDENT AND CEO INTEGRIS FROM OUR CHAIRMAN OF THE BOARD AS CHAIRMAN OF THE INTEGRIS HEALTH BOARD, I AM PLEASED THIS YEAR'S COMMUNITY BENEFIT REPORT SHARES EXAMPLES OF COMMUNITY OUTREACH THAT ILLUSTRATE FOR YOU THE EVERY DAY EFFORTS TO ENCOURAGE FELLOW OKLAHOMANS TO LIVE MORE HEALTHY LIVES. EACH IS BUT ONE OF HUNDREDS OF EVENTS AND ACTIVITIES INTEGRIS OFFERS TO PROMOTE HEALTH AND WELLNESS. FROM A BIGGER-PICTURE PERSPECTIVE, AS OKLAHOMA'S LARGEST, LOCALLY OWNED AND OPERATED NOT-FOR-PROFIT HEALTH CARE SYSTEM, I ALSO ENCOURAGE YOU TO CONSIDER THE FACT THAT, WHEN TOTALED, INTEGRIS RETURNSHIP AND COMMUNITY BUILDING EFFORTS EQUALED NEARLY \$6 MILLION IN 2016. IF YOU FACTOR UNCOMPENSATED SERVICES THE SYSTEM PROVIDES INTO THAT EQUATION, THE NUMBER SWELLS NEARLY TENFOLD TO MORE THAN \$55 MILLION. EACH DOLLAR REPRESENTS HIGH-QUALITY CARE AND THE INVESTMENT BY INTEGRIS OF SIGNIFICANT RESOURCES BACK TO THE MEN, WOMEN AND CHILDREN OF OKLAHOMA. DESPITE ECONOMIC AND INDUSTRY UNCERTAINTY AT TIMES, IT IS COMFORTING TO SEE THAT INTEGRIS CONTINUES TO DO WHATEVER IT CAN TO UPHOLD OUR MISSION TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE. SINCERELY, DAVID THOMPSON, CHAIRMAN INTEGRIS BOARD OF DIRECTORS INTEGRIS BAPTIST MEDICAL CENTER CHALLENGE YOURSELF HEALTH AND FITNESS PROGRAM THE INTEGRIS CHALLENGE YOURSELF HEALTH AND FITNESS PROGRAM FOCUSES ON THE PREVENTION OF OBESITY AND HYPERTENSION. THE PROGRAM INCREASES ACCESS TO CARE BY PROVIDING HEALTH LECTURES, EXERCISE CLASSES, NUTRITION CLASSES AND DEMONSTRATIONS. THE PROGRAM ALSO PROVIDES SCREENINGS AND REFERRAL RESOURCES FOR AT-RISK OKLAHOMA CITY RESIDENTS. SPECIFICALLY, THIS PROGRAM IS AIMED AT OKLAHOMA CITY'S AFRICAN AMERICAN AND HISPANIC POPULATIONS WHO ARE AT-RISK NOT ONLY FOR OBESITY AND HEART DISEASE, BUT FOR MANY OTHER CHRONIC CONDITIONS. THE LACK OF ACCESS TO CARE REMAINS A BARRIER TO LIVING A HEALTHIER LIFESTYLE. THE PROGRAM HAS FOUR CORE TENETS: NUTRITION, PHYSICAL ACTIVITY, MENTAL HEALTH AND HEALTH SCREENINGS. WEEKLY SESSIONS ADDRESS HEALTH TOPICS INCLUDING NUTRITION, MENTAL HEALTH, HEALTHY WEIGHT AND ACTIVE LIFESTYLES. INCLUDED IS AN INTRODUCTION TO DIVERSE EXERCISE MODALITIES SUCH AS WALKING, CHAIR EXERCISES, RESISTANCE BANDS AND CARDIO CALISTHENICS THAT MOTIVATE PARTICIPANTS TO STAY ACTIVE AND MAKE HEALTHIER CHOICES. INTEGRIS BASS BAPTIST HEALTH CENTER (ENID) KIDS IN THE KITCHEN KIDS IN THE KITCHEN IS A PROGRAM OFFERED ONCE A MONTH FOR CHILDREN AGES 8 TO 12 YEARS. THE PROGRAM ENCOURAGES KIDS TO COOK BY TEACHING THEM TO MAKE SIMPLE, HEALTHY MEALS. PARTICIPATING KIDS PREPARE A HEALTHY MEAL DURING CLASS AND THEN THE PARENTS ARE INVITED TO EAT THE MEAL WITH THEIR CHILD. KIDS SHARE THE RECIPE WITH THE PARENTS AND TALK ABOUT WHAT THEY DID IN CLASS. THE IDEA IS TO ENCOURAGE FAMILIES TO EAT MORE MEALS AT HOME. THE PROGRAM TEACHES NUTRITION AND COOKING IN A FUN, HANDS-ON WAY. KIDS WHO LEARN ABOUT HEALTHY FOOD CHOICES WILL BE MORE LIKELY TO HAVE BETTER HABITS AS AN ADULT. THIS PROGRAM IS A COLLABORATIVE EFFORT OF INTEGRIS, THE OSU EXTENSION CENTER AND MULTIPLE CHURCHES. THE CHURCHES PROVIDE KITCHEN SPACE, WHICH HELPS US REACH THE UNDERSERVED CHILDREN AND FAMILIES WE ARE TARGETING. SINCE THE PROGRAM STARTED, 261 KIDS AND PARENTS HAVE PARTICIPATED. NEARLY 100 PERCENT OF KIDS SURVEYED SAY THAT AFTER TAKING THE PROGRAM, THEY WILL TRY TO EAT HEALTHIER. ON THE THREE MONTH FOLLOW UP, 85 PERCENT OF KIDS HAD MADE AT LEAST THREE MEALS AT HOME SINCE TAKING THE COURSE. INTEGRIS CANADIAN VALLEY HOSPITAL (YUKON) YOGA FOR KIDS YOGA FOR KIDS WAS DEVELOPED BY THE UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE RESEARCH AND EXTENSION. THE PROGRAM IS INTENDED FOR AGES 5 TO 19 AND INCORPORATES ADULT YOGA POSES INTO KID-FRIENDLY YOGA ROUTINES AND GAMES. THE FOCUS OF YOGA FOR KIDS IS HELPING KIDS ACHIEVE OPTIMAL PHYSICAL, SOCIAL AND MENTAL HEALTH. PRACTICING YOGA BUILDS STRENGTH, FLEXIBILITY AND CONFIDENCE. ALSO, THE BREATHING PROMOTES RELAXATION AND QUIETS THE MIND. YOGA AND STRETCH BREAKS IN THE CLASSROOM IMPROVE CONCENTRATION. THIS FUN AND SIMPLE EXERCISE 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. SINCE THE PROGRAM BEGAN, 649 STUDENTS HAVE PARTICIPATED. OVER 20 SCHOOL STAFF MEMBERS HAVE BEEN TRAINED AND 92 PERCENT OF TEACHERS ARE CONTINUING TO IMPLEMENT YOGA IN THE CLASSROOM AS OF A SIX MONTH FOLLOW UP. INTEGRIS CANCER INSTITUTE CELEBRATION OF LIFE NATIONAL CANCER SURVIVORS DAY THE INTEGRIS CANCER INSTITUTE CELEBRATED NATIONAL CANCER SURVIVORS DAY WITH OUR 29TH ANNUAL CELEBRATION OF LIFE ON SUNDAY, JUNE 5, 2016, AT THE NATIONAL COWBOY AND WESTERN HERITAGE MUSEUM IN OKLAHOMA CITY. THE ANNUAL CELEBRATION OF LIFE WAS ALSO HELD IN HUNDREDS OF COMMUNITIES WORLDWIDE. CANCER SURVIVORS, CAREGIVERS, FAMILY MEMBERS, FRIENDS AND HEALTH CARE PROFESSIONALS ALL UNITE ON THE FIRST SUNDAY EVERY JUNE TO SHOW THAT LIFE AFTER A CANCER DIAGNOSIS CAN BE MEANINGFUL, PRODUCTIVE AND INSPIRING. THE INTEGRIS CANCER INSTITUTE RECOGNIZES OUR OWN EVER GROWING FAMILY OF CANCER SURVIVORS EACH YEAR WITH A COMPLIMENTARY COMMUNITY CELEBRATION. ORDAINED EPISCOPAL PRIEST NICK MEZACAPAS HUMOROUS AND INSPIRATIONAL MESSAGE IN 2016 FOCUSED ON OUR RESPONSIBILITY TO LIVE OUR LIVES AS FULLY AND RICHLY AS POSSIBLE. THE DAY INCLUDED A DELICIOUS MEAL, MUSICAL ENTERTAINMENT, A SURVIVOR RECOGNITION IN BOTH ENGLISH AND SPANISH AND A BUTTERFLY RELEASE FOR MORE THAN 400 CANCER SURVIVORS. INTEGRIS GROVE HOSPITAL SOUPER BOWL SATURDAY THE 2016 INTEGRIS GROVE HOSPITAL SOUPER BOWL SATURDAY PROVIDED AN OPPORTUNITY FOR COMMUNITY MEMBERS TO VISIT THE INTEGRIS GROVE HOSPITAL CAMPUS, TALK WITH PHYSICIANS AND STAFF, AND LEARN ABOUT NEW EQUIPMENT AND SERVICES BEING OFFERED. FREE HEALTH SCREENINGS SUCH AS BLOOD PRESSURE, CHOLESTEROL, GLUCOSE AND EKGs WERE AVAILABLE. THE EVENT FEATURED HEALTH EDUCATION AND SERVICE INFORMATION. ENTERTAINMENT WAS PROVIDED BY THE GROVE HIGH SCHOOL JAZZ BAND, A LOCAL VENTRILOQUIST, A MAGICIAN AND A DEMONSTRATION BY CHEERS!, A CHEERLEADING AND GYMNASTICS GROUP. ATTENDEES COULD ALSO SUPPORT THE INTEGRIS GROVE HOSPITAL AUXILIARY BY PURCHASING A \$5 LUNCH INCLUDING SOUP, DESSERT AND A DRINK. OVER 300 PEOPLE ATTENDED THE EVENT. MULTIPLE HEALTH SCREENINGS WERE PERFORMED INCLUDING 71 EKGs, 63 BONE DENSITY CHECKS, 60 EYE SCREENINGS, AND 90 CHOLESTEROL AND GLUCOSE SCREENINGS. INTEGRIS HEALTH EDMOND TOOLS FOR LIVING TOOLS FOR LIVING WITH CHRONIC CONDITIONS IS AN EVIDENCE BASED COURSE DEVELOPED AT THE STANFORD UNIVERSITY PATIENT EDUCATION RESEARCH CENTER AS A COLLABORATIVE RESEARCH PROJECT BETWEEN STANFORD AND THE NORTHERN CALIFORNIA KAISER PERMANENTE MEDICAL CARE PROGRAM. THE ONGOING SIX-WEEK PROGRAM TEACHES PARTICIPANTS HOW TO BECOME BETTER SELF-MANAGERS OF THEIR HEALTH. TOPICS INCLUDE GOAL SETTING, DEALING WITH DIFFICULT EMOTIONS, MEDICATION USAGE, PHYSICAL ACTIVITY AND NUTRITION, COPING WITH PAIN/DISCOMFORT, COMMUNICATION WITH HEALTH CARE PROVIDERS, MAKING INFORMED TREATMENT DECISIONS AND FACILITATING PEER SUPPORT. THE PROGRAM IS TAUGHT IN COLLABORATION WITH THE INTEGRIS COMMUNITY WELLNESS DEPARTMENT AND AN INTEGRIS MEDICAL GROUP CARE COORDINATOR. PARTICIPANTS COME FROM ALL AGES AND BACKGROUNDS. AS A RESULT OF COMPLETING THE PROGRAM, OVER 80 PERCENT OF THE PARTICIPANTS REPORT AN INCREASE IN HOW OFTEN THEY USE FORMS OF RELAXATION TO DEAL WITH PAIN AND DISCOMFORT AND 90 PERCENT REPORT THEY UNDERSTAND THEIR HEALTH BETTER. INTEGRIS MENTAL HEALTH AMERICAN FOUNDATION FOR SUICIDE PREVENTION INTERNATIONAL SURVIVORS OF SUICIDE LOSS DAY INTERNATIONAL SURVIVORS OF SUICIDE LOSS DAY IS HOSTED BY THE CENTRAL OKLAHOMA SUICIDE PREVENTION TASK FORCE. THE EVENT IS DESIGNED TO PROVIDE AWARENESS AND COMMUNITY RESOURCES FOR SURVIVORS OF SUICIDE.

Return Reference	Explanation
GENERAL STATEMENT 4	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 2015 TAX YEAR.

Return Reference	Explanation
GENERAL STATEMENT 5	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 DAVID R HADLEY

Return Reference	Explanation
GENERAL STATEMENT 6	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 BY LAWS, AND (3) TO VOTE ON ALL MATTERS WHERE THE AUTHORIZATION OR APPROVAL OF THE SOLE MEMBER IS REQUIRED BY THE CERTIFICATE OF INCORPORATION, THE BY LAWS OR STATE LAW

Return Reference	Explanation
GENERAL STATEMENT 7	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 OF FINANCIAL REPORTING FOR REVIEW A FINAL FORM 990 IS GIVEN TO THE SYSTEM CHIEF FINANCIAL OFFICER FOR REVIEW, APPROVAL, AND SIGNATURE THE FINAL FORM 990 IS MADE AVAILABLE TO THE ORGANIZATION'S BOARD OF DIRECTORS, AS WELL AS TO THE SYSTEMS AUDIT/COMPLIANCE COMMITTEE, FOR REVIEW PRIOR TO FILING THE RETURN

Return Reference	Explanation
GENERAL STATEMENT 8	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

Return Reference	Explanation
GENERAL STATEMENT 9	PART VI SECTION B POLICIES PART VI QUESTION 15B - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (INTEGRIS OR SYSTEM) COMPENSATION FOR VICE PRESIDENTS IS ANALYZED BY AN INDEPENDENT HEALTH CARE CONSULTING FIRM THE ANALYSIS INCLUDES A FAIR MARKET VALUE ASSESSMENT AND ESTABLISHMENT OF A RANGE FOR EACH POSITION BASED ON RESEARCH OF COMPARABLE HEALTH CARE SYSTEMS OF SIMILAR SIZE. THE REPORT AND RECOMMENDED COMPENSATION LEVELS FOR EACH EXECUTIVE MANAGEMENT POSITION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE INTEGRIS HEALTH BOARD OF DIRECTORS AND ULTIMATELY THE FULL BOARD OF DIRECTORS. THE MINUTES OF BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REFLECTS A REVIEW OF THE COMPARABILITY DATA, THE EXECUTIVE PERFORMANCE REVIEWS AND THE DECISION-MAKING PROCESS.

Return Reference	Explanation
GENERAL STATEMENT 10	PART VI SECTION C DISCLOSURE PART VI QUESTION 19 - THE ORGANIZATION DOES NOT MAKE ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC HOWEVER, THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED FINANCIALS FOR INTEGRIS HEALTH, INC , A RELATED CORPORATION THESE CONSOLIDATED FINANCIALS ARE DISCLOSED FOR BOND COMPLIANCE PURPOSES USING DIGITAL ASSURANCE CERTIFICATION

Return Reference	Explanation
GENERAL STATEMENT 11	PART VII SECTION B INDEPENDENT CONTRACTORS INTEGRIS CARDIOVASCULAR PHYSICIANS \$432,097 PHYSICIANS, LLC 3545 N W 58TH, SUITE 450 OKLAHOMA CITY, OK 73112 DIAGNOSTIC LAB OF OKLAHOMA REFERENCE LAB \$301,640 225 N E 97TH STREET OKLAHOMA CITY, OK 73114 NAVIGANT CONSULTING, INC ANSWERING SERVICES \$223,724 501 W EDMOND ROAD EDMOND, OK 73003 COLON & RECTAL SURGERY BUILDING LEASE \$213,538 OF OKLAHOMA, PC AGREEMENT 3433 N W 56TH STREET SUITE 760 OKLAHOMA CITY, OK 73112 SOONER ANSWER SERVICE, INC ANSWERING SERVICES \$196,116 501 W EDMOND ROAD EDMOND, OK 73003

Return Reference	Explanation
GENERAL STATEMENT 12	PART XI RECONCILIATION OF NET ASSETS, LINE 9 INCOME FROM SUBSIDIARY - WESTERN VILLAGE ACADEMY 100% <269,990> INVESTMENT IN WESTERN VILLAGE ACADEMY 500,000 ----- TOTAL \$230,010

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
INTEGRIS 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

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate 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 BDG	OK	NA	N/A								
(2) QC-III 20-8723857 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	NA	N/A								
(3) DIAGNOSTIC LAB 73-1560760 LYNDHURST NJ 07071 LYNDHURST, NJ 07940	CLINICAL LAB	NJ	NA	N/A								
(4) MPI CENTER 73-1283942 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IACC	RELATED	157,172	408,448		No	0	Yes		50 000 %
(5) HILLCRESTINTEGRIS HEALTH LLC OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	DORMANT	OK	NA	N/A								
(6) LAKESIDE 73-1493662 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MEDICAL	OK	IACC	RELATED	2,584,034	19,984,376		No	750	Yes		78 077 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Pnmary 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
See Additional Data Table									

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)
.

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

1s

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	b	1,248,060	FMV
(2)LAKESIDE WOMEN'S HOSPITAL LLC	p	1,443,364	FMV
(3)LAKESIDE WOMEN'S HOSPITAL LLC	q	195,375	FMV

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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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
INTEGRIS HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1192764	HEALTH CARE	OK	501(C)(3)	LINE 11-I	NA		No
INTEGRIS HOSPICE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1369586	HEALTH CARE	OK	501(C)(3)	LINE 9	IH		No
INTEGRIS BAPTIST MEDICAL CENTER INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1034824	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
INTEGRIS RURAL HEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1444504	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
INTEGRIS SOUTHWEST MEDICAL CENTER INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1089149	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
INTEGRIS HEALTH FOUNDATION INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1047338	FUNDRAISING	OK	501(C)(3)	LINE 7	IH		No
WESTERN VILLAGE ACADEMY 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1588764	SCHOOL	OK	501(C)(3)	LINE 2	IACC	Yes	
INTEGRIS HEALTH EDMOND INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-1027361	HEALTH CARE	OK	501(C)(3)	LINE 3	IH		No
INTEGRIS MENTAL HEALTH INC 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 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 CHAR REMAIN TRUST 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 26-6238051	FINANCIAL	OK	NA	Trust					No
(2) QUALITY ALLIANCE ASSURANCE CO 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	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
INTEGRIS CARDIOVASCULAR (7) PHYSICIANS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-2867352	HEALTH CARE	OK	NA	C Corp					No