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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

% PAUL COURTNEY

Doing business as
SEE SCHEDULE O

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

5300 N INDEPENDENCE AVE STE 130

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

OKLAHOMA CITY, OK 73112

F Name and address of principal officer

TIMOTHY PEHRSON

5300 N INDEPENDENCE AVE

OKLAHOMA CITY, OK 73112

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

73-1192765

E Telephone number

(405) 949-6026

G Gross receipts \$ 197,043,320

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2019-04-24

Date

DOUGLAS M SMITH EXECUTIVE VP, 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

2019-04-16

Check ☐ if self-employed

PTIN

P00652612

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 210 Park Ave Suite 2650

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

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 202,752,952	including grants of \$ 2,727,988	(Revenue \$ 194,529,291)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses	202,752,952
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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	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		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	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		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		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		No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Yes	
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	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	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		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		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,169
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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	2	
	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	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		No
a	The organization's CEO, Executive Director, or top management official		
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
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?	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:
 ▶ PAUL COURTNEY 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 (405) 949-3085

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) C BRUCE LAWRENCE DIRECTOR	1 0 39 0	X						0	2,593,940	286,801
(2) BETH PAUCHNIK DIRECTOR/SECRETARY	1 0 39 0	X		X				0	586,563	127,811
(3) DANIEL DAVIS ASST. TREASURER	1 0 39 0	X		X				0	478,603	117,863
(4) HANI BARADI PHYSICIAN	39 0 1 0					X		1,352,472	0	24,157
(5) JEREMY PHELPS PHYSICIAN	40 0 0 0					X		1,326,321	0	30,687
(6) SCOTT SHADFAR PHYSICIAN	40 0 0 0					X		1,246,207	0	15,178
(7) NATHANIEL STETSON PHYSICIAN	40 0 0 0					X		1,210,696	0	24,062
(8) ATUL WALIA PHYSICIAN	40 0 0 0					X		1,014,513	0	27,267
(9) DAVID R. HADLEY FORMER OFFICER & DIRECTOR	0 0 0 0						X	0	244,392	7,293
(10) TOM HONAN FORMER OFFICER & DIRECTOR	0 0 1 0						X	0	14,000	0
(11) JEFFREY CRUZAN FORMER KEY EMPLOYEE	0 0 40 0						X	0	539,018	116,912
(12) C. CRAIG ELKINS FORMER HIGHEST PAID EMPLOYEE	0 0 40 0						X	0	1,242,170	31,319
(13) JOHN S. CHAFFIN FORMER HIGHEST PAID EMPLOYEE	0 0 40 0						X	0	1,178,458	48,382

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,150,209	6,877,144	857,732

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 ▶ 337									
								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,		1,617,749
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 ▶ 14		

Part VIII Statement of RevenueCheck 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	2,415,254				
	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 \$		12,163				
	h Total. Add lines 1a-1f ▶		2,415,254				
Program Service Revenue		Business Code					
	2a NET PATIENT REVENUE	621990	130,444,468	130,444,468			
	b QUALITY INCENTIVES	900099	3,269,004	3,269,004			
	c INCOME FROM JOINT VENTURES	621990	8,033,267	8,033,267			
	d SYSTEM SERVICE REVENUE	900099	49,079,982	49,079,982			
	e ELECTRONIC HEALTH RECORDS	900099	2,767,376	2,767,376			
	f All other program service revenue		935,194	597,186		338,008	
	g Total. Add lines 2a-2f ▶		194,529,291				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4,500			4,500	
	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				
	b Less cost or other basis and sales expenses		19,955				
	c Gain or (loss)		51,574				
	d Net gain or (loss) ▶		-31,619				-31,619
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a		0				
	b Less direct expenses b		0				
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities See Part IV, line 19 a		0				
	b Less direct expenses b		0				
	c Net income or (loss) from gaming activities ▶			0			
	10a Gross sales of inventory, less returns and allowances a		0				
	b Less cost of goods sold b		0				
	c Net income or (loss) from sales of inventory ▶			0			
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS INCOME	900099	74,320				74,320	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			74,320				
12 Total revenue. See Instructions ▶			196,991,746	194,191,283		385,209	

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.	2,727,988	2,727,988		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	137,505,085	137,505,085		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,319,244	5,319,244		
9 Other employee benefits.	11,527,069	11,527,069		
10 Payroll taxes.	6,733,830	6,733,830		
11 Fees for services (non-employees):				
a Management.	16,745,355		16,745,355	
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).	2,172,469	2,172,469		
12 Advertising and promotion.	174,647	174,647		
13 Office expenses.	10,901,490	10,901,490		
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	8,330,971	8,330,971		
17 Travel.	554,547	554,547		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	419,794	419,794		
20 Interest.	1,177	1,177		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	2,364,107	2,364,107		
23 Insurance.	2,970,641	2,970,641		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PURCHASED SERVICES	8,907,713	8,907,713		0
b RIF & RECRUITMENT	1,448,815	1,448,815		0
c DUES & MEMBERSHIPS	323,885	323,885		0
d LICENSES/PERMITS ETC	156,079	156,079		0
e All other expenses	213,401	213,401		
25 Total functional expenses. Add lines 1 through 24e.	219,498,307	202,752,952	16,745,355	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	16,130	1	15,621
	2 Savings and temporary cash investments	159,260,638	2	158,254,796
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	452,014	4	1,349,441
	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	152,380	7	156,879
	8 Inventories for sale or use	120,186	8	107,853
	9 Prepaid expenses and deferred charges	18,288	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	30,001,767		
	b Less: accumulated depreciation	20,100,837		
		10,483,753	10c	9,900,930
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	4,343,976	12	4,945,682
	13 Investments—program-related. See Part IV, line 11	27,315,274	13	27,774,438
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	33,208	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	202,195,847	16	202,505,640	
Liabilities	17 Accounts payable and accrued expenses	177,074,388	17	200,630,889
	18 Grants payable	0	18	0
	19 Deferred revenue	2,633,599	19	1,306,440
	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	14,695	25	0
	26 Total liabilities. Add lines 17 through 25	179,722,682	26	201,937,329
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	22,473,165	27	568,311
	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	22,473,165	33	568,311
34 Total liabilities and net assets/fund balances	202,195,847	34	202,505,640	

Part XI Reconciliation of Net AssetsCheck 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	196,991,746
2	Total expenses (must equal Part IX, column (A), line 25)	2	219,498,307
3	Revenue less expenses Subtract line 2 from line 1	3	-22,506,561
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,473,165
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	601,707
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	568,311

Part XII Financial Statements and ReportingCheck 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		

Additional Data

Software ID:

Software Version:

EIN: 73-1192765

Name: INTEGRIS AMBULATORY CARE CORP

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O STATEMENTS 2 THROUGH 7

SCHEDULE A (Form 990 or 990EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2017 Open to Public Inspection
	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 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016.** 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—2017.** 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—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 73-1192765

Name: INTEGRIS AMBULATORY CARE CORP

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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

2017

Open to Public Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORP

Employer identification number
73-1192765

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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" on Form 990, Part IV, line 10.

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,327		70,327
b Buildings		6,253,099	2,824,239	3,428,860
c Leasehold improvements		2,117,081	1,398,291	718,790
d Equipment		21,095,398	15,741,592	5,353,806
e Other		465,862	136,715	329,147
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,900,930

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN LAKESIDE	21,025,547	F
(2) INVESTMENT IN ADVANCED	15,017	F
(3) INVESTMENT IN SW ORTHO	6,462,687	F
(4) INVESTMENT IN MEDICAL PLAZA	271,187	F
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	27,774,438	

Part IX

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

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

Part X

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information (continued)
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Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

Employer identification number

INTEGRIS AMBULATORY CARE CORP

73-1192765

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☒ 150% ☐ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other %

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

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

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

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)			778,158		778,158	0 330 %
b Medicaid (from Worksheet 3, column a)			2,045,574	854,925	1,190,649	0 500 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			2,823,732	854,925	1,968,807	0 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,995,443	40,000	1,955,443	0 830 %
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)			13,795		13,795	0 010 %
j Total. Other Benefits			2,009,238	40,000	1,969,238	0 840 %
k Total. Add lines 7d and 7j			4,832,970	894,925	3,938,045	1 670 %

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

Cat No 50192T

Schedule H (Form 990) 2017

Part II

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			149,084		149,084	0.060 %
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			149,084		149,084	0.060 %

Part III**Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		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		
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		
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	3,442,406
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	3,459,448
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-17,042
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		

Section C. Collection Practices

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

Part IV**Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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	18.55 %		51.31 %
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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Community Health Needs Assessment

	Yes	No
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)	3 Yes	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
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	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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)	7 Yes	
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	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)**Financial Assistance Policy (FAP)**

OKLAHOMA CENTER FOR ORTHOPAEDIC &

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b ☐ 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)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ 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)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

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

OKLAHOMA CENTER FOR ORTHOPAEDIC &

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations 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?	21 Yes	
If "No," indicate why		
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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

OKLAHOMA CENTER FOR ORTHOPAEDIC &

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
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

Community Health Needs Assessment

	Yes	No
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)	3 Yes	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
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	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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)	7 Yes	
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	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)**Financial Assistance Policy (FAP)**

LAKESIDE WOMEN'S HOSPITAL LLC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b ☐ 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)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ 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)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

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

LAKESIDE WOMEN'S HOSPITAL LLC

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations 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?	21 Yes	
If "No," indicate why		
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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

LAKESIDE WOMEN'S HOSPITAL LLC

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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? 3

Name and address	Type of Facility (describe)
1 SOUTHWEST AMBULATORY SURGERY CENTER LLC 8125 SOUTH WALKER OKLAHOMA CITY, OK 73139	AMBULATORY SURGERY CENTER
2 MEDICAL PLAZA IMAGING CENTER 3330 NW 56TH OKLAHOMA CITY, OK 73112	RADIOLOGY IMAGING CENTER
3 ADVANCED IMAGING LLC 3330 NW 56TH SUITE 206 OKLAHOMA CITY, OK 73112	RADIOLOGY IMAGING CENTER
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	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

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 2	PART I, LINE 3C N/A

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 4	PART I, LINE 7, COLUMN F BAD DEBT OF \$0 (GROSS CHARGES) WAS SUBTRACTED FROM PART IX LINE 25 (A) TO COMPUTE TOTAL EXPENSES, \$244,972,691, WHICH INCLUDES IACC'S SHARE OF JOINT VENTURE EXPENSES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 5	PART I, LINE 7 COSTING METHODOLOGY THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE CHARITY ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF CHARITY ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON PART 1, LINE 7 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 \$825,482,000 AND \$684,757,000 AT JUNE 30, 2018 AND 2017, 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

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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 ADVISORY GROUPS. IACC'S BOARD OF DIRECTORS IS APPOINTED BY INTEGRIS HEALTH, INC. INTEGRIS HEALTH, INC. IS GOVERNED BY A BOARD OF DIRECTORS SPECIFICALLY MADE UP OF MEN AND WOMEN WHO LIVE AND WORK IN THE COMMUNITY INCLUDING LOCAL BUSINESS OWNERS, CIVIC LEADERS, COMMUNITY VOLUNTEERS, REPRESENTATIVES WORKING IN HIGHER EDUCATION, UTILITY COMPANIES, AND A VARIETY OF NON-PROFIT ORGANIZATIONS. PATIENT AND COMMUNITY ADVISORY GROUPS HAVE ALSO BEEN ESTABLISHED AT SEVERAL INTEGRIS FACILITIES ACROSS THE STATE. THESE GROUPS GIVE HOSPITAL LEADERS IN PUT, 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/WEALTH 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

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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 STATEMENTS 3 THROUGH 7 FOR ADDITIONAL INFORMATION REGARDING THE INTEGRIS HEALTH SYSTEM

990 Schedule H, Supplemental Information

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) 2017

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		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
(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											
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			

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

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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 1	SCHEDULE H, PART V INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS A MEMBER OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM (INTEGRIS HEALTH SYSTEM OR SYSTEM) CONTROLLED BY INTEGRIS HEALTH, INC AS SUCH IACC FOLLOWS CERTAIN POLICIES AND PROCEDURES ESTABLISHED AT THE SYSTEM LEVEL, MANY OF WHICH ARE DESCRIBED BELOW
SUPPLEMENTAL INFORMATION 2	PART V, SECTION B, LINE 5 PUBLIC HEALTH EXPERTISE WAS UTILIZED WITH EACH FACILITY USING THE OKLAHOMA STATE DEPARTMENT OF HEALTH'S TURNING POINT CONSULTANT EACH CONSULTANT GAVE THEIR INPUT BASED ON COUNTY DATA AND GAVE THEIR APPROVAL OF THE CHOSEN INDICATORS THEY ALSO SIGNED IN APPROVAL OF THE OVERALL STRATEGIC PLAN EACH CONSULTANT HELPED THE INDIVIDUAL COALITIONS PRIORITIZE THEIR COUNTY'S NEEDS BASED ON SEVERAL FACTORS PUBLIC HEALTH EXPERTS INCLUDED CENTRAL OKLAHOMA TURNING POINT WELLNESS CHAIR KEITH KLESZYNSKI IN CONDUCTING THE CHNA, THE HOSPITALS TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY BY SURVEYS, LISTENING SESSIONS, FOCUS GROUPS, AND LOCAL DATA COLLECTION ETHNICITIES INPUT WAS OBTAINED FROM SURVEYS BY TARGETING POPULATION GATHERING PLACES SUCH AS COMMUNITY CLINIC, CHURCHES, HEALTH DEPARTMENT, HUMAN SERVICES, AFTER SCHOOL PROGRAMS, AND PUBLIC TRANSPORTATION SERVICES

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION 7	PART V, SECTION B, LINE 7A AND LINE 10A HTTPS //INTEGRISOK COM/ABOUT-INTEGRIS/SERVING-OUR-COMMUNITY/REPORTS
SUPPLEMENTAL INFORMATION 8	PART V, SECTION B, LINES 16A, 16B, AND 16C INTEGRISOK COM/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization
INTEGRIS AMBULATORY CARE CORP

Employer identification number
73-1192765

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTEGRIS SOUTH OKLAHOMA CITY HOSPITAL CORP 5300 N INDEPENDENCE AVE STE 130 OKLAHOMA CITY, OK 73112	73-1089149	501(C)(3)	2,727,988				TO FUND OPERATIONS

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

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

Part III can be duplicated if additional space is needed

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

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

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

Schedule J (Form 990) 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
		2017 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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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 nonfixed 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	

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.

See Additional Data Table

[illegible]

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: JEFFREY CRUZAN, DANIEL DAVIS, BETH PAUCHNIK, C. BRUCE LAWRENCE. RECEIVED A PAYMENT FROM THE PLAN IN THE CURRENT YEAR EQUAL TO \$1,519,666.
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 ON 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)	1,005,276	1,519,666	68,998	274,401	12,400	2,880,741	1,270,938
1BETH PAUCHNIK DIRECTOR/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	442,142	129,856	14,565	115,903	11,908	714,374	0
2DANIEL DAVIS ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	464,791	0	13,812	101,942	15,921	596,466	0
3HANI BARADI PHYSICIAN	(i)	644,976	706,416	1,080	7,950	16,207	1,376,629	0
	(ii)	0	0	0	0	0	0	0
4JEREMY PHELPS PHYSICIAN	(i)	597,149	728,392	780	14,575	16,112	1,357,008	0
	(ii)	0	0	0	0	0	0	0
5SCOTT SHADFAR PHYSICIAN	(i)	760,132	485,700	375	7,950	7,228	1,261,385	0
	(ii)	0	0	0	0	0	0	0
6NATHANIEL STETSON PHYSICIAN	(i)	693,234	516,682	780	7,950	16,112	1,234,758	0
	(ii)	0	0	0	0	0	0	0
7ATUL WALIA PHYSICIAN	(i)	697,813	311,090	5,610	10,600	16,667	1,041,780	0
	(ii)	0	0	0	0	0	0	0
8JEFFREY CRUZAN FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	408,894	113,214	16,910	100,455	16,457	655,930	0
9C CRAIG ELKINS FORMER HIGHEST PAID EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	1,145,199	91,021	5,950	13,250	18,069	1,273,489	0
10JOHN S CHAFFIN FORMER HIGHEST PAID EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	1,054,147	105,284	19,027	31,800	16,582	1,226,840	0
11DAVID R HADLEY FORMER OFFICER & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	0	244,392	7,293	0	251,685	0
12TOM HONAN FORMER OFFICER & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	14,000	0	0	0	0	14,000	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

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 \$192,803 (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 \$152,001 (D) DESCRIPTION OF TRANSACTION SEE PART V, SUPPLEMENTAL INFORMATION 2 (E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON BAPTIST MEDICAL PLAZA ASSOCIATES, LTD (B) RELATIONSHIP SEE PART V, SUPPLEMENTAL INFORMATION 2 (C) AMOUNT \$970,950 (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 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
INTEGRIS AMBULATORY CARE CORP

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

2017

Open to Public Inspection

Employer identification number

73-1192765

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 2	PART III, LINE 4A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS INTEGRIS AMBULATORY CARE CORPORATION (IACC) IS INCLUDED IN THE INTEGRIS HEALTH SYSTEM IACC PROVIDED CHARITY CARE AT COST OF \$697,081 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 \$7,270,351 BASED ON A COST TO CHARGE RATIO METHOD OF CALCULATION FOR ADDITIONAL DETAILS REGARDING COMMUNITY BENEFIT SEE THE ATTACHED COMPLETE COMMUNITY BENEFIT REPORT ON SCHEDULE O STATEMENTS 3 THROUGH 7

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 3	PART III, LINE 4A COMMUNITY BENEFIT REPORT INTEGRIS COMMUNITY BENEFIT REPORT 2018 "COURAGE IS WHAT IT TAKES TO STAND UP AND SPEAK, COURAGE IS ALSO WHAT IT TAKES TO SIT DOWN AND LISTEN" - WINSTON CHURCHILL LETTER FROM TIM PEHRSON FOR MANY YEARS, INTEGRIS HAS DELIVERED PIONEERING MEDICINE TO OKLAHOMANS PERHAPS YOU ALREADY KNOW WE PROVIDE THE MOST LEADING-EDGE MEDICAL CARE IN THE STATE WE ARE UNDOUBTEDLY PROUD OF OUR HERITAGE AND THE MANY INNOVATIONS AND "FIRSTS" WE HAVE ESTABLISHED FOR OUR CITIZENS WE HAVE A REPUTATION FOR UNPARALLELED QUALITY, OFFERING THE LATEST TECHNOLOGY, THE MOST ADVANCED TREATMENT OPTIONS AND SPECIALTIES BUT YOU MIGHT NOT KNOW THAT COMMUNITY SERVICE IS TRULY THE FOUNDING PRINCIPLE OF INTEGRIS THE ROOTS OF INTEGRIS BAPTIST MEDICAL CENTER, OUR FLAGSHIP HOSPITAL, STRETCH BACK 60 YEARS WHEN IT BEGAN AS BAPTIST MEMORIAL HOSPITAL, A COMMUNITY HOSPITAL WITH A MISSION TO CARE FOR THE SICK, POOR AND UNDERSERVED OF OKLAHOMA CITY IN MANY WAYS, THE MODERNESS OF THE ENTIRE INTEGRIS HEALTH CARE SYSTEM AND ITS CONTINUED MISSION-BASED DEDICATION TO SERVING ITS COMMUNITIES EMANATES FROM THAT ORIGINAL DESIRE TO SERVE THE SICK AND POOR AT A SINGLE LOCATION THE FOLLOWING PAGES HIGHLIGHT A SMALL VARIETY OF THE HUNDREDS OF PROGRAMS INITIATED BY INTEGRIS ACROSS OUR GREAT STATE AND PROVIDE SOME INTERESTING INFORMATION ON HOW INTEGRIS IS CARING FOR ITS COMMUNITIES OUR OUTREACH INCLUDES FREE CLINICS, HEALTH SCREENINGS, WELLNESS PROMOTIONS, HEALTH EDUCATION, SUPPORT GROUPS FOR A VARIETY OF HEALTH ISSUES, MENTORING PROGRAMS FOR AT-RISK YOUTH, CLEAN UP AFTER NATURAL DISASTERS, ASSISTANCE FOR THE ELDERLY AND MUCH MORE WE BELIEVE THESE PROGRAMS, ALONG WITH THE THOUSANDS OF PEOPLE THESE PROGRAMS REPRESENT, HELP INTEGRIS UPHOLD THE TRUST OUR COMMUNITIES HAVE PLACED IN US THANK YOU FOR THE OPPORTUNITY TO SERVE YOU AND OUR COMMUNITY AND IMPACT THE HEALTH OF ALL OUR CITIZENS ORGANIZATION AND HISTORY INTEGRIS RESULTED FROM A MERGER IN 1995 BETWEEN OKLAHOMA HEALTH SYSTEM AND SOUTHWEST MEDICAL CENTER IN OKLAHOMA CITY IT HAS SINCE GROWN INTO THE LARGEST OKLAHOMA OWNED NOT-FOR-PROFIT HEALTH SYSTEM IN THE STATE, KNOWN FOR INNOVATION AND UNPARALLELED QUALITY OFFERING ADVANCED TREATMENT OPTIONS AND SPECIALTIES FOUND NOWHERE ELSE IN THE REGION IT IS ALSO ONE OF THE STATE'S LARGEST PRIVATE EMPLOYERS WITH HOSPITALS, REHABILITATION CENTERS, PHYSICIAN PRACTICES, MENTAL HEALTH FACILITIES, AND HOSPICE AND HOME HEALTH AGENCIES THROUGHOUT THE STATE INTEGRIS IS A NOT-FOR-PROFIT CORPORATION GOVERNED BY A 15-MEMBER BOARD OF DIRECTORS FROM THE WORLDS OF BUSINESS, MEDICINE AND COMMUNITY LEADERSHIP ACROSS THE STATE CORPORATE HEADQUARTERS ARE LOCATED ON THE CAMPUS OF INTEGRIS BAPTIST MEDICAL CENTER IN OKLAHOMA CITY INTEGRIS IS MANAGED BY PRESIDENT AND CEO TIMOTHY PEHRSON, WITH THE ASSISTANCE OF SENIOR STAFF IN THE AREAS OF PHYSICIAN SERVICES, FACILITY OPERATIONS, STRATEGIC SERVICES AND FINANCE SCOPE AND SERVICES EVERY YEAR, WE CARE FOR TENS OF THOUSANDS OF OKLAH

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 3	OMANS ACROSS THE STATE, IN FACILITIES VARYING IN SIZE FROM INTEGRIS EXPRESS CARE IN VINITA , OKLA , TO OUR FLAGSHIP HOSPITAL, INTEGRIS BAPTIST MEDICAL CENTER IN OKLAHOMA CITY SERVI CES RANGE FROM LEADING EDGE HEART FAILURE INTERVENTIONS, TO OUR NATIONALLY RENOWNED MULTI- SPECIALTY REHABILITATION CARE APPROXIMATELY 10,000 PEOPLE ARE EMPLOYED BY INTEGRIS, AND A FFILIATED HEALTH PROVIDERS ARE LOCATED IN 50 OKLAHOMA TOWNS AND CITIES HOSPICE SERVICES A RE OFFERED THROUGH INTEGRIS HOSPICE IN MIAMI AND GROVE AS WELL AS AT THE INTEGRIS HOSPICE HOUSE IN OKLAHOMA CITY COLLECTIVELY, THE ENTITIES WITHIN INTEGRIS MAINTAIN MORE THAN 1,80 0 LICENSED BEDS AND OUR MEDICAL STAFFS INCLUDE APPROXIMATELY 1,400 PHYSICIANS WITH OVER 3 00 ACCESS POINTS ACROSS THE STATE, APPROXIMATELY 60 PERCENT OF OKLAHOMANS LIVE WITHIN 30 M ILES OF A FACILITY OR PHYSICIAN INCLUDED IN THE INTEGRIS ORGANIZATION SPECIALIZED CENTERS OF EXCELLENCE PROVIDE INCOMPARABLE CARE EXCELLENCE IN MEDICAL CARE, ALONG WITH RESEARCH, STAFF EDUCATION, SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES AND EDUCATIONAL PROGRAMS FOR THE COMMUNITY ALLOW MEMBERS OF INTEGRIS TO ACHIEVE THE ORGANIZATIONS MISSION INTEGRIS IS A MEMBER OF THE MAYO CLINIC CARE NETWORK INTEGRIS IS IN THE PROCESS OF BUILDING FOUR COMMUNITY HOSPITALS IN CENTRAL OKLAHOMA THEY WILL BE LOCATED IN NORTHWEST OKLAHOMA CITY A T COUNCIL AND NW EXPRESSWAY, FAR WEST OKLAHOMA CITY AT COUNCIL AND I-40, IN MOORE AND DEL CITY ALL FOUR COMMUNITY HOSPITALS SHOULD BE BUILT AND OPERATIONAL BY THE END OF 2019 CAR ING FOR OUR COMMUNITIES MISSION TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SER VE VISION MOST TRUSTED NAME IN HEALTH CARE VALUES INTEGRIS VALUES CAN BE IDENTIFIED BY TH REE SIMPLE BUT VERY POWERFUL CONCEPTS OF LOVE, LEARN AND LEAD LOVE TREAT SELF AND OTHERS WITH KINDNESS, DIGNITY AND RESPECT BE PATIENT AND FORGIVING SERVE OTHERS WITH A CARING HEA RT LEARN LISTEN, ASK AND BE OPEN IMPROVE EVERY DAY UNDERSTAND OUR BUSINESS CREATE A LEARNI NG ENVIRONMENT LEAD SEEK AND PROVIDE DIRECTION AND VISION EXPECT AND ACKNOWLEDGE EXCELLENC E DEMONSTRATE HONESTY DEVELOP RELATIONSHIPS SHOW COURAGE TO MAKE A DIFFERENCE LEAD BY EXAM PLE INTEGRIS BAPTIST MEDICAL CENTER EMILY ROSE HOLLINS EMILY ROSE HOLLINS WAS BORN NEARLY FOUR MONTHS PREMATURE AND SPENT 156 DAYS IN THE INTEGRIS CHILDRENS NEONATAL INTENSIVE CARE UNIT SHE WAS BORN AT 25 WEEKS AND SIX DAYS ON FEB 8, 2017, WEIGHING A MERE 12 7 OUNCES AT BIRTH AFTER SPENDING MORE THAN FIVE MONTHS IN THE NICU FOLLOWING HER BIRTH, HOLLINS LE FT INTEGRIS AS THE HOSPITALS SMALLEST SURVIVING BABY EVER SHE IS THRIVING TODAY THANKS TO THE CARE SHE RECEIVED AT INTEGRIS ABOUT TWO YEARS AGO, MELANIE HOLLINS DIDNT BELIEVE SHE WOULD BE ABLE TO HAVE CHILDREN THE NOW-44-YEAR-OLD BETHANY RESIDENT HAD BEEN DIAGNOSED W ITH DIABETES, HIGH BLOOD PRESSURE AND END-STAGE KIDNEY FAILURE ALL HEREDITARY TRAITS IN HE R FAMILY TREE MELANIES KIDNEYS WERE FUNCTIONING AT JUST 13 PERCENT AND SHE WAS GOING THRO UGH THE APPROVAL PROCESS TO BE

Return Reference	Explanation
GENERAL STATEMENT 3	PLACED ON THE KIDNEY TRANSPLANT LIST WHEN SHE AND HER HUSBAND ALEX FOUND OUT SHE WAS PREG NANT WITH EMILY ROSE "WE WERE BOTH EXCITED AND HORRIFIED AT THE SAME TIME," MELANIE SAID "HERE I WAS DEALING WITH MY OWN MAJOR MEDICAL PROBLEMS AND ASKING MYSELF 'AM I EVEN GOING TO BE PHYSICALLY CAPABLE OF CARRYING THIS CHILD?'" SHE SAID EVERYTHING PROGRESSED FINE WIT H HER PREGNANCY UNTIL ABOUT SIX MONTHS IN, WHEN DURING A SCHEDULED CHECK-UP HER DOCTOR SAI D EMILY ROSE WAS VERY SMALL AND NOT GROWING LIKE SHE NEEDED TO BE MELANIES KIDNEY FUNCTIO N ALSO DROPPED TO 11 PERCENT THEN ONE NIGHT IN EARLY FEBRUARY, MELANIE EXPERIENCED STRONG STOMACH PAINS AND WENT TO THE EMERGENCY ROOM "THEY TOLD ME, SHE'S COMING TODAY," MELANIE RECALLED "THAT FREAKED ME OUT " AT 6 22 P M , EMILY ROSE WAS DELIVERED BY CESAREAN SECTI ON AND ENTERED THE WORLD WEIGHING BARELY MORE THAN A CAN OF SODA AND LESS THAN ONE POUND BEING BORN SO EARLY, EMILY ROSES BODY WAS EXTREMELY UNDERDEVELOPED SHE WAS NOT ABLE TO BR EATHE ON HER OWN SHE COULDN'T PHYSICALLY TAKE A BOTTLE UNTIL SHE WAS THREE MONTHS OLD NIC U NURSES FED HER THROUGH A TUBE TO KEEP HER ALIVE AFTER HER FIVE-MONTH STAY IN THE HOSPIT AL, EMILY ROSE WEIGHED A HEALTHY 7 POUNDS, 15 OUNCES AND WAS RELEASED AS A HEALTHY BABY GI RL MELANIE IS SO THANKFUL TO THE MEDICAL STAFF AT INTEGRIS FOR THEIR FAITH, TENACITY AND WILLINGNESS TO HELP HER DAUGHTER AGAINST THE ODDS "THEY GAVE HER A CHANCE, AND THEM GIVIN G HER A CHANCE MADE ALL THE DIFFERENCE IN THE WORLD," MELANIE SAID MELANIE WORKS TODAY TO BALANCE MAINTENANCE OF HER OWN HEALTH WITH CARING FOR EMILY ROSE AND THE REST OF HER FAMI LY, INCLUDING 10-YEAR-OLD DAUGHTER JACARI MELANIE IS ON DIALYSIS AND CONTINUES TO WAIT ON THE KIDNEY TRANSPLANT LIST SHE SAID EMILY ROSE CONSTANTLY GIVES HER STRENGTH THANKS TO H ER DAUGHTER'S VIVACITY "SHE'S A LITTLE FIRECRACKER," MELANIE SAID "FULL OF ENERGY " INTE GRIS BASS BAPTIST HEALTH CENTER TWIN BROTHERS GEORGE AND ERNIE DILLMAN TWIN BROTHERS GEORG E AND ERNIE DILLMAN, 63, OF ENID, DIDNT KNOW THEY WERE SUFFERING FROM THE SAME GENETIC ABN ORMALITY IN THEIR HEARTS THEIR CONDITION WAS DISCOVERED BECAUSE GEORGE, A VIGOROUS MAN, H AD BEEN FEELING RUNDOWN AND THOROUGHLY EXHAUSTED FOR MONTHS GEORGE IS A HIGHLY DECORATED, RETIRED SENIOR MASTER SERGEANT (E-8) AIRMAN, WHOSE 21-YEAR CAREER IN ACTIVE FEDERAL MILIT ARY SERVICE WAS FILLED WITH HIGH-PROFILE, PHYSICALLY DEMANDING ASSIGNMENTS IN FACT, GEORG E CALLED IT "ONE OF THE TOUGHEST JOBS IN THE WORLD "

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GENERAL STATEMENT 4	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED ALTHOUGH GEORGE ALWAYS LED AN EXTREMELY ACTIVE LIFE, HE SIMPLY HAD NO ENERGY FOR MONTHS. ERNIE, TOO, HAD BEEN FEELING TIRED AND RUN DOWN BUT HE'D CHALKED IT UP TO HIS DIABETES. IT WAS QUITE A SURPRISE TO BOTH WHEN DOCTORS DISCOVERED THAT EACH TWIN SUFFERED FROM BICUSPID AORTIC VALVE DISEASE. BICUSPID AORTIC VALVE DISEASE IS CAUSED BY A STRUCTURAL FLAW. THE AORTIC VALVE SHOULD HAVE THREE FLAPS DIRECTING BLOOD FLOW, BUT THEIRS HAD ONLY TWO. BECAUSE OF THIS, SOME OF THEIR BLOOD WAS FLOWING BACKWARD. BOTH BROTHERS NEEDED VALVE REPLACEMENT SURGERY. GEORGE HAD OPEN HEART SURGERY ON MARCH 15, 2018. ERNIE HAD HIS SURGERY LESS THAN THREE MONTHS LATER, ON JUNE 6. AFTER THEIR SURGERIES, BOTH MEN BECAME OUTPATIENTS AT INTEGRIS BASS BAPTIST HOSPITAL IN ENID AND RAVED ABOUT THE OUTSTANDING LEVEL OF CARE THEY RECEIVED. "I FEEL REALLY GOOD NOW," ERNIE SAYS. "I'VE GOT SO MUCH ENERGY. I'M VERY BLESSED. PEOPLE NEED TO KNOW IF THEY FEEL RUN DOWN OR TIRED, IT MAY NOT BE JUST NATURAL AGING. THERE COULD BE A MEDICAL REASON AND THEY SHOULD NOT HESITATE TO GET CHECKED." AFTER COMPLETING THEIR CARDIO REHABILITATION AT INTEGRIS BASS BAPTIST, BOTH BROTHERS HAVE REGAINED THEIR LIVELINESS, THEIR STRENGTH - AND OVERALL VIBOR FOR LIFE HAS RETURNED. INTEGRIS CANADIAN VALLEY HOSPITAL GARY SLANE. GARY SLANE NEVER MISSED A WORK-OUT. HE COULD ALWAYS PUSH PAST THE PAIN. UNTIL ONE DAY - HE COULDN'T. "IT STARTED WITH TINGLING AND NUMBNESS AND EVENTUALLY A BURNING SENSATION AND I PROBABLY SHOULD HAVE GONE TO SEE A DOCTOR BUT I JUST THOUGHT IT WAS BECAUSE OF MY AGE." THE 64-YEAR-OLD MAN FROM EL RENO, OKLA., WENT TO WORK OUT ONE FRIDAY NIGHT - WHEN THE PAIN FINALLY GOT THE BEST OF HIM. BY THE TIME HE LEFT THE GYM, HE WAS HARDLY ABLE TO WALK OUT TO HIS CAR. HE WENT TO AN URGENT HEALTH CARE CENTER IN EL RENO. X-RAYS REVEALED HIS MUSCLES WERE SWOLLEN AND PRESSING INTO HIS SPINE. HE WENT HOME AND TOOK A PAIN PILL, THEN WENT TO BED. WHEN HE WOKE UP THE NEXT DAY - HE WAS PARALYZED. GARY CALLED 911. HE WAS TAKEN TO INTEGRIS BAPTIST MEDICAL CENTER. THE NEUROSURGEON INDICATED HE HAD ARTHRITIS IN HIS SPINE, A DEBILITATING AND UNDIAGNOSED HEALTH CONDITION THAT OVER TIME CAUSED A SEVERE SPINAL CORD INJURY. HE UNDERWENT IMMEDIATE SPINAL SURGERY ON HIS L1, 2, 3, 4 AND 5TH VERTEBRAE. HE HAD TO MAKE A DECISION WHETHER HE WAS GOING TO LIVE IN FEAR OR IN FAITH. AND HE CHOSE FAITH. AFTER SURGERY, GARY STARTED REHAB AT INTEGRIS JIM THORPE, FIRST AS AN INPATIENT AND NOW AS AN OUTPATIENT. HE ATTENDS OUTPATIENT THERAPY EVERY WEEK AT INTEGRIS CANADIAN VALLEY HOSPITAL. GARY IS DETERMINED TO WALK AGAIN ONE DAY, AND HIS THERAPISTS ARE CONVINCED HE WILL. THEY SAY HIS GRIT AND WORK ETHIC ARE RELENTLESS, BUT IT IS HIS CONTAGIOUS SMILE THAT THEY WILL ALWAYS REMEMBER. GARY RECEIVED THE 2018 INTEGRIS JIM THORPE COURAGE AWARD. THE HONOR IS NAMED AFTER THE MAN KNOWN AS THE WORLD'S GREATEST ATHLETE, JIM THORPE, AND IS GIVEN ANNUALLY TO THOSE WHO HAVE OVERCOME DISABILITIES CAU.

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GENERAL STATEMENT 4	SED BY INJURY OR ILLNESS, BY FACING THE PHYSICAL AND MENTAL CHALLENGES OF REHABILITATION WITH BOTH COURAGE AND DETERMINATION INTEGRIS CANCER INSTITUTE STACI JOHNSON STACI JOHNSON WAS DIAGNOSED WITH BREAST CANCER AT THE AGE OF 36 JOHNSON WAS PROACTIVE IN HER TREATMENT AFTER DISCOVERING AN UNUSUAL LUMP IN EARLY 2016 AND EMBRACED POSITIVITY THROUGHOUT HER TREATMENT AT THE INTEGRIS CANCER INSTITUTE AND THE INTEGRIS COMPREHENSIVE BREAST CENTER THE BETHANY RESIDENT IS NOW IN REMISSION, BACK TO WORK AND ENJOYING HER TIME WITH HER HUSBAND MIKE AND SONS HUNTER, 10, AND WYATT, 6, WITH A FRESH PERSPECTIVE IN JANUARY 2016, JOHNSON NOTICED AN UNUSUAL LUMP AFTER EXITING THE SHOWER SHE MADE AN APPOINTMENT WITH HER PHYSICIAN BUT DIDN'T GIVE IT MUCH THOUGHT OTHERWISE AS SHE HAD NO HISTORY OF BREAST CANCER IN HER FAMILY AN ULTRASOUND, MAMMOGRAM AND BIOPSY FOLLOWED IN THE COMING WEEKS AT THE INTEGRIS COMPREHENSIVE BREAST CENTER, AND IN FEBRUARY 2016, JOHNSON WAS DIAGNOSED WITH INVASIVE DUCTAL CARCINOMA SHE ALLOWED HERSELF TO BE DISTRAUGHT FOR THE NEXT TWO DAYS, BUT THEN DECIDED THAT TO BEAT THIS, SHE NEEDED TO KEEP A POSITIVE MINDSET THROUGHOUT THE COMING MONTHS "FOR THE MOST PART I DIDN'T LET IT GET ME DOWN I WAS VERY POSITIVE," SHE SAID "I HAD THAT INITIAL COUPLE OF DAYS, BUT THEN I JUST THOUGHT 'NOPE WE'RE GOING TO GET THIS TAKEN CARE OF'" SHE STARTED HER FIRST CHEMOTHERAPY TREATMENT MARCH 10, 2016, AT THE INTEGRIS CANCER INSTITUTE AND HAD EIGHT ROUNDS OF CHEMOTHERAPY THAT LASTED INTO JULY "THEY DIDN'T WASTE ANY TIME, WHICH IS A BLESSING BECAUSE THEY JUST TOOK OVER," JOHNSON SAID "YOUR BRAIN IS MULTIPLIED THERE IS SO MUCH INFORMATION BEING FED TO YOU THAT YOU JUST KIND OF FOLLOW THE PATH AND I KNEW I WAS IN GOOD HANDS" HER FIRST FOUR ROUNDS OF CHEMOTHERAPY WERE STRONG AND CAME EVERY TWO WEEKS SHE STARTED TO LOSE HER HAIR BEFORE HER SECOND TREATMENT AND ASKED HER HUSBAND TO HELP SHAVE HER HEAD THE LAST FOUR ROUNDS OF CHEMO CAME EVERY THREE WEEKS EXHAUSTION, ACHES AND PAINS FOLLOWED EACH ROUND SHE WOULD GO IN FOR CHEMO ON THURSDAYS AND RETURN TO WORK ON TUESDAYS SOME DAYS WERE MORE DIFFICULT THAN OTHERS SHE HAD SURGERY IN SEPTEMBER AND THEN RADIATION TREATMENTS IN NOVEMBER AND DECEMBER SHE RECEIVED THE ENCOURAGING NEWS THAT SHE WAS IN REMISSION IN THE FALL OF 2016 THROUGHOUT HER TREATMENTS, APPOINTMENTS AND RECOVERY, POSITIVITY AND SUPPORT ENVELOPED HER JOHNSON SAID THE STAFF AT INTEGRIS CANCER INSTITUTE BECAME PART OF HER FAMILY BECAUSE OF THE ENCOURAGEMENT AND OUTSTANDING CARE THEY OFFERED HER FRIENDS AND FAMILY OFFERED OTHER FORMS OF SUPPORT, BRINGING FOOD TO HER FAMILY, HELPING WITH SHOPPING AND ASSISTING IN KEEPING HER SONS LIVES AS NORMAL AS POSSIBLE THROUGH IT ALL "IT'S JUST SO AMAZING THAT WHEN YOU NEED IT, THERE IS SO MUCH COMPASSION," JOHNSON SAID HER ILLNESS INITIALLY FORCED HER TO SLOW DOWN BUT SLOWING DOWN ALSO BROUGHT HER A NEW PERSPECTIVE AND IS A PRACTICE SHE CONTINUES TODAY "JUST BEING WILLING TO SAY NO AND MAKING CERTAIN

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GENERAL STATEMENT 4	THINGS THE PRIORITY AND CHERISHING THE MOMENTS YOU DO HAVE," JOHNSON SAID "THAT WAS MY BIG THING THOSE THINGS YOU PICK TO DO WITH YOUR FRIENDS AND FAMILY, JUST CHERISH THEM BECAUSE LIFE IS SO SHORT " INTEGRIS COMMUNITY OUTREACH INTEGRIS METRO COMMUNITY OUTREACH 10 STEPS TO MENTAL FITNESS 10 WAYS TO MAKE TIME FOR FITNESS 4TH GRADE BAKING CLASSES ABCS OF DIABETES ACES CANCER EDUCATION AND SUPPORT GROUP ACS MAKING STRIDES AFRICAN AMERICAN MENS HEALTH SUMMIT ALA FIGHT FOR AIR ALCOHOL TASKFORCE ALL ABOUT CARBS ALS SUPPORT GROUP ALZHEIMER'S CAREGIVER SUPPORT GROUP AMERICAN ACADEMY OF FAMILY AMERICAN CANCER SOCIETY AMERICAN HEART ASSOCIATION AMERICAN LUNG ASSOCIATION ANADARKO FALL FESTIVAL ANNUAL HEALTH AND SCIENCE FAIR ANTI-SMOKING PRESENTATION ARBOR HOUSE CAREGIVERS SUPPORT GROUP ART EXHIBIT CELEBRATION OF LIFE ASK-A-DIETITIAN BABY CAFE - MILK BAR BABY EXPO BETHANY FIRST NAZARENE CHURCH "HOT TOPICS" LUNCH BETTER BREATHERS SUPPORT GROUP BLOOD PRESSURE DOS AND DONTS-MAPS3 BLOOD PRESSURE POWER BLOOD PRESSURE SCREENINGS BOY SCOUTS 2018 BRAIN INJURY SUPPORT GROUP BREAST CANCER SUPPORT GROUP BURN CENTER LECTURES CALM WATERS CAN MEETINGS AND EVENTS CANADIAN VALLEY VOTECH-CLINICALS CANCER PREVENTION TALK CANCERCHECK CARDIAC REHAB SUPPORT GROUP CAREGIVERS SUPPORT GROUP CELEBRATION OF LIFE, NATIONAL CANCER SURVIVORS DAY CENTRAL OKLAHOMA PALLIATIVE CARE CHANCE TO CHANGE CHANGING YOUR WEIGHTS CHAPLAINCY COMMUNITY SUPPORT CHEW ON THIS - MONTHLY NUTRITION EDUCATION CITIZENSHIP CLASSES COALITION FOR FAMILIES AND CHILDREN COMMUNITY AWARENESS AND ADVOCACY EVENTS FOR MENTAL HEALTH AND ADDICTION COMMUNITY DEVELOPMENT SUPPORT AGENCY COMMUNITY FLU SHOTS COMMUNITY RESOURCE FAIR COMMUNITY RESOURCE NETWORKING SUMMIT COMMUNITY STROKE AWARENESS/EDUCATION COMMUNITY TRAGEDIES THE HOSPICE RESPONSE COMMITTEE ASSONATE HANDS MYSTERY DINNER COMPUTER CLASSES CONVERSATIONAL SPANISH CLASSES COOKING CAMP COOKING CLASSES FOR CLIENTS OF COM CARE COORD TEAM COOKING MATTERS PROGRAM CORPORATE WELLNESS FOR THUNDER EMPLOYEES DALE ROBERTSON SCREENINGS DE MUJER A MUJER DIABETES AWARENESS AND EDUCATION DIABETES EMPOWERMENT AND EDUCATION PROGRAM (DEEP) DIABETES FOCUS GROUP / GRUPO DE APOYO PARA DIABETICOS DIABETES JOURNEY FOR CONTROL DIDACTIC COUNSELING CENTER DOWN SYNDROME SUPPORT GROUP EAGLE SCOUT DISTRICT COMMITTEE MEETINGS EAST GATE FOUNDATION EAST ZION DISTRICT ASSOCIATION HEALTH LECTURE EDMOND MAYOR PRAYER BREAKFAST EDMOND PUBLIC SCHOOLS ATHLETICS EDMOND SUICIDE PREVENTION TASK FORCE ELL CLASSES EMERSON NUTRITION EDUCATION CLASSES ENID COMMUNITY SCREENINGS EPIPHANY CATHOLIC CHURCH SPEAKER PRESENTATION FESTIVAL OF THE CHILD FIRST CHURCH NAZARENE, BETHANY SPEAKER PRESENTATION FIT, NOT FRAIL WEIGHT MANAGEMENT FOR SENIORS FOOD DEMONSTRATIONS AND SPEAKER PRESENTATION FRANCIS TUTTLE CLINICAL RESPIRATORY FREE VASCULAR SCREENINGS FT. RENO DAR

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GENERAL STATEMENT 5	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED GED CLASSES GETTING YOUR ZZZZZS -TH E IMPORTANCE OF GOOD SLEEP GIDEONS PRAYER BREAKFAST GIRL SCOUTS 2018 GO RED FOR YOUR HEART /VESTIDO ROJO GRIEF AFTER SELF INFLICTED CAUSES OF DEATH HEALTH PLANNING HEALTHY COOKING D EMO AT MIAMI FIRE STATION IN MIAMI, OK HEALTHY HEART HEALTHY HEART WALKERS CLUB HEARING HE LERS DEMONSTRATIONS AND ACTIVITIES HEARING SCREENINGS HEARTSAVER CPR AND AED, FIRST AID H ILLCREST BAPTIST CHURCH -BALANCE AND BANDS HISPANIC CHAMBER OF COMMERCE LATINO LEADERSHIP SERIES HISPANIC HEALTH FAIR / FERIA HISPANA DE LA SALUD HISPANIC RADIO, TELEVISION ANDNEWS PAPER HLC/PACER WEIGHT LOSS GROUP SPEAKER PRESENTATION AT HOLY ANGELS HEALTH FAIR/FERIADE SALUD EN SANTOS ANGELES HOME GARDENING 101 SPEAKER PRESENTATION HOUGH EAR INSTITUTE IMAGE IS EVERYTHING INFANT CRISIS SERVICES INFORMED SENIOR SEMINAR INTEGRIS CARDIOLOGY CONFERENC E INTEGRIS COMMUNITY CLINIC INTEGRIS FITCLUB INTEGRIS PHARMACEUTICAL ASSISTANCE PROGRAM JU NIOR MASTER GARDENER PROGRAM AT ADAMS ELEMENTARY SCHOOL, OKC, OK JUST BREATHE KIDS CLUB AT CROSSINGS COMMUNITY CENTER - SUMMER PROGRAM KIDS IN THE KITCHEN LA LECHE LEAGUE 2018 LAKE HOMA PTA LATINO WALKERS CLUB / CLUB DE CAMINANTES LATINO LAY HEALTH PROMOTERS / PROMOTORAS DE SALUD LEADERSHIP CANADIAN COUNTY LEFT VENTRICULAR ASSISTIVE DEVICE SUPPORT GROUP LIFE SHARE OF OKLAHOMA LIMB LOSS SUPPORT GROUP LITERACY PROGRAM/PLAZA COMUNITARIA LIVESTRONG CA NCER SUPPORT GROUP LLS CORPORATE PARTNERS BREAKFAST LLS LIGHT THE NIGHT LOOK GOOD, FEEL BE TTER LOVE OKC MAKING SENSE OF YOUR DIAGNOSIS -MAPS3 MAKING STRIDES ACS MARCH OF DIMES MDA CLINIC SPACE MEALS ON WHEELS MEDICAL STUDENT FAMILY MEDICINE ROTATION MEMORY AND BRAIN CON NECTION -CHRISTIAN CHURCH MENTAL HEALTH AND ADDICTION RECOVERY LEGISLATIVE ADVOCACY MENTAL HEALTH FIRST AID MENTAL HEALTH PROFESSIONAL EDUCATION MENTAL HEALTH SCREENING EVENTS MENT AL ILLNESS AND THE CHURCHES MISSION MENTORING PROGRAM MERIDIAN TECHNOLOGY STUDENT GROUP MH S PROJECT GRADUATION 2018 MIND BODY ESSENTIALS COMMUNITY EDUCATION OFFERINGS MINI HEALTH F AIRS MONTHLY LECTURES/CONFERENCIAS MENSUALES MUSCULAR DYSTROPHY ASSOCIATION MUSIC THERAPY STUDENT INTERNSHIPS MUSTANG SENIOR CENTER SCREENINGS NAMI WALK NATIONAL HEALTHCARE DECISIO N DAY NEWSLETTERS/VIVA INTEGRIS NFPOS NOT FOR PROFIT MEETING - ONA, HEALTH CARE WORKFORCE, DEU NURSING CLINICALS PRE AND POST CLINICALS NURSING EDUCATORS AND SERVICE ADMINISTRATORS (NESA) MEETINGS NURSING, AUA, SURG TECH AND PARAMEDIC CLINICALS NUTRITION BREAKOUTS FOR Y UKON PROFESSIONAL DEVELOPMENT DAY NUTRITION CLASS SERIES/CLASEDE NUTRICIN NUTRITION EDUCAT ION NUTRITION FOR EVERYONE OBI BLOOD DRIVES 2018 OCCUPATIONAL THERAPY INTERNSHIPS OK SOCIE TY OF PERIANESTHESIA NURSES OKC CELEBRATE PINK OKC JOINT CHNA MEETINGS OKLAHOMA BEHAVIORAL HEALTH ASSOCIATION FOUNDATION OKLAHOMA COUNTY MEDICAL SOCIETY OKLAHOMA HALL OF FAME OKLAH OMA HOSPITAL ASSOCIATION OKLAHOMA PROJECT WOMAN OKLAHOMA STATE RESPIRATORY CARE BOARD OF D IRECTORS 2018 OKLAHOMA STATE S

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GENERAL STATEMENT 5	TROKE SYSTEMS ADVISORY COMMITTEE OKLAHOMA WOMENS COALITION OSHOF CHILDRENS CHALLENGE OUHSC MEDICAL STUDENT COURSE PANCAKES AND PROSTATES AT PARENT PROMISE PARKS AND REC RUNNERS CLU B - INJURY PREVENTION PHYSICAL THERAPY STUDENT INTERNSHIPS PIE FOR PARENTS COMMUNITY EVENT POSITIVE DIRECTIONS MENTORING PROGRAM PRECEPTOR FOR GRADUATE LEVEL NURSING STUDENT PRE-HY PERTENSION PRESENTATION-MAPS3 SENIOR CENTER PRESBYTERIAN LADIES SOCIAL CLUB BALANCE AND BA NDS PRESENTATIONS AND ASSISTANCE WITH MENTAL HEALTH RELATED EDUC PROJECT 31 2018 PROJECT S EARCH 2017-18 QPR IN SPANISH QUAIL RIDGE LIVING CENTER RADIATION THERAPY STUDENT RECREATI ONAL THERAPY STUDENT INTERNSHIPS RESOURCE ROOM RETIREMENT FAIR - SENIOR HEALTH FAIR - ENID , OK ROGERS COLLEGE STUDENTS ROSE STATE CLINICAL ROTATIONS SAVANNAH STATION BOARD OF DIREC TORS SENIOR CAFE - INTEGRIS SOUTHWEST SENIORS FOR LIFE SHA CLINIC SOCIAL WORKERS CONFERENC E -STRESS SPANISH CANCER SUPPORT GROUP/GRUPO DE APOYO DE CANCER SPECIALTY CLINIC SPEECH LA NGUAGE PATHOLOGY INTERNSHIPS SPINAL CORD INJURY SUPPORT GROUP SPIRITUAL SUPPORT GROUP ST JOHN SCHOOL FALCON 5K SHA SPEAKER PRESENTATION STANLEY HUPFELD ACADEMY VOLUNTEER STATE LIB RARIAN CONFERENCE -STRESS STATEWIDE STROKE CONFERENCE STITCHING FOR SANITY STROKE AWARENES S AT THE MAPS3SENIOR CENTER SUCCESSFULLY NAVIGATING A TRANSITIONAL CULTURE SURREY HILLS GA RDEN CLUB TACOS AND TESTOSTERONE TEMPLE BNAI ISRAEL THE FULL PLATE DIET THE OKLAHOMA CARIN G FOUNDATION THIRD AGE LIFE CENTER EDUCATIONAL SEMINARS THIRD AGE LIFE CENTER NUTRITION PR OGRAM-BROOKLINE TINKER FCU SR HEALTH FAIR AT THE REED CENTER, MIDWEST CITY, OK TOOLS FOR LIVING WITH CHRONIC CONDITIONS TRI-COUNTY CHIO (COMMUNITY HEALTH IMPROVEMENT ORGANIZATION) UCO COMMUNITY & PUBLIC HEALTH INTERNSHIPS UCO GRADUATE SPORTS NUTRITION CLASS SPECIALTY C LINIC SPEAKER REQUEST UNDERSTANDING MEDICAL EMERGENCIES UNITED WAY VACCINATE OK BOARD OF A DVISORS VAN BUREN ELEMENTARY ANTI-SMOKING PRESENTATION VILLAGE SENIOR COMMUNITY - BALANCE AND BALLS WALK THIS WEIGH WHEN DEATH AND LOSS ARE PART OF THE JOB WILDERNESS MATTERS WOMEN S HEALTH FORUM HISPANIC EVENT YHS PROJECT GRADUATION 2018 YHS REALITY CHECK 2018 YMCA YOGA FOR KIDS YOGA-LEARNING TO RELAX YOUTH AND FAMILY SERVICES YOUTH EXPERIENCING SUCCESS LUNC H YOUTH SPEAK OUT YPS TRACK MEET LUNCH YUCAN COALITION YUKON COMMUNITY SUPPORT FOUNDATION 2018 YUKON HIGH SCHOOL MENS HEALTH SCREENINGS YUKON MIDDLE SCHOOL 7TH GRADE HEALTH CONFERE NCE YUKON POLICE DEPARTMENT YUKON PUBLIC SCHOOL BOARD 2017-2018 YUKON ROTARY INTEGRIS REGI ONAL COMMUNITY OUTREACH 4RKIDS WALK DONATION A ROGERS MED STUDENT AFTON FALL-FEST- BP SCR EENINGS AMERICAN CANCER SOCIETY RELAY FOR LIFE-ENID BLOOD PRESSURE SCREENING BRIGHT FUTURE S CAREER DAY CDSA BUZZ RUN CDSA WINE TOUR CHAPLAINCY COMMUNITY SUPPORT CHILDBIRTH CLASSES CHISHOLM AFTER PROM 5K CHISHOLM SCHOOL FOUNDATION GLOW RUN 5K CLINICAL HOURS COMMUNITY AED DONATION COMMUNITY ALZHEIMERS SUPPORT GROUP COMMUNITY AUTISM SUPPORT GROUP COMMUNITY COLL ABORATIVE COMMUNITY EASTER EVE

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GENERAL STATEMENT 5	NT-BIKE SAFETY COMMUNITY HEALTH FAIR CROWDER NURSING STUDENTS DIABETES SUPPORT GROUPS EHS SPIRIT COLOR RUN 5K ELDER DAYS- SENIOR HEALTH FAIR ENID CHARITY BALL DONATION 2018 ENID HIGH ATHLETIC TRAINER ENID PROJECT GRADUATION FIRST AID KIT DONATION GOOD TO KNOW- HEALTH EDUCATION GRACE HOLLRAH BREAST CANCER SUPPORT GROUP GROVE NURSING STUDENTS GUARDIANS OF THE HEART HEALTHY COOKING CLASS CARDIAC REHAB HEROES HELP- PARAMEDIC HOSPICE FUNDRAISERS MINT JULIP, SPORTING CLAY, TREE OF LIFE HOSPICE MEMORIAL WALK HOSPICE NURSING STUDENTS IMG STUDENT IMPACT TEST DONATION KETTERMAN NURSING LAB LANGLEY HEALTH FAIR MAN UP EVENT MEALS ON WHEELS MENS HEALTH FAIR-PSA SCREENING MENTORING MIAMI NURSING STUDENTS FALL MIRACLE LEAGUE OF ENID MOBILE MEALS NATIONAL MULTIPLE SCLEROSIS SOCIETY NURSE PRACTITIONER STUDENT- IMG OTTAWA COUNTY FAIR PARAMEDIC STUDENTS PARENTS HELPING PARENTS PHYSICAL THERAPY COMMUNITY POVERTY SIMULATION PROJECT SEARCH ROCET DAY- MIAMI AND OTTAWA COUNTY PUBLIC SCHOOLS SCHOOL COOKS TRAINING SENIOR LIFE NETWORK SOUPER BOWL HEALTH FAIR SPORTS PHYSICALS SPRING NURSING STUDENTS ST. JOSEPH CATHOLIC SCHOOL 5K SUPERVISION OF MEDICAL STUDENTS SURGERY NURSING STUDENTS THE BEAT UNITED WAY DONATION VO-TECH NURSING STUDENTS WALK FOR LIFE- GROVE WOMENS HEALTH EXPO YMCA BACK A YOUTH YWCA PURSES WITH A PURPOSE INTEGRIS NETWORK INTEGRIS BAPTIST MEDICAL CENTER EIGHT CENTERS OF EXCELLENCE THE INTEGRIS AWARD WINNING FLAGSHIP HOSPITAL ONLY OKLAHOMA-OWNED MAGNET HOSPITAL FOR EXCELLENCE IN NURSING SERVICES HIGHEST LEVEL OF ACHIEVEMENT AWARDED BY THE AMERICAN NURSES CREDENTIALING CENTER INTEGRIS BAPTIST EARNED THE US NEWS & WORLD REPORT BEST HOSPITALS AWARD A FIFTH CONSECUTIVE YEAR, 2016-17 INTEGRIS BASS BAPTIST HEALTH CENTER, ENID DA VINCI XI SURGICAL SYSTEM LEVEL III TRAUMA CENTER AND LEVEL III STROKE CENTER HOME OF THE HEART AND VASCULAR INSTITUTE OF NORTHWEST OKLAHOMA, AND SISTER FACILITY TO BASS BEHAVIORAL HEALTH AND NORTHWEST SPECIALTY HOSPITAL AT THE BASS PAVILION INTEGRIS CANADIAN VALLEY HOSPITAL YUKON ACUTE CARE LEADING-EDGE INSTRUMENTAL TECHNOLOGY MATCHING UNPRECEDENTED PACE OF GROWTH IN THE WESTERN METRO WITH MILLIONS IN EXPANSIONS AND THE AREAS ONLY LEVEL II SPECIAL CARE NURSERY, AND THE HIGHEST-LEVEL ER IN WESTERN OKLAHOMA INTEGRIS CANCER INSTITUTE A PROTON THERAPY DESTINATION FEATURING ONE OF THE FEW CENTERS IN THE UNITED STATES NATIONAL CANCER SURVIVORS DAY SPONSOR SIX STATEWIDE CAMPUSES, WITH MORE SURVIVORS OF MORE TYPES OF CANCER THAN ANYWHERE ELSE IN THE STATE THE INSTITUTE REDEFINES CANCER TREATMENT PHILOSOPHIES OF CARE

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Return Reference	Explanation
GENERAL STATEMENT 6	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED INTEGRIS GROVE HOSPITAL LEVEL IV TRAUMA CENTER SERVES NE OKLAHOMA, NW ARKANSAS, SW MISSOURI FULL SERVICE ACUTE CARE HOSPITAL FEATURING A ROBUST CARDIOLOGY PROGRAM WITH A CARDIAC CATHETERIZATION LAB HOSPITAL HAS INVESTED MILLIONS IN STATE-OF-THE-ART TECHNOLOGY INCLUDING NEW CT, MRI, NUCLEAR MEDICINE AND ENDOSCOPIC EQUIPMENT INTEGRIS HEALTH EDMOND WHERE HOSPITALITY MEETS HEALTH CARE INTERNATIONAL BABY FRIENDLY BIRTH FACILITY THE AREAS LARGEST AND MOST ADVANCED ER, ONLY LEVEL II SPECIAL CARE NURSERY AND EDMONDS MOST ADVANCED CARDIAC CARE ALL AT THE HOSPITAL RANKED NO. 1 IN PATIENT SATISFACTION BY PRESS GANEY LAKESIDE WOMENS HOSPITAL DESIGNED ESPECIALLY FOR WOMEN DEDICATED TO THE HEALTH OF WOMEN OF ALL AGES LAKESIDE PHYSICIANS OFFICES ARE LOCATED STEPS AWAY PROVIDES OB AND GYN CARE, OB DELIVERY, SURGICAL SERVICES, BREAST SURGERY, ULTRASOUND, LAB, MAMMOGRAPHY, CONTINENCE, COLONOSCOPY, ORTHOPEDICS AND MORE INTEGRIS MENTAL HEALTH, SPENCER CHILD, ADOLESCENT AND ADULT INPATIENT MENTAL HEALTH EDUCATIONAL SPEAKERS, WORKSHOPS AND MASSAGE THERAPY SERVICES OFFERED THROUGH INTEGRIS JAMES L. HALL JR. CENTER FOR MIND, BODY AND SPIRIT PARTIAL HOSPITALIZATION, INTENSIVE OUTPATIENT PROGRAMS FOR MENTAL HEALTH AND ADDICTION RECOVERY OFFERED THROUGH INTEGRIS DECISIONS, MOBILE ASSESSMENT SERVICES AVAILABLE THROUGH INTEGRIS HOSPITALERS, OUTPATIENT MENTAL HEALTH SERVICES AVAILABLE THROUGH INTEGRIS MENTAL HEALTH CLINIC FREE, ANONYMOUS MENTAL HEALTH AND ADDICTION SCREENINGS AND RESOURCES AVAILABLE AT INTEGRISOKCOM/IMH INTEGRIS MIAMI HOSPITAL LEVEL IV TRAUMA CENTER SERVES NE OKLAHOMA, SE KANSAS, SW MISSOURI INTEGRIS HAS INVESTED HEAVILY IN RENOVATING THIS FULL SERVICE, ACUTE CARE HOSPITAL UPDATES HAVE FOCUSED ON IMPROVED PATIENT ACCESS AND NEW TECHNOLOGY IN ADDITION TO A CARDIAC CATHETERIZATION LAB AND CARDIOLOGY PROGRAM, THE HOSPITAL ALSO FEATURES A GERIATRIC MENTAL HEALTH UNIT AND A COMPREHENSIVE RADIOLOGY DEPARTMENT INTEGRIS SOUTHWEST MEDICAL CENTER SEVEN CENTERS OF EXCELLENCE WON PRESTIGIOUS ANCC PATHWAY TO EXCELLENCE STATUS A CORNERSTONE IN A VITAL AND GROWING PART OF THE SOUTH OKLAHOMA CITY COMMUNITY SINCE ITS BEGINNING IN 1965 HOME TO THE REGION'S LEADER IN REHABILITATION INTEGRIS JIM THORPE INTEGRIS FAMILY CARE CLINICS * EDMOND (3) * ENID * GROVE * HINTON * MIAMI * MOORE * MUSTANG * NORMAN * OKLAHOMA CITY (9) * YUKON (2) ACCESS MEDICAL CENTER FACILITIES * DEL CITY * EDMOND (2) * MIDWEST CITY * MOORE * NEWCASTLE * NORMAN * OKLAHOMA CITY (4) * YUKON URGENT CARE FACILITIES * ENID (3) * GROVE * MIAMI * NORMAN INTEGRIS GROVE HOSPITAL LARRY TEEL LARRY TEEL WAS AT HOME ENJOYING A CUP OF COFFEE ONE MORNING WHEN HE HAD AN EXCRUCIATING PAIN IN HIS ELBOW HE SAID IT FELT LIKE HE HAD BEEN HIT WITH A SLEDGE HAMMER THE PAIN BEGAN TO RADIATE UP INTO HIS SHOULDER AND HE STARTED EXPERIENCING CHEST PAIN KNOWING HE WAS LIKELY HAVING A HEART ATTACK, TEEL ASKED HIS NEIGHBOR TO DRIVE HIM TO INTEGRIS GROVE HOSPITAL UPO

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Return Reference	Explanation
GENERAL STATEMENT 6	ON ARRIVAL, HE WAS IMMEDIATELY TAKEN TO THE CATH LAB HE NOTED THAT EVEN THOUGH THE STAFF WAS HUSTLING AND MOVING QUICKLY, THEY WERE KIND AND COMPASSIONATE AND THEY EXPLAINED EVERY DETAIL ABOUT WHAT TO EXPECT HE RECEIVED TWO STENTS AND LEARNED HIS HEART ATTACK WAS REFERRED TO AS A "WIDOW MAKER " "I HAVE NO DOUBT THAT THEY SAVED MY LIFE AT INTEGRIS GROVE HOSPITAL, AND I WILL BE FOREVER GRATEFUL," SAYS TEEL "I'M GLAD I WAS ABLE TO GET ALL THE CARE I NEEDED RIGHT HERE LOCALLY, AND I AM HUMBLLED BY THE WAY THEY TOOK SUCH A PERSONAL INTEREST IN HELPING ME HEAL AND IN TURN LEAD A HEALTHIER LIFESTYLE " TEEL HAS NOW RETIRED AND MOVED TO BERNICE, OKLA , WHERE HE IS BUSY LIVING THE EXTENDED LIFE HE ALMOST DIDNT GET TO ENJOY INTEGRIS HEALTH EDMOND SHIRLEY MCDANIEL LIKE MANY WOMEN, SHIRLEY MCDANIEL OF BROKEN BOW, OKLA , SUFFERED FROM FREQUENT BLADDER INFECTIONS SHE WOULD ROUTINELY HAVE FIVE OR SIX A YEAR SOMETIMES THEY WERE SO PAINFUL, SHE WAS UNABLE TO WORK NOT ONLY WERE THE INFECTIONS INTERFERING WITH HER LIFE, THEY WERE BECOMING INCREASINGLY DIFFICULT TO TREAT DUE TO ANTIMBIOTIC RESISTANCE ONE BLADDER INFECTION LED TO A TRIP TO THE EMERGENCY ROOM IN ADDITION TO THE TYPICAL SYMPTOMS ASSOCIATED WITH A URINARY TRACT INFECTION, MCDANIEL BEGAN TO VOMIT AND RUN A FEVER SHE WAS LETHARGIC AND EXPERIENCING SHORTNESS OF BREATH HER CONDITION WAS RAPIDLY DECLINING SO HER HUSBAND, JAMES, BYPASSED SEVERAL OTHER HOSPITALS TO TAKE HER DIRECTLY TO INTEGRIS HEALTH EDMOND DENA OLEARY, MD , IS A UROGYNECOLOGIST AT THE HOSPITAL SPECIALIZING IN PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY SHE DIAGNOSED MCDANIEL WITH A PROLAPSED BLADDER AND WHILE UROSEPSIS WAS NEVER ACTUALLY CONFIRMED, DUE TO THE SEVERITY OF THE SITUATION OLEARY BEGAN TREATING IT AS SUCH MCDANIEL WAS ADMITTED TO THE HOSPITAL ONCE THE INFECTION WAS UNDER CONTROL, MCDANIEL UNDERWENT BLADDER PROLAPSE SURGERY AND IS DOING MUCH BETTER TODAY "INTEGRIS HEALTH EDMOND IS FANTASTIC," SHE SAYS "IF IT WEREN'T FOR THE CARE I RECEIVED THERE, I WOULDN'T BE HERE TODAY " MCDANIEL STILL SEES DR OLEARY A FEW TIMES A YEAR FOR FOLLOW-UPS BUT IS OTHERWISE ENJOYING LIFE WITH HER HUSBAND, SIX GRANDCHILDREN AND FIVE GREAT-GRANDCHILDREN SHE AND HER HUSBAND ALSO JUST CELEBRATED THEIR SIXTY EIGHTH BIRTHDAY ANNIVERSARY LAKESIDE WOMENS HOSPITAL BARBARA DOWNS BARBARA DOWNS IS A NURSE IN THE NEONATAL INTENSIVE CARE UNIT AT INTEGRIS BAPTIST MEDICAL CENTER IN OKLAHOMA CITY, SO SHE DOES NOT CONSIDER THE ADULT WORLD HER AREA OF EXPERTISE SHE DOES, HOWEVER, KNOW ABOUT PRACTICING HIGH STANDARDS OF CARE AND PROMOTING EXCELLENCE TO PATIENTS AND THEIR FAMILIES SHE WAS RECENTLY DIAGNOSED WITH BILATERAL BREAST CANCER "AS YOU CAN IMAGINE, A DIAGNOSIS OF CANCER IS OVERWHELMING AND VERY FRIGHTENING," DOWNS SAID "IT'S VERY DIFFERENT TO BE ON THE PATIENT SIDE OF THINGS THE OLD SAYING, 'FEAR OF THE UNKNOWN,' REALLY APPLIES WHEN YOU ARE A PATIENT " DOWNS UNDERWENT A BILATERAL MASTECTOMY AND RECONSTRUCTIVE SURGERY AT LAKESIDE WOMENS HOSPITAL IN OKLA

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Return Reference	Explanation
GENERAL STATEMENT 6	HOMA CITY SHE WAS EXTREMELY IMPRESSED WITH THE TREATMENT AND CARE SHE RECEIVED FROM THE ENTIRE LAKESIDE TEAM, TO INCLUDE DR DENISE RABLE AND DR OSCAR MASTERS "THE LAKESIDE STAFF MEMBERS WERE VERY SUPPORTIVE AND KIND TO ME FROM THE FRONT DESK WHERE YOU REGISTER, TO PRE-OP, SURGERY, RECOVERY AND FINALLY TO INPATIENT CARE," STATES DOWNS "I WOULD LIKE TO THANK EVERYONE INVOLVED IN MY CARE AND LET THEM KNOW HOW GRATEFUL I AM FOR THEIR PART IN HELPING ME RECEIVE THE TREATMENT I NEEDED TO BE HEALED I APPRECIATE THEIR MEDICAL EXPERTISE, COMPASSION AND RESPECT FOR MY FEELINGS " DOWNS MAY HAVE ONLY SPENT TWO DAYS IN THE HOSPITAL, BUT SHE SAYS THE EXPERIENCE MADE A POSITIVE IMPRESSION THAT WILL LAST A LIFETIME INTEGRIS MIAMI SHAWN EMARTHLA SHAWN EMARTHLA HAD JUST ESTABLISHED CARE WITH HIS NEW PHYSICIAN, LAUREN MITCHELL, DO, IN MIAMI, OKLA AFTER A VERY THOROUGH EXAM INCLUDING LAB TESTS, DR MITCHELL SUGGESTED EMARTHLA CONSIDER HAVING A HEART SCAN, A SPECIAL CT SCAN THAT CAN PROVIDE A PRECISE MEASURE OF CALCIUM DEPOSITS IN ARTERIES A CLEAR PICTURE OF HEART HEALTH MITCHELL ENCOURAGED EMARTHLA TO CONSIDER THE IMPORTANT TEST AND PROVIDED A CERTIFICATE FOR A FREE HEART SCAN COURTESY OF BUFFALO RUN CASINO THE CASINO HELD A FUNDRAISER IN FEBRUARY OF 2018 AND DONATED THE PROCEEDS TO THE INTEGRIS MIAMI HOSPITAL FOUNDATION TO PROVIDE FREE HEART SCANS TO THE COMMUNITY EMARTHLAS WIFE, KIMILEE, WAS A LITTLE SKEPTICAL AT FIRST, WONDERING IF THE HEART SCAN WAS WORTH THE TIME THANKFULLY, AFTER SOME DISCUSSION, EMARTHLA DECIDED TO TAKE ADVANTAGE OF THE FREE SCAN THE COUPLE WAS SHOCKED TO LEARN THE SCAN REVEALED HE HAD A 4.8 CM AORTIC ANEURYSM, A POTENTIALLY LIFE-THREATENING CONDITION, PARTICULARLY IF IT GOES UNDETECTED THE EMARTHLAS ARE THANKFUL THEY HAVE ACCESS TO QUALITY HEALTH CARE IN THEIR OWN HOMETOWN "I AM VERY GRATEFUL I AM GRATEFUL THAT DR MITCHELL ENCOURAGED ME TO GET A HEARTSCAN I AM GRATEFUL I WAS PROVIDED A FREE SCAN, WHICH ENTICED ME TO GET THE TEST AND I AM GRATEFUL FOR INTEGRIS," SAID EMARTHLA MITCHELL REFERRED EMARTHLA TO A CARDIAC SURGEON AND HE ALSO ESTABLISHED CARE WITH LOCAL CARDIOLOGIST DARWIN JEYARAJ, MD EMARTHLA IS BEING CLOSELY MONITORED AND HAS MADE SOME DRAMATIC LIFESTYLE CHANGES - INCLUDING QUITTING SMOKING HE WANTS TO MAKE THE MOST OUT OF THE SECOND CHANCE AT LIFE HE FEELS HE HAS BEEN GIVEN

Return Reference	Explanation
GENERAL STATEMENT 7	PART III, LINE 4A COMMUNITY BENEFIT REPORT CONTINUED INTEGRIS SOUTHWEST MEDICAL CENTER LINDSAY DENNIS LINDSAY DENNIS SUSTAINED SEVERE HEAD AND SPINAL CORD INJURIES IN A MAY 2016 CAR ACCIDENT DENNIS HAD BROKEN VERTEBRAE AT THE TOP OF HER NECK AN INJURY MANY PEOPLE ARE UNABLE TO SURVIVE AND ALSO SUFFERED BROKEN VERTEBRAE IN HER MIDDLE BACK, FRACTURED HER RIBS, ENDURED SWELLING ON HER BRAIN AND EXPERIENCED PARALYSIS IN HER LOWER BODY SHE AWOKE IN A BRACE THAT ENVELOPED HER BODY IN RIGID PLASTIC FROM HER HEAD TO HER WAIST AND SHE LEARNED HER LOWER BODY WAS PARALYZED SHE HAD TO RELEARN HOW TO DO EVERYTHING FROM SITTING UP TO GETTING DRESSED SHE ALSO HAD TO LEARN HOW TO SWALLOW, EAT AND DRINK ONCE AGAIN WHEN DENNIS ARRIVED AT JIM THORPE REHABILITATION AT INTEGRIS SOUTHWEST MEDICAL CENTER IN JUNE 2016, SHE WAS WEARING THE IMMOBILIZING BRACE, HAD A TUBE IN HER STOMACH, A FAINT VOICE AND WAS COMPLETELY DEPENDENT ON OTHERS FOR HER CARE "BEING AT JIM THORPE THEY HAD SO MANY RESOURCES AND SO MANY PEOPLE THAT ALL YOU HAD TO DO WAS ASK," DENNIS SAID "I THINK THEY'VE SEEN JUST ABOUT EVERYTHING THEY REALLY MADE IT SEEM NOT SO OVERWHELMING, BECAUSE YOU COULD GET LOST IN ALL THE FEELINGS THAT YOU HAVE TO GO THROUGH, TO GET THROUGH SOMETHING LIKE THIS THEY MAKE IT MANAGEABLE " SHE STAYED AT INTEGRIS JIM THORPE REHABILITATION AS AN INPATIENT THROUGH JULY 2016 AND HAS SINCE RETURNED ON A REGULAR BASIS AS AN OUTPATIENT THE FIRST TIME SHE TOOK A STEP AFTER THE ACCIDENT WAS IN MARCH 2017 "I TRY NOT TO LET IT GET TO ME, BUT IT WAS THE FIRST TIME EVER AT THE END OF THERAPY THAT I BROKE DOWN IN TEARS - AND THEY WERE HAPPY TEARS," SHE SAID "WHEN ALL THIS HAPPENED, YOU THINK ITS NOT GOING TO BE A POSSIBILITY, AND THEN IT WAS A GOOD POSSIBILITY " SHE RETURNED TO THE CLASSROOM IN 2017 "IT HAS BEEN AN INTERESTING JOURNEY TO SAY THE LEAST," DENNIS SAID "YOU LEARN TO APPRECIATE A LOT OF SMALL THINGS THAT YOU REALLY TAKE FOR GRANTED YOU CAN FOCUS ON THE NEGATIVE AND THE BAD, BUT WEVE HAD A LOT OF BLESSINGS AND A LOT OF AMAZING PEOPLE AND OPPORTUNITIES IT MAKES YOU SEE THE GOOD IN PEOPLE " SERVING OUR COMMUNITIES OUR MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE WE LEARNED A LONG TIME AGO THAT WE CANT FULLY CARE FOR OUR COMMUNITIES BY STAYING EXCLUSIVELY WITHIN THE WALLS OF OUR FACILITIES THATS WHY "RETURNSHIP" IS SUCH AN IMPORTANT PART OF OUR PHILOSOPHY WHAT IS RETURNSHIP? ITS GIVING BACK PART OF OURSELVES TO THE COMMUNITIES WE SERVE AT INTEGRIS HEALTH, THE PHYSICIANS, EMPLOYEES AND VOLUNTEERS TAKE THEIR EDUCATION AND SKILLS INTO THEIR COMMUNITIES TO MAKE A DIFFERENCE IN THE LIVES OF FELLOW OKLAHOMANS THEIR DEDICATION, COMBINED WITH OUR RESOURCES, HELPS ACCOMPLISH A VARIETY OF THINGS FROM PROVIDING FREE CLINICAL SERVICES, SCREENINGS AND EDUCATION PROGRAMS TO WORKING WITH JUVENILE OFFENDERS AND PROVIDING ACTIVITIES FOR SENIOR CITIZENS WE ALSO REALIZE THAT THE HEALTH OF A COMMUNITY ISNT JUST PHYSICAL AND MENTAL ITS ECONOMIC AND SPIRIT

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Return Reference	Explanation
GENERAL STATEMENT 7	UAL AS WELL THATS WHY WE OFFER A MYRIAD OF PROGRAMS THAT ADDRESS ALL OF THESE IMPORTANT I SSUES INTEGRIS PROVIDED \$65,500,311 IN COMMUNITY BENEFITS INCLUDING THE COST OF BAD DEBT THIS INCLUDES OUR RETURNSHIP, COMMUNITY BUILDING EFFORTS, UNCOMPENSATED SERVICES AND MEDI CAID SERVICES RETURNSHIP RETURNSHIP EPITOMIZES OUR MISSION OF GIVING BACK TO OUR COMMUNIT IES IT TAKES THE FORM OF HUNDREDS OF PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS T HE STATE OF OKLAHOMA FREE HEALTH SCREENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE AS REFLECTED IN THE PREVIOUS PAGES OUR RETURNSHIP EFFORT S EQUALED \$4,604,242 COMMUNITY BUILDING COMMUNITY BUILDING IS ANOTHER VITAL WAY WE GIVE B ACK THESE EFFORTS ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SOME OF OUR ACTIVITIES IN C OMMUNITY BUILDING ARE PHYSICAL IMPROVEMENTS IN HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SU PPORT, ENVIRONMENTAL ENHANCEMENTS AND ADVOCACY FOR ADVANCEMENTS IN COMMUNITY HEALTH OUR C OMMUNITY BUILDING EFFORTS EQUALED \$319,649 UNCOMPENSATED SERVICES AND MEDICAID SERVICES U NCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED-COST CARE AS A SYSTEM O F NOT-FOR-PROFIT HOSPITALS, INTEGRIS PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THE ABIL ITY TO PAY FOR THEIR INSURANCE COVERAGE THUS, WE PROVIDE A MUCH-NEEDED SAFETY NET FOR MEM BERS OF OUR COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE CHARITY CARE COS TS ARE BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RATIOS INTEGRIS ALSO PROVIDES CARE TO PATIENTS WHO QUALIFY FOR MEDICAID PROGRAMS INTEGRIS PROVIDED CHARITY CARE AND MEDICAID S ERVICES AT AN ESTIMATED COST OF \$34,232,072 BAD DEBT IN ADDITION, INTEGRIS INCURRED BAD D EBT WITH AN ESTIMATED COST OF \$26,344,348 BASED ON THE OVERALL HOSPITAL COST-TO-CHARGE RAT IO

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Return Reference	Explanation
GENERAL STATEMENT 8	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 2017 TAX YEAR

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Return Reference	Explanation
GENERAL STATEMENT 9	PART VI SECTION A GOVERNING BODY AND MANAGEMENT PART VI QUESTION 2 - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (SYSTEM) THE FOLLOWING OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF THEIR POSITIONS AS OFFICERS, DIRECTORS, OR EMPLOYEES OF RELATED ENTITIES WITHIN THE SYSTEM C BRUCE LAWRENCE BETH A PAUCHNIK DANIEL DAVIS

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Return Reference	Explanation
GENERAL STATEMENT 10	PART VI SECTION A GOVERNING BODY AND MANAGEMENT PART VI QUESTIONS 6, 7A AND 7B - INTEGRIS HEALTH, INC IS THE SOLE MEMBER OF INTEGRIS AMBULATORY CARE CORPORATION AS SUCH IT HAS THE POWER (1) TO ELECT THE DIRECTORS OF THE CORPORATION AND TO REMOVE THE ENTIRE BOARD OF DIRECTORS OR ANY INDIVIDUAL DIRECTOR AT ANY TIME WITH OR WITHOUT CAUSE, (2) TO APPROVE OR DISAPPROVE ANY ACTION TAKEN BY THE BOARD OF DIRECTORS AMENDING, ALTERING, CHANGING OR REPEALING THE BYLAWS, AND (3) TO VOTE ON ALL MATTERS WHERE THE AUTHORIZATION OR APPROVAL OF THE SOLE MEMBER IS REQUIRED BY THE CERTIFICATE OF INCORPORATION, THE BYLAWS OR STATE LAW

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Return Reference	Explanation
GENERAL STATEMENT 11	PART VI SECTION B POLICIES PART VI QUESTION 11B - THE ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (SYSTEM) THE SYSTEM HAS A SINGLE AUDIT COMPLIANCE COMMITTEE WHICH OVERSEES THE CONSOLIDATED FINANCIAL STATEMENT AUDIT AS WELL AS THE FILING OF FEDERAL AND STATE TAX FORMS THE SYSTEM ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO PREPARE THE FORM A DRAFT FORM 990 IS PROVIDED TO THE SYSTEM VICE PRESIDENT, FINANCE FOR REVIEW A FINAL FORM 990 IS GIVEN TO THE SYSTEM CHIEF FINANCIAL OFFICER FOR REVIEW, APPROVAL, AND SIGNATURE THE FINAL FORM 990 IS MADE AVAILABLE TO THE ORGANIZATION'S BOARD OF DIRECTORS, AS WELL AS TO THE SYSTEM'S AUDIT/COMPLIANCE COMMITTEE, FOR REVIEW PRIOR TO FILING THE RETURN

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GENERAL STATEMENT 12	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

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GENERAL STATEMENT 13	PART VI SECTION B POLICIES PART VI QUESTION 15B - THE FILING ORGANIZATION IS A MEMBER OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY INTEGRIS HEALTH, INC (INTEGRIS OR SYSTEM) COMPENSATION FOR VICE PRESIDENTS IS ANALYZED BY AN INDEPENDENT HEALTH CARE CONSULTING FIRM THE ANALYSIS INCLUDES A FAIR MARKET VALUE ASSESSMENT AND ESTABLISHMENT OF A RANGE FOR EACH POSITION BASED ON RESEARCH OF COMPARABLE HEALTH CARE SYSTEMS OF SIMILAR SIZE THE REPORT AND RECOMMENDED COMPENSATION LEVELS FOR EACH EXECUTIVE MANAGEMENT POSITION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE INTEGRIS HEALTH BOARD OF DIRECTORS AND ULTIMATELY THE FULL BOARD OF DIRECTORS THE MINUTES OF BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS REFLECTS A REVIEW OF THE COMPARABILITY DATA, THE EXECUTIVE PERFORMANCE REVIEWS AND THE DECISION-MAKING PROCESS

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Return Reference	Explanation
GENERAL STATEMENT 14	PART VI SECTION C DISCLOSURE PART VI QUESTION 19 - THE ORGANIZATION DOES NOT MAKE ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC HOWEVER, THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED FINANCIALS FOR INTEGRIS HEALTH, INC , A RELATED CORPORATION THESE CONSOLIDATED FINANCIALS ARE DISCLOSED FOR BOND COMPLIANCE PURPOSES USING DIGITAL ASSURANCE CERTIFICATION

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GENERAL STATEMENT 15	PART VII SECTION B INDEPENDENT CONTRACTORS ANESTHESIA MEDICAL ANESTHESIA SERVICE \$571,530 PROFESSIONALS PLLC P O BOX 1540 EDMOND, OK 73083 DIAGNOSTIC LAB OF OKLAHOMA REFERENCE LAB \$365,143 225 N E 97TH STREET OKLAHOMA CITY, OK 73114 CARENA VIRTUAL HEALTHCARE \$238,137 P O BOX 673 VISITS SEATTLE, WA 98111 SOONER ANSWER SERVICE ANSWERING SERVICES \$231,308 501 W EDMOND ROAD EDMOND, OK 73003 RADIOLOGY ASSOCIATES INC RADIOLOGY SERVICES \$211,631 3330 N W 56TH, STE 206 OKLAHOMA CITY, OK 73112

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Return Reference	Explanation
GENERAL STATEMENT 16	PART XI RECONCILIATION OF NET ASSETS, LINE 9 INCOME FROM SUBSIDIARY-WESTERN VILLAGE ACADEMY 100% <148,293> INVESTMENT IN WESTERN VILLAGE ACADEMY 750,000 ----- TOTAL \$601,707

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2017

Open to Public Inspection

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
(1) CARAVAN HEALTH ACO 34 LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 30-0865115	ACO	DE	0	0	IACC
(2) INTEGRIS EMERGENCY HOSPITALS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	HEALTH CARE	OK	0	0	IACC

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BMPA LTD 73-1228665 OKLAHOMA CITY OK 73112 OKLAHOMA CITY, OK 73112	MED OFFICE BLDG	OK	NA	N/A								
(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	-31,172	333,253		No		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	5,721,624	21,644,739		No	10,436	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) 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
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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	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	4,850,401	FMV
(2) LAKESIDE WOMEN'S HOSPITAL LLC	p	4,936,377	FMV
(3) LAKESIDE WOMEN'S HOSPITAL LLC	q	89,413	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)

Additional Data

Software ID:
Software Version:
EIN: 73-1192765
Name: INTEGRIS AMBULATORY CARE CORP

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

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

Form 990, Schedule R, Part 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
INTEGRIS PROHEALTH INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 73-1046179	RETAIL PHARMACY	OK	NA	C Corp					No
THE STANLEY F HUPFELD REMAIN TRUST 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 26-6238051	FINANCIAL	OK	NA	Trust					No
QUALITY ALLIANCE ASSURANCE CO PO BOX 10027 KYI-1001 GRAND CAYMAN CJ 98-1060671	INSURANCE	CJ	NA	C Corp					No
BAPTIST HEALTH SYSTEM INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	NA	S Corp					No
ONE CARE INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112	DORMANT	OK	NA	C Corp					No
VADOVATIONS INC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 27-0821922	HEALTH CARE	OK	NA	C Corp					No
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 PHYSICIANS LLC 5300 N INDEPENDENCE AVE STE 130 OKLA CITY, OK 73112 45-2867352	HEALTH CARE	OK	NA	C Corp					No