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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u>	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization <u>LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.</u>
	Doing Business As
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>6600 S. YALE AVE., STE. 400</u>
	City or town, state or country, and ZIP + 4 <u>TULSA OK 74136</u>
	D Employer identification number <u>73-1308273</u>
	E Telephone number <u>(918) 502-8120</u>
	G Gross receipts \$ <u>39,320,658</u>
F Name and address of principal officer: <u>BARRY L. STEICHEN, 6161 S. YALE AVE., TULSA, OK 74136</u>	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
H(b) Are all affiliates included? <u>N/A</u> ☐ Yes ☐ No	
If "No," attach a list. (see instructions)	
I Tax-exempt status: ☒ 501(c) (<u>3</u>) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website: <u>WWW.LAUREATE.COM</u>	
H(c) Group exemption number ▶	
K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
L Year of formation: <u>1987</u>	
M State of legal domicile <u>OK</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO EXTEND THE PRESENCE AND HEALING MINISTRY OF CHRIST IN ALL WE DO</u>
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets
	3 Number of voting members of the governing body (Part VI, line 1a) <u>13</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u>
Revenue	5 Total number of employees (Part V, line 2a) <u>524</u>
	6 Total number of volunteers (estimate if necessary) <u>49</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) <u>5,612</u>
	7b Net unrelated business taxable income from Form 990-T, line 34 <u>-378</u>
Expenses	8 Contributions and grants (Part VIII, line 1h) <u>5,733,063</u>
	9 Program service revenue (Part VIII, line 2g) <u>31,017,059</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>-6,679</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>112,157</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>39,244,779</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>22,007,390</u>
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) <u>0</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) <u>10,048,741</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>32,056,131</u>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 <u>7,188,648</u>
	20 Total assets (Part X, line 16) <u>51,720,230</u>
	21 Total liabilities (Part X, line 26) <u>5,470,338</u>
	22 Net assets or fund balances. Subtract line 21 from line 20 <u>46,249,892</u>

Part II Signature Block

Sign Here	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 <u>Barry L. Steichen</u>	Date <u>5/13/10</u>
Paid Preparer's Use Only	Type or print name and title <u>BARRY L. STEICHEN, TREASURER</u>	
	Preparer's signature <u>Christophe B. Brown</u>	Date <u>5-13-10</u>
	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>ERNST & YOUNG, LLP 45</u> <u>5451 LAKEVIEW PKWY S DR, INDIANAPOLIS, IN 46268</u>	EIN <u>34-6565596</u> Phone no <u>(317) 280-3400</u>

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

TO EXTEND THE PRESENCE AND HEALING MINISTRY OF CHRIST IN ALL WE DO.

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,691,160 including grants of \$ 0) (Revenue \$ 5,514,271)**INDIVIDUAL PHYSICIANS FOR INPATIENT/OUTPATIENT SERVICES**

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC. PROVIDES PSYCHIATRIC EVALUATION AND MEDICINE MANAGEMENT THROUGH USE OF PHYSICIAN, NURSE PRACTITIONER, AND PHYSICIAN ASSISTANT PROVIDERS. IN ADDITION, LAUREATE OFFERS OUTPATIENT MENTAL HEALTH THERAPY THROUGH THE USE OF NON-PHYSICIAN PROVIDERS SUCH AS PSYCHOLOGISTS, SOCIAL WORKERS, LICENSED PROFESSIONAL COUNSELORS, LICENSED MARITAL AND FAMILY THERAPISTS, AND LICENSED ALCOHOL AND DRUG COUNSELORS. IN FISCAL YEAR 2009, LAUREATE PROVIDED 41,396 PHYSICIAN VISITS AND 23,592 THERAPIST AND PhD VISITS.

4b (Code:) (Expenses \$ 5,021,276 including grants of \$ 0) (Revenue \$ 11,130,062)**ACUTE PSYCHIATRIC CARE SERVICES**

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC. PROVIDES NEEDED HIGH QUALITY, COST EFFECTIVE PSYCHIATRIC CARE SERVICES TO THE COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY. TREATMENT SERVICES INCLUDE, BUT ARE NOT LIMITED TO, EVALUATION AND DIAGNOSIS, ACUTE PSYCHIATRIC CARE, INTERMEDIATE AND LONG-TERM CARE, AND CHEMICAL DEPENDENCY CARE TO RESIDENTS OF OKLAHOMA, PRIMARILY IN TULSA AND THE SURROUNDING AREAS. ASSESSMENT, STABILIZATION, AND DISCHARGE PLANNING ARE THE MAIN GOALS OF THE TREATMENT PROCESS. LENGTH OF HOSPITALIZATION VARIES DEPENDING UPON DIAGNOSIS, AGE OF THE PATIENT, AND SEVERITY OF ILLNESS. IN FISCAL YEAR 2009, LAUREATE PROVIDED 17,429 DAYS OF PATIENT CARE AND 2,651 ADMISSIONS.

4c (Code:) (Expenses \$ 4,013,637 including grants of \$ 0) (Revenue \$ 8,303,632)**EATING DISORDERS**

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC. OFFERS A NATIONALLY RECOGNIZED EATING DISORDER PROGRAM PROVIDING TREATMENT OF VARIOUS EATING-RELATED DIFFICULTIES TO PATIENTS FROM AROUND THE COUNTRY. THE GOALS OF TREATMENT INCLUDE MANAGING EATING DISORDERS, STABILIZING CHAOTIC EATING BEHAVIORS, DEVELOPING EMOTIONAL SATISFACTION AND HEIGHTENING AWARENESS OF SELF AND RELATIONSHIPS WITH OTHERS. LAUREATE PROVIDES COMPREHENSIVE SERVICES FOR ADULTS AND ADOLESCENTS FOR THEIR FULL CONTINUITY OF CARE, WHICH INCLUDE THE INTENSIVE PROGRAM, THE MAGNOLIA HOUSE TRANSITIONAL PROGRAM, AND THE OUTPATIENT PROGRAM. IN FISCAL YEAR 2009, LAUREATE PROVIDED 249 ADMISSIONS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 13,175,162 including grants of \$ 0) (Revenue \$ 6,069,094)

4e Total program service expenses ► \$ 26,901,235 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/A
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
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 questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	N/A
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	40
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	524
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N/A
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/A
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	14
b	Enter the number of voting members that are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	N/A
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions).	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N/A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► OKLAHOMA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ERIC SCHICK (918) 502-8118
 6600 S. YALE AVE, STE. 400, TULSA, OK 74136-3319

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM K. WARREN, JR. TRUSTEE	1	X						0	0	0
BISHOP EDWARD J. SLATTERY TRUSTEE	1	X						0	0	0
HENRY ZARROW TRUSTEE	1	X						0	0	0
W.R. LISSAU DIRECTOR	1	X						0	0	0
JAKE HENRY JR. PRESIDENT/DIRECTOR/CEO	1	X		X				0	1,542,812	238,254
BARRY L. STEICHEN TREASURER/DIRECTOR/CFO	1	X		X				0	667,157	136,569
THOMAS G. NEFF VICE PRESIDENT	1			X				0	457,796	93,896
JEFFREY C. SACRA SECRETARY	1			X				0	211,770	28,418
ROBERT ELI SMITH ASSISTANT SECRETARY	40			X				45,431	63,605	25,583
ERIC E. SCHICK ASSISTANT TREASURER	1			X				0	207,770	28,635
CRAIG JOHNSON DIRECTOR, EATING DISORDERS	40					X		395,555	0	35,847
JEFFREY MITCHELL VICE PRESIDENT/MEDICAL DIRECTOR	40					X		350,108	0	39,575
OVIDIO BERMUDEZ PSYCHIATRIST	40					X		305,763	0	28,846
KHALIL SALIBA PSYCHIATRIST	40					X		279,156	0	28,846
SCOTT MOSEMAN PSYCHIATRIST	40					X		248,739	0	28,846
	0							0	0	0
	0							0	0	0

Form 990 (2008)

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,122,242			
	g	Noncash contributions included in lines 1a-1f: \$		400			
	h	Total. Add lines 1a-1f		8,122,242			
Program Service Revenue	2a	PATIENT SERVICES, NET OF CONTRACTUAL ADJUSTMENTS	Business Code	621110	24,395,584	24,395,584	
	b	MEDICARE/MEDICAID PAYMENTS	621110	6,429,381	6,429,381		
	c	FEES AND CONTRACTS FROM GOVERNMENT AGENCIES	621110	192,094	192,094		
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		31,017,059			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,519		
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less: rental expenses					
c		Rental income or (loss)	0	0			
d		Net rental income or (loss)			0		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses	0	64,681			
c		Gain or (loss)	0	75,879			
d		Net gain or (loss)	0	-11,198			-11,198
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0			
b		Less: direct expenses	b	0			
c		Net income or (loss) from fundraising events			0		
9a		Gross income from gaming activities See Part IV, line 19	a	0			
b		Less: direct expenses	b	0			
c		Net income or (loss) from gaming activities			0		
10a		Gross sales of inventory, less returns and allowances	a	0			
b	Less: cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue				Business Code			
11a	MANAGEMENT SERVICES FOR AFFILIATES	541610	93,720	93,720			
b	RESEARCH DRUG STUDIES	541700	9,612		5,612	4,000	
c	AUXILIARY/GIFT SHOP SALES OR AUDITS	453220	3,121			3,121	
d	All other revenue		5,704			5,704	
e	Total. Add lines 11a-11d		112,157				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		39,244,779	31,110,779	5,612	6,146	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	217,055	0	217,055	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	18,123,684	16,473,674	1,650,010	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,205,622	1,095,910	109,712	
9 Other employee benefits	1,299,892	1,181,602	118,290	
10 Payroll taxes	1,161,137	1,055,474	105,663	
11 Fees for services (non-employees):				
a Management	0			
b Legal	-5,000		-5,000	
c Accounting	50,004		50,004	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	1,208,768	1,081,829	126,939	
12 Advertising and promotion	143,590	137,127	6,463	
13 Office expenses	1,599,015	1,389,723	209,292	
14 Information technology	790,546	774,499	16,047	
15 Royalties	0			
16 Occupancy	755,112	754,855	257	
17 Travel	60,927	59,158	1,769	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	1,611,043	0	1,611,043	0
23 Insurance	284,447	122,252	162,195	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE	2,270,886	2,270,886		
b ADMINISTRATIVE EXPENSE	675,710		675,710	
c REPAIRS AND MAINTENANCE	333,838	308,725	25,113	
d EMPLOYEE EXPENSE	216,679	175,426	41,253	
e INCOME TAXES	15,422	15,422		
f All other expenses	37,754	4,673	33,081	
25 Total functional expenses. Add lines 1 through 24f	32,056,131	26,901,235	5,154,896	0
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	860,570	1	3,026,793	
	2 Savings and temporary cash investments	59,304	2	63,567	
	3 Pledges and grants receivable, net	162,109	3	1,038,101	
	4 Accounts receivable, net	2,870,893	4	2,390,067	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	95,487	8	88,421	
	9 Prepaid expenses and deferred charges	145,931	9	151,148	
	10a Land, buildings, and equipment: cost basis	10a 77,636,704			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 32,685,814			
	11 Investments—publicly traded securities	279,445	10c 44,950,890	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	96,369	15	11,243	
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,823,902	16	51,720,230		
Liabilities	17 Accounts payable and accrued expenses	3,083,922	17	3,995,597	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	0	20	0	
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable	0	24	0	
	25 Other liabilities. Complete Part X of Schedule D	1,338,325	25	1,474,741	
	26 Total liabilities. Add lines 17 through 25	4,422,247	26	5,470,338	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	35,401,655	27	46,249,892	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	35,401,655	33	46,249,892	
	34 Total liabilities and net assets/fund balances	39,823,902	34	51,720,230	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b	N/A	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

Employer identification number

73-1308273

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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.) N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions.) **12**13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%

16a **33 1/3% support test-2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐b **33 1/3% support test-2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐17a **10%-facts-and-circumstances-test-2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . ▶ ☐b **10%-facts-and-circumstances test-2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . ▶ ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ▶ ☐

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ▶ ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

73-1308273

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8. N/A

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

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

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. N/A

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0				

2 Provide the estimated percentage of the year end balance held as:

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

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	13,060,926		13,060,926
b Buildings	0	20,404,187	10,744,843	9,659,344
c Leasehold improvements	0	6,775,302	6,264,493	510,809
d Equipment	0	17,736,859	15,592,779	2,144,080
e Other	0	19,659,430	83,699	19,575,731
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				44,950,890

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products	0	
Closely-held equity interests	0	
Other	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►	0	

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶	0	

(a) Description	(b) Book value
	()
	()
	()
	()
	()
	()
	()
	()
	()
	()
	()
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	()

(a) Description of liability	(b) Amount
Federal income taxes	0
DUE TO FROM MEDICARE COST REPORT 2001	275,721
PROFESSIONAL LIABILITY INSURANCE RESERVE	1,199,020
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,474,741

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,244,779
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,056,131
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	7,188,648
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,659,589
9	Total adjustments (net). Add lines 4–8	9	3,659,589
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	10,848,237

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

1	Total revenue, gains, and other support per audited financial statements	1	36,784,950
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	36,784,950
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,459,829
c	Add lines 4a and 4b	4c	2,459,829
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	39,244,779

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	29,599,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	29,599,423
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,456,708
c	Add lines 4a and 4b	4c	2,456,708
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	32,056,131

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART X: FIN 48 FOOTNOTE DISCLOSED IN AUDIT REPORT:

LAUREATE HAS BEEN GRANTED TAX-EXEMPT STATUS PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE)

AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(a) OF THE CODE. ONCE QUALIFIED

AS A TAX-EXEMPT ENTITY, THE HOSPITAL IS REQUIRED TO OPERATE IN CONFORMITY WITH THE CODE AND ITS TAX-EXEMPT PURPOSE TO

MAINTAIN ITS QUALIFICATION.

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES

BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED

Part XIV Supplemental Information (continued)

IN THE FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF FIN 48, TAX-EXEMPT ORGANIZATIONS COULD NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. PRIOR TO FIN 48, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR A TAX EXPOSURE WAS BASED ON WHETHER A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES. ON JULY 1, 2007, THE HOSPITAL ADOPTED FIN 48. THE IMPACT OF THE ADOPTION OF FIN 48 ON THE HOSPITAL'S FINANCIAL STATEMENTS WAS NOT SIGNIFICANT. THERE WERE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2009 AND 2008.

PART XI: RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STATEMENTS

THE AUDITED FINANCIALS INCLUDE AN INCREASE IN NET ASSETS FOR A TRANSFER OF \$3,662,710 FROM SAINT FRANCIS HEALTH SYSTEM WHICH IS NOT REFLECTED ON THE 990. THE 990 INCLUDES AN INCREASE IN NET ASSETS OF \$3,121 FOR AUXILIARY INCOME WHICH IS NOT REFLECTED ON THE AUDITED FINANCIALS.

PART XII: RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN

THE AUDITED FINANCIALS DO NOT INCLUDE \$2,456,708 IN DONATIONS FROM LAUREATE PSYCHIATRIC RESEARCH CENTER. THEY OFFSET EXPENSES THAT OCCUR IN THE RESEARCH COST CENTERS AND NET TO ZERO. THE AUDITED FINANCIALS DO NOT INCLUDE \$3,121 INCOME FOR AUXILIARY INCOME FROM A LIABILITY ACCOUNT; BUT IT IS REFLECTED IN THE 990.

PART XIII: RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER RETURN

THE AUDITED FINANCIALS DO NOT INCLUDE \$2,456,708 IN EXPENSES FROM THE RESEARCH COST CENTERS; THIS AMOUNT WAS MATCHED WITH THE DONATIONS FROM LAUREATE PSYCHIATRIC RESEARCH CENTER AND NET TO ZERO. THEY ARE INCLUDED IN THE EXPENSES ON THE 990 FORM.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
► Attach to Form 990.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC

Employer identification number

73-1308273

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

- 1a** Does the organization have a charity care policy? If "No," skip to question 6a
- b** If "Yes," is it a written policy?
- 2** If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.
- ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals
- ☐ Generally tailored to individual hospitals
- 3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.
- a** Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care
- ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%
- b** Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%
- c** If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.
- 4** Does the organization's policy provide free or discounted care to the "medically indigent"?
- 5a** Does the organization budget amounts for free or discounted care provided under its charity care policy?
- b** If "Yes," did the organization's charity care expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Does the organization prepare an annual community benefit report?
- b** If "Yes," does the organization make it available to the public?

	Yes	No
1a		
1b		
3a		
3b		
4		
5a		
5b		
5c		
6a		
6b		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			0	0	0	0.00%
b Unreimbursed Medicaid (from Worksheet 3, column a)			0	0	0	0.00%
c Unreimbursed costs – other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00%
d Total Charity Care and Means-Tested Government Programs	0	0	0	0	0	0.00%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			0	0	0	0.00%
f Health professions education (from Worksheet 5)			0	0	0	0.00%
g Subsidized health services (from Worksheet 6)			0	0	0	0.00%
h Research (from Worksheet 7)			0	0	0	0.00%
i Cash and in-kind contributions to community groups (from Worksheet 8)			0	0	0	0.00%
j Total Other Benefits	0	0	0	0	0	0.00%
k Total (line 7d and 7j)	0	0	0	0	0	0.00%

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00%
2 Economic development					0	0.00%
3 Community support					0	0.00%
4 Environmental improvements					0	0.00%
5 Leadership development and training for community members					0	0.00%
6 Coalition building					0	0.00%
7 Community health improvement advocacy					0	0.00%
8 Workforce development					0	0.00%
9 Other					0	0.00%
10 Total	0	0	0	0	0	0.00%

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)**Section A. Bad Debt Expense**

- 1** Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 2** Enter the amount of the organization's bad debt expense (at cost) **2** 0
- 3** Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy **3**
- 4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

Section B. Medicare

- 5** Enter total revenue received from Medicare (including DSH and IME) **5**
- 6** Enter Medicare allowable costs of care relating to payments on line 5 **6** 0
- 7** Enter line 5 less line 6—surplus or (shortfall) **7** 0
- 8** Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:
- ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a** Does the organization have a written debt collection policy? **9a**
- b** If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . **9b**

Part IV Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1		0.00%	0.00%	0.00%
2		0.00%	0.00%	0.00%
3		0.00%	0.00%	0.00%
4		0.00%	0.00%	0.00%
5		0.00%	0.00%	0.00%
6		0.00%	0.00%	0.00%
7		0.00%	0.00%	0.00%
8		0.00%	0.00%	0.00%
9		0.00%	0.00%	0.00%
10		0.00%	0.00%	0.00%
11		0.00%	0.00%	0.00%
12		0.00%	0.00%	0.00%
13		0.00%	0.00%	0.00%
14		0.00%	0.00%	0.00%

Part V	Facility Information <i>(Required for 2008)</i>
---------------	--

[illegible]

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

Employer identification number

73-1308273

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		N/A
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
JAKE HENRY JR (1)	(i) 0	0	0	0	0	0	0	0
	(ii) 740,230	768,840	33,742	230,226	8,028	1,781,066	545,415	0
BARRY L. STEICHEN (2)	(i) 0	0	0	0	0	0	0	0
	(ii) 410,477	245,052	11,628	126,968	9,601	803,726	145,552	0
THOMAS G. NEFF (2)	(i) 0	0	0	0	0	0	0	0
	(ii) 248,955	202,514	6,327	85,031	8,865	551,692	147,614	0
JEFFREY C. SACRA	(i) 0	0	0	0	0	0	0	0
	(ii) 178,603	30,888	2,279	27,076	1,342	240,188	0	0
ERIC SCHICK	(i) 0	0	0	0	0	0	0	0
	(ii) 181,426	24,414	1,930	20,269	8,366	236,405	0	0
CRAIG JOHNSON	(i) 379,321	734	15,500	28,846	7,001	431,402	0	0
	(ii) 0	0	0	0	0	0	0	0
JEFFREY MITCHELL	(i) 299,917	37,852	12,339	30,296	9,279	389,683	0	0
	(ii) 0	0	0	0	0	0	0	0
OVIDIO BERMUDEZ	(i) 287,324	2,939	15,500	28,846	0	334,609	0	0
	(ii) 0	0	0	0	0	0	0	0
KHALIL SALIBA	(i) 260,717	2,939	15,500	28,846	0	308,002	0	0
	(ii) 0	0	0	0	0	0	0	0
SCOTT MOSEMAN	(i) 230,300	2,939	15,500	28,846	0	277,585	0	0
	(ii) 0	0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0	0

Part III Supplemental Information

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

Part I Line 4b A SELECT GROUP OF HIGHLY COMPENSATED EMPLOYEES OF SAINT FRANCIS HEALTH SYSTEM, INC., AND ITS RELATED

ENTITIES, SAINT FRANCIS HOSPITAL, INC., LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC., WARREN CLINIC, INC.,

PATIENT CARE SERVICES OF SAINT FRANCIS, INC., AND SAINT FRANCIS HOSPITAL SOUTH, LLC, ARE ELIGIBLE TO

PARTICIPATE IN A NONQUALIFIED DEFERRED COMPENSATION PLAN UNDER SECTION 457(b) OF THE INTERNAL REVENUE

CODE OF 1986, AS AMENDED UNDER THE ECONOMIC GROWTH AND TAX RELIEF RECONCILIATION ACT OF 2001.

NOTE: NONE OF THE INDIVIDUALS LISTED ON SCHEDULE J ARE COMPENSATED AS BOARD MEMBERS OF THE REPORTING

ENTITY. THE REPORTED COMPENSATION IS FOR SERVICES AS EMPLOYEES OF THE RELATED ORGANIZATION.

(1) THE CONTRIBUTION TO EMPLOYEE BENEFIT PLANS REPORTED IN COLUMN C INCLUDES THE EMPLOYEE'S

INCREMENTAL ANNUAL INCREASE IN HIS SEVERANCE PLAN. THE FULL AMOUNT OF THE SEVERANCE BENEFIT EXCEEDS

ONE YEAR'S BASE SALARY AND WILL BE PAID ONLY UNDER SPECIFIC CIRCUMSTANCES OF TERMINATION.

(2) THE CONTRIBUTION TO EMPLOYEE BENEFIT PLANS REPORTED IN COLUMN C INCLUDES THE EMPLOYEE'S

INCREMENTAL ANNUAL INCREASE IN HIS SEVERANCE PLAN. THE FULL AMOUNT OF THE SEVERANCE BENEFIT IS

ONE YEAR'S BASE SALARY AND WILL BE PAID ONLY UNDER SPECIFIC CIRCUMSTANCES OF TERMINATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

Employer identification number
73-1308273

FORM 990 PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

1b. THE CORPORATION DELEGATES ITS GOVERNANCE TO THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM, INC. (SFHS)

THE SFHS BOARD IS COMPRISED OF 14 DIRECTORS, 10 OF WHOM ARE INDEPENDENT.

2. JAKE HENRY JR. AND W.R. LISSAU EACH SERVE ON THE BOARDS OF OTHER ORGANIZATIONS, SOME OF WHICH ARE RELATED.

3. THE CORPORATION DELEGATES ITS GOVERNANCE TO SAINT FRANCIS HEALTH SYSTEM

6. THE MEMBERS OF THE CORPORATION ARE WILLIAM K. WARREN, JR., TRUSTEE, HENRY ZARROW, TRUSTEE, AND THE MOST REVEREND EDWARD J. SLATTERY, TRUSTEE.

7a. THE MEMBERS OF THE CORPORATION ELECT THE DIRECTORS AT A SPECIAL OR ANNUAL MEETING.

7b. THE MEMBERS MUST APPROVE THE SALE OF ASSETS WITH A VALUE GREATER THAN \$10,000,000, AMENDMENTS TO THE CERTIFICATE OR INCORPORATION, MERGER OR CONSOLIDATION, THE SALE, LEASE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS AND PROPERTY OF THE CORPORATION, THE DISSOLUTION OR REVOCATION OF DISSOLUTION OF THE CORPORATION, AND AMENDMENTS TO THE BYLAWS OF THE CORPORATION.

10. THE FORM 990 OF LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC. WILL BE POSTED TO A PORTAL ON THE SAINT FRANCIS HEALTH SYSTEM, INC. WEBSITE. EACH MEMBER OF THE FINANCE COMMITTEE OF SAINT FRANCIS HEALTH SYSTEM, INC. WILL RECEIVE A PASSWORD TO THE PORTAL WHERE THEY CAN VIEW THE FORM 990 FOR AT LEAST ONE WEEK BEFORE IT IS FILED.

12c. THE CORPORATION USES THE CONFLICT OF INTEREST DISCLOSURE AND RESOLUTION PROCESS OF SAINT FRANCIS HEALTH SYSTEM. ALL TRUSTEES, DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS. THE DISCLOSURES ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM. THE FINANCE COMMITTEE DETERMINES IF AN ACTUAL CONFLICT EXISTS AND, IF SO, WHAT MEASURES SHOULD BE TAKEN TO MANAGE THE CONFLICT.

PART VI: GOVERNANCE, MANAGEMENT, AND DISCLOSURE

13. THE CORPORATION USES THE WHISTLEBLOWER POLICY OF SAINT FRANCIS HEALTH SYSTEM, INC., ALTHOUGH IT HAS NOT BEEN FORMALLY ADOPTED BY THE CORPORATION'S BOARD OF DIRECTORS.

14. THE CORPORATION USES THE DOCUMENT RETENTION AND DESTRUCTION POLICY OF SAINT FRANCIS HEALTH SYSTEM, INC. ALTHOUGH IT HAS NOT BEEN FORMALLY ADOPTED BY THE CORPORATION'S BOARD OF DIRECTORS.

Name of the organization

Employer identification number

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

73-1308273

15b. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM IS RESPONSIBLE FOR REVIEWING

AND APPROVING THE COMPENSATION OF TOP MANAGEMENT EMPLOYEES OF THE CORPORATION. THE COMMITTEE IS STAFFED ENTIRELY

BY INDEPENDENT VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE UTILIZES BENCHMARKING DATA SUPPLIED BY AN

OUTSIDE CONSULTANT. THE FINDINGS OF THE COMMITTEE ARE DOCUMENTED IN MINUTE FORMAT.

PART VI DISCLOSURE

19. REQUESTS FOR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE EVALUATED

ON A CASE-BY-CASE BASIS.

PART VII, SECTION A, LINE 1a

THE HOURS PER WEEK REPORTED FOR ALL BUT ONE OF THE OFFICERS AND DIRECTORS ARE THE HOURS SPENT ON

THE FILING ENTITY ONLY. THE REMAINING PORTION OF THE 40 HOURS PER WEEK OF THE OFFICERS AND DIRECTORS

WITH RELATED COMPENSATION IS ALLOCATED AMONG THE ENTITIES REPORTED ON SCHEDULE R. ROBERT ELI

SMITH BECAME EXECUTIVE DIRECTOR OF THE FILING ENTITY IN AUGUST 2008. HIS COMPENSATION IS FOR SERVICE

AS AN EMPLOYEE OF THE FILING ENTITY, NOT FOR SERVICE AS AN OFFICER.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

Employer identification number

73-1308273

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SAINT FRANCIS HOSPITAL, INC. 73-0700090	HEALTH SERVICES	OK	501(C)(3)	3	N/A
6600 S. YALE AVE., STE. 400, TULSA, OK 74136					
WARREN CLINIC, INC. 73-1310891	HEALTH SERVICES	OK	501(C)(3)	3	N/A
6600 S. YALE AVE., STE. 400, TULSA, OK 74136					
PATIENT CARE SERVICES OF SAINT FRANCIS, INC. 73-0803027	HEALTH SERVICES	OK	501(C)(3)	3	N/A
6600 S. YALE AVE., STE. 400, TULSA, OK 74136					
THE CHILDREN'S HOSPITAL FOUNDATION AT SAINT FRANCIS 20-2843418	HEALTH SERVICES	OK	501(C)(3)	3	N/A
6600 S. YALE AVE., STE. 400, TULSA, OK 74136					
SAINT FRANCIS HEALTH SYSTEM, INC. 73-1501972	HEALTH SERVICES	OK	501(C)(3)	11b TYPE II	N/A
6600 S. YALE AVE., STE. 400, TULSA, OK 74136					
LAUREATE PSYCHIATRIC RESEARCH CENTER, INC. 73-1328881	MEDICAL RESEARCH	OK	501(C)(3)	11a TYPE I	N/A
PO BOX 470372, TULSA, OK 74147					
SAINT FRANCIS HOSPITAL SOUTH, LLC. 01-0603214	HEALTH SERVICES	OK	501(C)(3)	3	N/A
6600 S. YALE AVE., STE. 400, TULSA, OK 74136					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
(HTA)

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	
-----					0	0			0	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
XAVIER INSURANCE COMPANY, INC. 03-0333599 76 SAINT PAUL ST., STE. 500, BURLINGTON, VT 05401-4477	CAPTIVE INSURANCE	VT	N/A	C Corp	N/A	0 N/A	0 N/A %
SAINT FRANCIS PAYROLL SERVICES, LLC. 45-0470422 6600 S. YALE AVE., STE. 400, TULSA, OK 74136	COMMON PAY AGENT	OK	N/A	C Corp	N/A	0 N/A	0 N/A %
SPRINGER CLINIC, INC. 73-1414359 6600 S. YALE AVE., STE. 400, TULSA, OK 74136	HEALTH SERVICES	OK	N/A	S Corp	N/A	0 N/A	0 N/A %
RELATED HEALTH SERVICES, INC. 73-1288715 6600 S. YALE AVE., STE. 400, TULSA, OK 74136	HEALTH SERVICES	OK	N/A	S Corp	N/A	0 N/A	0 N/A %
SAINT FRANCIS HEALTH SYSTEM GENERAL-PROFESSIONAL LIABILITY 6600 S. YALE AVE., STE. 400, TULSA, OK 74136	LIABILITY TRUST	OK	N/A	Trust	N/A	0 N/A	0 N/A %
COMMUNITY CARE MANAGED HEALTHCARE PLANS OF OKLAHOMA, IN 73-1433979, PO BOX 3249, TULSA, OK 74101	HEALTH SERVICES	OK	N/A	C Corp	N/A	0 N/A	0 N/A %
SFSJ Medical Ventures Inc. 73-1504031 6600 S. YALE AVE., STE. 400, TULSA, OK 74136	HEALTH SERVICES	OK	N/A	C Corp	N/A	0 N/A	0 N/A %

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**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 (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

(A) Name of other organization(s)		(B) Transaction type (a-r)	(C) Amount involved
(1) SAINT FRANCIS HOSPITAL, INC.		k	59,600
(2) SAINT FRANCIS HOSPITAL, INC.		o	45,238,932
(3) SAINT FRANCIS HOSPITAL, INC.		i	11,729,212
(4) SAINT FRANCIS HOSPITAL, INC.		p	29,985,886
(5) PATIENT CARE SERVICES OF SAINT FRANCIS, INC.		p	86,105
(6) WARREN CLINIC, INC.		i	63,018

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	WARREN CLINIC, INC.	p	3,944,802
(8)	WARREN CLINIC, INC.	o	60,720
(9)	SAINT FRANCIS HOSPITAL SOUTH, LLC	p	446,016
(10)	LAUREATE PSYCHIATRIC RESEARCH CENTER, INC.	c	2,254,951
(11)	LAUREATE MENTAL HEALTH CORPORATION, INC.	c	840,000
(12)	LAUREATE MENTAL HEALTH CORPORATION, INC.	p	272,940
(13)			0
(14)			0
(15)			0
(16)			0
(17)			0
(18)			0
(19)			0
(20)			0
(21)			0
(22)			0
(23)			0
(24)			0