Form **990**

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury

2023 A For the 2022 calendar year, or tax year beginning SEP 2022 and ending AUG Check if applicable: C Name of organization D Employer identification number AUSTIN TRAVIS COUNTY MHMR CENTER Address change DBA INTEGRAL CARE Name change 74-1547909 AUSTIN TRAVIS COUNTY INTEGRAL CA Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated PO BOX 3548 512-447-4141 130,909,445. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 78704 AUSTIN, TXH(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAVID EVANS for subordinates? Yes X No 1430 COLLIER STREET, AUSTIN, TX 78704 **H(b)** Are all subordinates included? Yes Tax-exempt status: **X** 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.INTEGRALCARE.ORG J Website: H(c) Group exemption number X Other **MHMR** L Year of formation: 1967 M State of legal domicile: TX K Form of organization: Corporation Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 1264 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 97,279,750. 112,894,997. Contributions and grants (Part VIII, line 1h) 8 14,656,243. 15,106,409. Program service revenue (Part VIII, line 2g) 124,301. 2,507,632. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 562,349. 400,407. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 112,622,643. 130,909,445. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 73,957,065. 83,671,383. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 41,283,436. 45,587,596. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 115,240,501. 129,258,979. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,617,858. 1,650,466. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 99,655,106. 111,106,705 Total assets (Part X, line 16) 32,581,076. 42,382,209 21 Total liabilities (Part X, line 26) 三年 67,074,030. 68,724,496 Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign DAVID EVANS, Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name DONNA SCIFRES-SOLOMON, CP DONNA SCIFRES-SOLOMO 07/12/24 P01056185 Paid self-employed Firm's EIN 45-0250958Firm's name EIDE BAILLY LLP Preparer Firm's address 400 PINE ST., STE. 600 Use Only TX 79601-5190 Phone no. 325-672-4000 ABILENE, X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	Check if Cabadula C acatains a manages of materia Bat III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ATCIC'S MISSION IS TO IMPROVE THE LIVES OF PEOPLE AFFECTED BY
	BEHAVIORAL HEALTH AND DEVELOPMENTAL AND/OR INTELLECTUAL CHALLENGES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 100,024,438. including grants of \$) (Revenue \$1,556,723.)
	BEHAVIORAL HEALTH DISABILITIES SERVICES FOR THE AUSTIN-TRAVIS COUNTY
	AREA SERVING CLIENTS THROUGH RESIDENTIAL SERVICES, FAMILY SUPPORT, AND
	CASE MANAGEMENT.
4b	(Code:) (Expenses \$ 9,619,221. including grants of \$) (Revenue \$ 1,919,208.)
40	(Code:) (Expenses \$9,619,221• including grants of \$) (Revenue \$1,919,208•) INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SERVICES FOR THE
	AUSTIN-TRAVIS COUNTY AREA SERVING CLIENTS THOURGH RESIDENTIAL SERVICES
	AND FAMILY SUPPORT.
4c	(Code:) (Expenses \$ 5,269,261. including grants of \$) (Revenue \$2,030,885.)
	SUBSTANCE ABUSE SERVICES FOR THE AUSTIN-TRAVIS COUNTY AREA.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 114,912,920.
	Form 990 (2022)

Form 990 (2022) DBA INTEGRAL CARE
Part IV Checklist of Required Schedules

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(ii)(c)(4), 501(c)(6), 501(c				Yes	No
2 is the organization required to complete Schedule 8, Schedule of Contributions? See instructions 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 II Section 801(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 If the organization as ecidine of Incyphe Schedule C, Part II "Yes," complete Schedule C, Part III "Section 801(c)(4), 501(c)(6), 501	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section SO1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section SO1(fit) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as section SO1(c)(6)(4), SO1(c)(6), SO1		, ,	1		
public office? If "Yes," complete Schedule C, Part I 4 Section 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Section 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization ascition 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such undor or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such undor or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such undor or accounts for which donors have the right to provide advise on the distribution or investment of amounts in the organization or eleve or hold a conservation essement, including essements to preserve open space, the environment, historical areas, or historic structures? If "yes," complete Schedule D, Part II 1 the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I 1 the organization report an amount for lend, buildings, and equipment, and converted in the organization in directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? I "yes," complete Schedule D, Part V I 1 the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I 1 the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part W I 1 the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part W I 1 the Organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X I 1 t	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(ii)(c)(4), 501(c)(6), 501(c	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? (**Yes,** complete Schedule C, Part II) 5			3		<u> </u>
s the organization a section 501(c)(8), 501(c)(8), or 501(c)(8) organization that receives memberahip dues, assessments, or similar amounts as defined in Rev. Proc. 96.18? If "Yes," complete Schedule C, Part III Did to organization marks any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part II Did to organization receive or hold a conservation assessment, including assements to to previous device on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II Did to organization marks or hold a conservation assessment, including assements to the previous paper, the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization marks or in quasi endowments? If "Yes," complete Schedule D, Part II Did the organization funds or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV Did the organization funds or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV III If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III If the organization report an amount for bring the schedule D, Part V, III III III III III III III III III	4				
smilar amounts as defined in Rev. Proc. 98.19? If 'Yes,' complete Schedule C, Part III or bording and amounts and selfmed in Rev. Proc. 98.19? If 'Yes, 'complete Schedule D, Part I or bording and			4		<u> X</u>
6 Dit 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 II 5 Dit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instroic land areas, or historic structures? if "Yes," complete Schedule D, Part III 5 Dit the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part III 9 Did the organization of amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? if "Yes," complete Schedule D, Part VI 11 The organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments other securities 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 VI 11 Did the organization report an amount for other assets in Part X, line 19, If If I I I I I I I I I I I I I I I I	5				
provide advice on the distribution or investment of amounts in such funds or account? // ** **Yes,** complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? ** **I* **Yes,** complete Schedule D, Part II — \$* **8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? ** **I* **Yes,** complete Schedule D, Part II — \$* **8 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? **II* **Yes,** complete Schedule D, Part IV — ** **10 Did the organization (inectly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? **I** *** complete Schedule D, Part V — ** **10 Did the organization sanswer to any of the following questions is "Yes,** then complete Schedule D, Part V — ** **10 Did the organization report an amount for investments - other securities in Part X, line 10? **I** **Yes,** complete Schedule D, Part V — ** **10 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? **I** **Yes,** complete Schedule D, Part V II — ** **10 Did the organization report an amount for investments - program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? **I** **I** **S* ** complete Schedule D, Part X II — ** **11 Did the organization report an amount for investments - program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? **I** **I** ** complete Schedule D, Part X II — ** **12 Did the organization separate in part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? ** I** **			5		<u> </u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? # */*Yes,* complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # */*Yes,* complete Schedule D, Part III. 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? # */*Yes,* complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? # **Yes,* complete Schedule D, Part V. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # *Yes,* complete Schedule D, Part VI. 11 Did the organization report an amount for investments of the securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? # *Yes,* complete Schedule D, Part VII. 11 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? # *Yes,* complete Schedule D, Part VII. 11 Did the organization report an amount for other assets in Part X, line 29? # *Yes,* complete Schedule D, Part X II. 12 Did the organization report an amount for other isabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? # *Yes,* complete Schedule D, Part X II. 12 Did the organization report an amount for other isabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? # *Yes,* complete Schedule D, Part X II. 13 Did the organization separate, independent audited financial statements for the tax year? # *Yes,* complete Schedule D, Part X II. 14 Did the organization and s	6				.,
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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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 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 Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 XIII Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 116	10				٦,
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II					
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			. .
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		X
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		 I _	Ш
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 486	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

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DBA INTEGRAL CARE

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

AUSTIN TRAVIS COUNTY MHMR CENTER

		_	Yes	No					
2 a	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	_							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	, in the termine of, provide an expandition of confidence of	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
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).			- V					
5a	, , , , , , , , , , , , , , , , , , , ,	5a	-	X					
b	, , , , , , , , , , , , , , , , , , , ,	5b	-	X					
	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			x					
	any contributions that were not tax deductible as charitable contributions?	6a							
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Gh.							
7	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c). 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?	7.		х					
a									
b	, , , , , , , , , , , , , , , , , , , ,	7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x					
٨		7c		- 25					
		7e		х					
e f		7 6		X					
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7 <u>9</u> 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							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b		9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
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:								
а	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand			77					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_ v					
	excess parachute payment(s) during the year?	15		X					
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
47	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

74-1547909

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion 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	9								
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3										
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	- 1		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.0		 						
	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5								
а	The governing body?	8a	Х							
h	Each committee with authority to act on behalf of the governing body?	8b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	05								
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	, ,	1							
	(This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100	<u> </u>	 						
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	,							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	112								
b	Describe on 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	128	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12k								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	on Schedule O how this was done	120	X							
13	Did the organization have a written whistleblower policy?	13								
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15k								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a	1	Х						
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?	16k	,							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filedNONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s)s only) availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial							
	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									
	MARK WATSON - (512)445-7715									
	1430 COLLIER, AUSTIN, TX 78704									

Form 990 (2022) DBA INTEGRAL CARE

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	orga I	nıza			npen	sate			(F)	
(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per					than o		compensation	compensation	amount of
	week					r/trust		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste		a >	ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	o nal t		ploye	comi		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID EVANS	40.00	_=_	=	0	<u> </u>	Ξē	Œ.			
CEO				х				321,137.	0.	56,560.
(2) ZIYAD NUWAYHID	40.00									
PSYCHIATRIST					Х			280,715.	0.	36,536.
(3) RUSSELL BACH	40.00									
ASSOCIATE MEDICAL DIRECTOR						X		277,186.	0.	40,058.
(4) AVA LEE	40.00									
PSYCHIATRIST						X		266,973.	0.	22,218.
(5) VIJAY GORREPATI	40.00							0.40 =00		00.440
PSYCHIATRIST	1.0.00					Х		240,728.	0.	38,418.
(6) DAVID WEDEN	40.00							040 505		
CHIEF ADM. / CFO	40.00			Х				218,735.	0.	20,205.
(7) DAWN HANDLEY	40.00				7.7			207 416	0	00 101
(0) 1077777	40.00				Х			207,416.	0.	29,191.
(8) LOUISE F LYNCH	40.00					7.		102 675	0	20 707
PROVIDER NETWORK AND AUTHORITY OFFIC	40 00					X		183,675.	0.	28,787.
(9) DERYL BROWN	40.00					х		101 206	0.	20 470
ADVANCED PRACTICE NURSE	40.00					Δ.		181,306.	0.	30,470.
(10) ERIN M. DOOLEY	40.00					х		170 526	0.	22 622
PSYCHIATRIST (11) LISA O LAKY	40.00					^		170,526.	0.	33,633.
GENERAL COUNSEL	40.00					Х		180,286.	0.	18,409.
(12) MARLENE E BUCHANAN	40.00					Δ		100,200.	0.	10,409.
DIRECTOR OF SYSTEM OF CARE	40.00					x		164,635.	0.	28,074.
(13) HARVEY B BOWERS	40.00					22		104,033.	0.	20,074.
ADVANCED PRACTICE NURSE	1000					x		173,041.	0.	18,083.
(14) SHANA C CASEY	40.00							270,0121		20,000
ADVANCED PRACTICE NURSE						x		162,069.	0.	26,673.
(15) PATRICIA J CORRIGAN-STRICKLAND	40.00								, ,	. ,
DIRECTOR OF PHARMACY SERVICES						X		158,208.	0.	22,708.
(16) DAWN L MCKENNA	40.00								-	
ADVANCED PRACTICE NURSE						Х		149,860.	0.	28,608.
(17) ALISHA ROFF	40.00									
PHYSICIAN ASSISTANT						X		153,520.	0.	19,066.

232007 12-13-22 Form **990** (2022)

Form 990 (2022)

Form 990 (2022) DBA INTE	GRAL CAR	Ŀ							/4-134/	909 Page o
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		officer and a director/tru		tor/trustee)		from	from related	other	
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ndividual trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	idual	ution	<u></u>	Key employee	sst co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) JOSH L ENDE	40.00									
PHYSICIAN ASSISTANT						X		153,226.	0.	16,844.
(19) CLAIRE C WHITEHEAD	40.00									
ADVANCED PRACTICE NURSE						X		146,617.	0.	15,856.
(20) CRAIG B FRANKE	40.00									
FORMER MEDICAL DIRECTOR							Х	143,179.	0.	11,980.
(21) GUADALUPE ZAMORA, M.D.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(22) CYNTHIA RAMOS	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(23) PATRICIA YOUNG BROWN	2.00									
NM CHAIRPERSON		Х		Х				0.	0.	0.
(24) DEBORAH SMITH	2.00									
NM SECRETARY/TREASURER		Х		Х				0.	0.	0.
(25) H. ED CALAHAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(26) EMMITT HAYES	2.00									
NM VICE CHAIR		Х		Х				0.	0.	0.
1b Subtotal								3,933,038.	0.	542,377.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)							3,933,038.	0.	542,377.	

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes No

20

Х

	line 1a? If "Yes," complete Schedule J for such individual	3	X	l
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			I
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	l
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			I
	rendered to the organization? If "Yes." complete Schedule J for such person	5		

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)	(B)	(C)
Name and business address	Description of services	Compensation
TRIMBUILT CONSTRUCTION INC	CONSTRUCTION	
PO BOX 80169, AUSTIN, TX 78708	CONTRACTOR	7,592,506.
TWG INVESTMENTS LTD (WOOD GROUP)	BEHAVIORAL HEALTH	
3610 BARNETT RD, WICHITA FALLS, TX 76310	RESIDENTIAL SERVICES	2,785,840.
AUSTIN OAKS HOSPITAL		
1407 W STASSNEY LN, AUSTIN, TX 78745	PSYCHIATRIC SERVICES	2,465,085.
CROSS CREEK HOSPITAL		
8402 CROSS PARK DR, AUSTIN, TX 78754	PSYCHIATRIC SERVICES	2,397,343.
SETON SHOAL CREEK HOSPITAL		
3501 MILLS AVE, AUSTIN, TX 78731	PSYCHIATRIC SERVICES	2,214,204.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

Form 990 (2022)

Form 990 DBA INTEC	RAL CAR	LE_							74-154	7909
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(c	heck	Pos	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SARAH CHURCHILL LLAMAS	2.00									
SECRETARY / TREASURER		Х		Х				0.	0.	0.
(28) SHERIFF SALLY HERNANDEZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(29) HAL KATZ	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(30) LUANNE SOUTHERN	2.00			l						
VICE CHAIR		Х		Х				0.	0.	0.
		_								
Total to Part VII, Section A, line 1c										

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Form 990 (2022)

DBA INTEGRAL CARE

AUSTIN TRAVIS COUNTY MHMR CENTER

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 112,894,997. 1f g Noncash contributions included in lines 1a-1f 112894997. h Total. Add lines 1a-1f **Business Code** 2 a MEDICAID / MEDICARE 623990 7,205,134. 7,205,134. Program Service Revenue b OTHER CHARGES FOR SERVICES 623990 3,905,518. 3,905,518. MEDICAID ADMINISTRATIVE CLAIMING 623990 3,903,076. 3,903,076. d PATIENT FEES 623990 92,681. 92,681. f All other program service revenue 15,106,409. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 898,467. 898,467. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 400,407. 6 a Gross rents 0. 6b **b** Less: rental expenses ... 400,407. c Rental income or (loss) 6c 400,407. 400,407 d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 1,609,165. assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7c 1,609,165. 1,609,165. 1609165. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a **d** All other revenue e Total. Add lines 11a-11d

130909445.

15506816.

12 Total revenue. See instructions

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 3,858,780. 4,475,417. 616,637. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 62,861,362. 54,322,680. 8,538,682. 7 Pension plan accruals and contributions (include 2,587,102. 2,219,781. 367,321. section 401(k) and 403(b) employer contributions) 8,783,134. 7,662,205. 1,120,929. Other employee benefits 9 4,964,368. 4,306,021. 658,347. 10 Payroll taxes 11 Fees for services (nonemployees): Management 29,449. 29,449. Legal 69,320. 69,320. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 49,801. 6,135. 43,666. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 6,900,090. 6,119,088. 781,002. 16 Occupancy 1,087,253. 1,004,724. 82,529. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 662,986. 662,986. 20 Payments to affiliates 21 $3,747,\overline{343}$ 3,605,819. 141,524. Depreciation, depletion, and amortization 22 937,063. 839,584. 97,479. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 19,836,124. 19,280,479. 555,645. CONTRACTS AND CONSULTAT $6,155,\overline{474}$ 5,180,687. OTHER OPERATING COSTS 974,787. 4,754,489. 56,850. 4,811,339. CLIENT SUPPORT COSTS 650,993. 167,192.483,801. d FURNITURE AND SMALL EQU 650,361. 605,661. 44.700. e All other expenses 129,258,979.114,912,920. 14,346,059. 0. Total functional expenses. Add lines 1 through 24e 25 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)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 18,166,692. 21,391,177. 1 Cash - non-interest-bearing 2,356,817. 2,460,172. 2 Savings and temporary cash investments 16,873,151. 16,525,120. Pledges and grants receivable, net 3 3 791,411. 926,180. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 9,083,433. 9,083,433. Notes and loans receivable, net 7 Inventories for sale or use 8 761,941. 881,797. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 87,671,908. b Less: accumulated depreciation 10b 29,918,919. 47,285,288. 57,752,989. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 1,095,430. 1,095,430. Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 3,240,943. 990,407. Other assets. See Part IV, line 11 15 15 111,106,705. 99,655,106. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 9,186,387. 10,239,175. Accounts payable and accrued expenses 17 17 18 18 Grants payable 3,293,227. 5,807,784. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 18,069,652. 24,420,110. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,031,810. 1,915,140. 25 of Schedule D 32,581,076. 42,382,209. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 68,724,496. Net assets without donor restrictions 67,074,030. 27 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 67,074,030. 68,724,496. Total net assets or fund balances 32 32

Form **990** (2022)

111,106,705.

99,655,106.

33

33

Total liabilities and net assets/fund balances

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 2		,90 ,25		
2	Total expenses (must equal Part IX, column (A), line 25)	3		,65		
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0/	,07	4,0	30.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u>68</u>	,72	4,4	<u>96.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0			Yes	No
22	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			Lu		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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?	•		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	auu		3b	Х	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

AUSTIN TRAVIS COUNTY MHMR CENTER **Employer identification number** Name of the organization DBA INTEGRAL CARE 74-1547909 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

DBA INTEGRAL CARE

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	85422438.	94478383.	93383625.	101064469	95068612 .	469417527
2	Tax revenues levied for the organ-						
	ization'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	85422438.	94478383.	93383625.	101064469	95068612.	469417527
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.						469417527
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	85422438.	94478383.	93383625.	101064469	95068612.	469417527
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	415,411.	228,750.	8,722.	124,301.	898,467.	1675651.
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						471093178
12	Gross receipts from related activities	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	_
	organization, check this box and sto	p here					
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, o	column (f))		14	99.64 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	99.79 %
16a	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact			=	="	VI how the organiz	ration
	meets the facts-and-circumstances to	•	•				
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets t				-		
	organization meets the facts-and-circ				•		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	3 <u> </u>

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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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per-							
	formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	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							
(Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support	г	_	_	T	T		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
"	Net income from unrelated business activities not included on line 10b,							
	whether or not the business is							
10	regularly carried on Other income. Do not include gain							
12	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::		
14	First 5 years. If the Form 990 is for the	-		•				
Se	check this box and stop herection C. Computation of Publi	c Support Per						
	Public support percentage for 2022 (I			oolumn (f)\		15	%	
	Public support percentage from 2021					16	/ 6	
	ction D. Computation of Inves					10	70	
	Investment income percentage for 20			ne 13 column (fl)		17	%	
	Investment income percentage from 2			10, 00141111 (1))		18	%	
	a 33 1/3% support tests - 2022. If the							
.00	more than 33 1/3%, check this box ar							
ŀ	33 1/3% support tests - 2021. If the						ınd	
•								
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

ı		Yes	No
	1		
	2		
	3a		
	3b		
	OD		
	3с		
	4a		
	41.		
	4b		
	4c		
	Fa		
	5a		
	5b		
	5c		
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	9a		
	9b		
	9с		
	10a		
	10h		
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		134130	J Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	<u>detail in</u> Part VI. ction B. Type I Supporting Organizations	11c		
	alon 21 Type i Supper unig Organii-uulone		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? 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.	2		
Sec	ction 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)? 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).	1		
Sec	ction 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? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio The organization satisfied the Activities Test. Complete line 2 below.	115).		
b				
c		instruction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	; II ISLI UCLIOI I	Yes	No
– a				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard	3b	1	

Schedule A (Form 990) 2022

DBA INTEGRAL CARE

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
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 mus					
Sect	on 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				
	on 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):					
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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-functional	ally integrated	d Type III supporting orga	nization (see		
	instructions).	, ,		,		

Schedule A (Form 990) 2022

Par	t v Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	<u>ied) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	1	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
ее	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

74-154<u>7909 Page 8</u> DBA INTEGRAL CARE Schedule A (Form 990) 2022 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. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

AUSTIN TRAVIS COUNTY MHMR CENTER

DBA INTEGRAL CARE

Employer identification number

74-1547909

Filers of:	Section:					
Form 990 or 990-E	Z X 501(c)(X) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections &						
contributo literary, o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, con is checke purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box d, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year \$					
answer "No" on Pa	ization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify at the filing requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization
AUSTIN TRAVIS COUNTY MHMR CENTER
DBA INTEGRAL CARE

Employer identification number

74-1547909

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 73,757,772.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 8,254,762.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 11,280,471.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	*	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TRAITO, MAMI COO, MIM EIF T T	\$ 5,329,141.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	IVAIIIC, AUGI ESS, AIIU ZIF + 4	\$ 2,346,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

AUSTIN TRAVIS COUNTY MHMR CENTER

DBA INTEGRAL CARE

74-1547909

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** AUSTIN TRAVIS COUNTY MHMR CENTER DBA INTEGRAL CARE 74-1547909 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

AUSTIN TRAVIS COUNTY MHMR CENTER DBA INTEGRAL CARE

Employer identification number 74-1547909

		(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 w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	• •	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, 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 FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Other S	Similar As	sets (conti	inued)
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the	following tha	t make sigr	nificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition	c	ı 🔲 ı	Loan or exc	change progra	am			
b	Scholarly research	e	• 🔲 (Other					
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	n how the	ey further th	ne organizatio	on's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be mai	intained as part of t	he organ	ization's co	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	ements. Compl	ete if the	organizatio	on answered	"Yes" on F	orm 990, Par	t IV, line 9, o	r
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for c	ontribution	s or other as	sets not ind	cluded		
	on Form 990, Part X?							X Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amour	nt
С	Beginning balance						1c	2	3,886.
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f	2	3,886.
2a	Did the organization include an amount on Fo						?	Yes	X No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on	Part XIII			
Pai	t V Endowment Funds. Complete if	the organization ar	nswered '	"Yes" on Fo	orm 990, Part	IV, line 10			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	I) Three years	back (e) Fou	ır years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a	i)) held as:				
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%							
С	Term endowment9	6							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	ation that	are held a	nd administe	red for the			
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on Sc	chedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.					
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X, lir	ne 10.	_	
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) Acc	umulated	(d) Boo	ok value
		basis (investr		basis	(other)	depr	eciation		
1a	Land	1,519,							9,704.
	Buildings	68,339,					53,398.		6,593.
	Leasehold improvements	5,839,					56,231.		<u>2,976.</u>
d	Equipment	10,677,				10,29	99,290 .		<u>7,951.</u>
	Other	1 1 1	765.						5,765.
Tota	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part	X. colum	n (B). line 1	Oc.)			57,75	2,989.

Schedule D (Form 990) 2022

DBA INTEGRAL CARE

74-1547909 Page 3

Part VII	Investments - Other Securities.	on Forms COO. Don't IV. line	11h Con Farms 000 Dort V line 10	
(a) Descri	Complete if the organization answered "Yes" of iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
		(5) 25511 14.14.5	(0)	a or your market raids
	y held equity interests			
(3) Other	, noid oquity into ooto			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	II Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			1	
<u>(8)</u> (9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes" of	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)				
Part X	lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	1
<u>1. </u>	(a) Description of liability			(b) Book value
	ederal income taxes			
(2) A (CCRUED COMPENSATION			1,915,140.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				1 015 140
	lumn (b) must equal Form 990, Part X, col. (B) line			1,915,140.
	ry for uncertain tax positions. In Part XIII, provide		orne organization's financial statements there if the text of the footnote has been pr	

Schedule D (Form 990) 2022 DBA INTEGRAL CARE 74-1547909 Page 4

Par	Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total revenue, gains, and other support per audited financial statements		1 130,90	09,445.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			09,445.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	A 1115 A 1141		4c	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12			9 445.
Par	t XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	, 445.
1 3.1	Complete if the organization answered "Yes" on Form 990, Part IV, li	-		
1	Total expenses and losses per audited financial statements		1 129,25	58,979.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-
	Donated services and use of facilities	2a		
	Prior year adjustments	I I		
	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			58,979.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	·	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line)		400 01	58,979.
Par	t XIII Supplemental Information.	10. <i>j</i>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
lines :	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, line 2; Pa	art XI,
	CIC SERVES AS CUSTODIAN FOR SEVERAL CON	SUMERS WHO ARE	E OTHERWISE UNAE	BLE
то	HANDLE THEIR FINANCIAL AFFAIRS. ATCIC	RECEIVES AND I	DEPOSITS INCOME	AND
PAY	S THEIR BILLS.			

SCHEDULE J (Form 990)

Department of the Treasury

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.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

AUSTIN TRAVIS COUNTY MHMR CENTER DBA INTEGRAL CARE

Employer identification number 74-1547909

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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 X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			
С	Participate in or receive payment from an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID EVANS	(i)	318,008.	3,129.	0.	31,462.	25,098.	377,697.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZIYAD NUWAYHID	(i)	280,715.	0.	0.	13,037.	23,499.	317,251.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RUSSELL BACH	(i)	277,186.	0.	0.	12,873.	27,185.	317,244.	0.
ASSOCIATE MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AVA LEE	(i)	266,973.	0.	0.	12,068.	10,150.	289,191.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VIJAY GORREPATI	(i)	240,728.	0.	0.	11,233.	27,185.	279,146.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID WEDEN	(i)	218,735.	0.	0.	9,869.	10,336.	238,940.	0.
CHIEF ADM. / CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAWN HANDLEY	(i)	207,416.	0.	0.	9,547.	19,644.	236,607.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LOUISE F LYNCH	(i)	183,675.	0.	0.	8,525.	20,262.	212,462.	0.
PROVIDER NETWORK AND AUTHORITY OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DERYL BROWN	(i)	181,306.	0.	0.	8,478.	21,992.	211,776.	0.
ADVANCED PRACTICE NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ERIN M. DOOLEY	(i)	170,526.	0.	0.	8,076.	25,557.	204,159.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LISA O LAKY	(i)	180,286.	0.	0.	8,136.	10,273.	198,695.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARLENE E BUCHANAN	(i)	164,635.	0.	0.	7,575.	20,499.	192,709.	0.
DIRECTOR OF SYSTEM OF CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) HARVEY B BOWERS	(i)	173,041.	0.	0.	7,810.	10,273.	191,124.	0.
ADVANCED PRACTICE NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SHANA C CASEY	(i)	162,069.	0.	0.	7,547.	19,126.	188,742.	0.
ADVANCED PRACTICE NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PATRICIA J CORRIGAN-STRICKLAND	(i)	158,208.	0.	0.	7,350.	15,358.	180,916.	0.
DIRECTOR OF PHARMACY SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DAWN L MCKENNA	(i)	149,860.	0.	0.	7,105.	21,503.	178,468.	0.
ADVANCED PRACTICE NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation			compensation			reported as deferred on prior Form 990
(17) ALISHA ROFF	(i)	153,520.	0.	0.	7,012.	12,054.	172,586.	0.
PHYSICIAN ASSISTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JOSH L ENDE	(i)	153,226.	0.	0.	6,885.	9,959.	170,070.	0.
PHYSICIAN ASSISTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) CLAIRE C WHITEHEAD	(i)	146,617.	0.	0.	6,661.	9,195.	162,473.	0.
ADVANCED PRACTICE NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) CRAIG B FRANKE	(i)	143,179.	0.	0.	6,468.	5,512.	155,159.	0.
FORMER MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AUSTIN TRAVIS COUNTY MHMR CENTER DBA INTEGRAL CARE

Employer identification number 74-1547909

FORM 990, ITEM C, DOING BUSINESS AS:
AUSTIN TRAVIS COUNTY INTEGRAL CARE
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ATCIC'S MISSION IS TO IMPROVE THE LIVES OF PEOPLE AFFECTED BY
BEHAVIORAL HEALTH AND DEVELOPMENTAL AND/OR INTELLECTUAL CHALLENGES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY FINANCIAL SERVICES PERSONNEL AS WELL AS THE
CHIEF ADMINISTRATIVE OFFICER/CHIEF FINANCIAL OFFICER PRIOR TO SIGNING AND
FILING THE ANNUAL FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD TRUSTEES ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICTS DISCLOSURE
DOCUMENT.
FORM 990, PART VI, SECTION B, LINE 15:
IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES THE STATE OF
TEXAS CLASSIFICATION SYSTEM AND MARKET SURVEYS FOR SPECIFIC POSITIONS ARE
REVIEWED.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE ON GUIDESTAR AND UPON
REQUEST.

SCHEDULE R (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization AUSTIN TRAVIS COUNTY MHMR CENTER
DBA INTEGRAL CARE

Employer identification number 74-1547909

(b) (c) (d) (e) (f)
Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) End-of-year assets Direct controlling entity
AUSTIN TRAVIS COUNTY
G DEVELOPMENT TEXAS 0. 301,419. MHMR CENTER
E AFFORDABLE HOUSING AUSTIN TRAVIS COUNTY
W-INCOME PERSONS TEXAS 739,898. MHMR CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NEW MILESTONES FOUNDATION DBA INTEGRAL CARE							
FOUNDATION - 73-2399174, 1430 COLLIER	SUPPORTS ATCHMHMR DBA			LINE 12C,			
STREET, AUSTIN, TX 78704	ATCIC	TEXAS	501(C)(3)	III-FI		Х	

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

Schedule R (Form 990) 2022

74-1547909

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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.

				•	1	1	_			_	—	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes	No	
											\Box	
											1	
									l		لب	

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	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

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

1a

X

Yes No

Schedule R (Form 990) 2022

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b	X					
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)	d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)				1e	X					
f Dividends from related organization(s)										
g Sale of assets to related organization(s)				1g	X					
h Purchase of assets from related organization(s)				1h	X					
i Exchange of assets with related organization(s)				1i	X					
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X					
k Lease of facilities, equipment, or other assets from related organization(s)				1k	<u> </u>					
I Performance of services or membership or fundraising solicitations for related or				11	X					
m Performance of services or membership or fundraising solicitations by related org					X					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ation(s)			1n	X					
Sharing of paid employees with related organization(s)				<u>1</u> 0	X					
p Reimbursement paid to related organization(s) for expenses				1p	X					
q Reimbursement paid by related organization(s) for expenses				1q	X					
					<u> X</u>					
s Other transfer of cash or property from related organization(s)				1s	X					
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered relat	onships and transaction thresholds.							
(a) Name of related organization	_ (b)	(c)	(d)							
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount involved						
	type (a s)									
(1)										
(0)										
(2)										
(0)										
(3)										
(4)										
(4)										
(E)										
(5)										
(6)										
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

Schedule R	(Form 990) 2022 DBA INTEGRAL CARE	74-154/909	Page 5
Part VII	Supplemental Information Supplemental Inform		
	Provide additional information for responses to questions on Schedule R. See instructions.		