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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 7/1/2009 **, and ending** 6/30/2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 6600 S YALE AVE , STE 400 — Room/suite:

City or town, state or country, and ZIP + 4: TULSA OK 74136

D Employer identification number: 73-1308273

E Telephone number: (918) 502-8120

G Gross receipts $: 35,155,736

F Name and address of principal officer: BARRY L STEICHEN 6161 S YALE AVE , TULSA, OK 74136

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www laureate com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1987

M State of legal domicile: OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO EXTEND THE PRESENCE AND HEALING MINISTRY OF CHRIST IN ALL WE DO

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	494
6	Total number of volunteers (estimate if necessary)	6	49
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,122,242	3,198,423
9	Program service revenue (Part VIII, line 2g)	31,017,059	31,549,553
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,679	2,574
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,157	104,875
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,244,779	34,855,425

Expenses

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)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,007,390	22,063,120
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,048,741	9,887,691
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,056,131	31,950,811
19	Revenue less expenses Subtract line 18 from line 12	7,188,648	2,904,614

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	51,720,230	49,912,961
21	Total liabilities (Part X, line 26)	5,470,338	4,441,469
22	Net assets or fund balances Subtract line 21 from line 20	46,249,892	45,471,492

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Barry L Steichen — Signature of officer — Date 5/13/11

BARRY L STEICHEN, TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Christopher Bugge	Date 5-10-11	Check if self-employed ▶ ☐
Preparer's identifying number (see instructions)			
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG, LLP 111 Monument Circle, Ste 2600, Indianapolis, IN 46204	EIN ▶ 34-6565596 Phone no ▶ (317) 681-7000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

(HTA)

Part III Statement of Program Service Accomplishments

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 $ 5,635,385 including grants of $ 0) (Revenue $ 5,353,042)
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 FICAL YEAR 2010 LAUREATE PROVIDED 44,407 PHYSICIAN OUTPATIENT VISITS AND 28,240 THERAPIST AND PhD OUTPATIENT VISITS

4b (Code) (Expenses $ 5,203,116 including grants of $ 0) (Revenue $ 13,710,597)
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 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 ILLINESS IN FISCAL YEAR 2010, LAUREATE PROVIDED 17,998 DAYS OF ACUTE PATIENT CARE AND 2,701 ADMISSIONS

4c (Code) (Expenses $ 4,146,739 including grants of $ 0) (Revenue $ 8,379,168)
EATING DISORDERS PROGRAM
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC OFFERS A NATIONALLY RECOGNIZED EATING DISORDERS 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 2010, LAUREATE PROVIDED 161 ADMISSIONS

4d Other program services (Describe in Schedule O)
(Expenses $ 11,037,062 including grants of $ 0) (Revenue $ 4,200,466)

4e **Total program service expenses** ► 26,022,302

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		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
•	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 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X; No:)	12A		
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 United States?	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 United States? *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 a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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	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 lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "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		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	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 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 in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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	56			
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	494			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)					
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		
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			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		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
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		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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 in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	3		
b	Enter the number of voting members that are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9a		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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 , 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 Report compensation for the calendar year ending with or within the organization's tax year 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 current officer, director, or trustee

(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	908,822	236,018
BARRY L STEICHEN TREASURER	1			X				0	609,867	130,629
THOMAS G NEFF VICE PRESIDENT	1			X				0	307,240	94,834
JEFFREY C SACRA SECRETARY	1			X				0	183,553	59,005
ROBERT ELI SMITH ASSISTANT SECRETARY	40			X				124,915	0	22,586
ERIC E SCHICK ASSISTANT TREASURER	1			X				0	186,829	55,013
JEFFREY MITCHELL, M D VICE PRESIDENT/MEDICAL DIRECTOR	40				X	X		317,845	0	42,710
PETER LANTZ, M D PHYSICIAN	5					X		23,900	399,047	43,422
CRAIG JOHNSON, M D DIRECTOR, EATING DISORDERS	40					X		409,078	0	46,922
OVIDIO BERMUDEZ, M D PHYSICIAN	40					X		307,666	0	44,633
JIMMIE MCADAMS, M D PHYSICIAN	40					X		291,942	0	43,833

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

(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			
1b Total							►	1,475,346	2,595,358	819,605

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 19

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

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

(A) Name and business address		(B) Description of services	(C) Compensation
COWEN CONSTRUCTION, INC	PO BOX 3465, TULSA, OK 74101	CONSTRUCTION	881,299
CDW GOVERNMENT, INC	75 REMITTANCE DR, STE 1515, CHICAGO, IL 60675-1515	COMPUTER EQUIPMENT	842,335
PUBLIC SERVICE CO OF OK	PO BOX 24421, CANTON, OH 44701-4421	UTILITIES	455,429
STATE OF OK BD OF REGENT	4502 E 41ST ST, ROOM 2820, TULSA, OK 74135-2512	HEALTHCARE SERVICES	214,301
WARREN PROF BLDG CORP	PO BOX 470372, TULSA, OK 74147	LANDSCAPING SERVICES	142,501

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 8

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	3,198,423				
	g Noncash contributions included in lines 1a-1f $		0				
	h **Total.** Add lines 1a–1f		▶	3,198,423			
Program Service Revenue		Business Code					
	2a PATIENT SERVICES, NET OF CONTRACTUAL ADJUSTMEI	621110		24,549,698	24,549,698		
	b MEDICARE/MEDICAID PAYMENTS	621110		6,934,757	6,934,757		
	c FEES AND CONTRACTS FROM GOVERNMENT AGENCIES	621110		65,098	65,098		
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f		▶	31,549,553			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	3,032			3,032
	4 Income from investment of tax-exempt bond proceeds		▶	0			0
	5 Royalties		▶	0			0
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)		▶	0			0
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	0	299,853				
	b Less cost or other basis and sales expenses	0	300,311				
	c Gain or (loss)	0	-458				
	d Net gain or (loss)		▶	-458			-458
	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			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			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			0
	Miscellaneous Revenue	Business Code					
	11a MANAGEMENT SERVICES FOR AFFILIATES	541610		93,720	93,720		
	b RESEARCH DRUG STUDIES	541700		4,466			4,466
	c AUXILLARY/GIFT SHOP SALES OR AUDITS	453220		5,618			5,618
	d All other revenue			1,071			1,071
	e **Total.** Add lines 11a–11d		▶	104,875			
	12 **Total revenue.** See instructions		▶	34,855,425	31,643,273	0	13,729

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	596,634		596,634	
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	17,506,548	15,987,049	1,519,499	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,107,735	977,576	130,159	
9	Other employee benefits	1,723,613	1,521,088	202,525	
10	Payroll taxes	1,128,590	995,981	132,609	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	65,948	65,948	0	
c	Accounting	47,551	0	47,551	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,024,322	903,191	121,131	
12	Advertising and promotion	122,508	92,843	29,665	
13	Office expenses	2,043,377	1,874,810	168,567	
14	Information technology	288,340	273,478	14,862	
15	Royalties	0			
16	Occupancy	637,007	637,007	0	
17	Travel	63,007	59,060	3,947	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	692	692	0	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization	2,242,042	0	2,242,042	0
23	Insurance	124,110	156,861	-32,751	
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	1,965,029	1,965,029	0	
b	ADMINISTRATIVE EXPENSE	632,710	0	632,710	
c	REPAIRS AND MAINTENANCE	313,956	269,415	44,541	
d	EMPLOYEE EXPENSE	262,058	220,821	41,237	
e	INCOME TAXES	17,087	17,087	0	
f	All other expenses	37,947	4,366	33,581	
25	**Total functional expenses.** Add lines 1 through 24f	31,950,811	26,022,302	5,928,509	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		3,026,793	1	1,606,344
	2	Savings and temporary cash investments		63,567	2	106,685
	3	Pledges and grants receivable, net		1,038,101	3	0
	4	Accounts receivable, net		2,390,067	4	2,687,955
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	
	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			6	
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		88,421	8	86,750
	9	Prepaid expenses and deferred charges		151,148	9	161,691
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 78,711,373			
	b	Less accumulated depreciation	10b 34,639,431	44,950,890	10c	44,071,942
	11	Investments—publicly traded securities		0	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		0	14	0
	15	Other assets See Part IV, line 11		11,243	15	1,191,594
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		51,720,230	16	49,912,961
Liabilities	17	Accounts payable and accrued expenses		3,995,597	17	3,112,355
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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			22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		1,474,741	25	1,329,114
	26	**Total liabilities.** Add lines 17 through 25		5,470,338	26	4,441,469
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		46,249,892	27	45,471,492
	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		46,249,892	33	45,471,492
	34	Total liabilities and net assets/fund balances		51,720,230	34	49,912,961

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC	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 (For lines 1 through 11, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above 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
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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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
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
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 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%

16a **33 1/3% support test–2009.** 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–2008.** 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–2009.** 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–2008.** 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						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
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
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 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 $5,000 or 1% of the amount on line 13 for the year						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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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
13 **Total support.** (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	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 2009 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0 00%

19a **33 1/3% support tests–2009.** 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–2008.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC

Employer identification number

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.

		(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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

		Held at the End of the Tax 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 tax year ▶ ----------

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ----------

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

9 In Part 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

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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

b If "Yes," explain the arrangement in Part 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 the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	0	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) Accumulated depreciation	(d) Book value
1a	Land	0	13,060,926		13,060,926
b	Buildings	0	39,848,172	11,975,753	27,872,419
c	Leasehold improvements	0	6,772,757	6,393,802	378,955
d	Equipment	0	18,828,098	16,269,876	2,558,222
e	Other	0	201,420	0	201,420
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶					44,071,942

Part VII Investments—Other Securities. See Form 990, Part X, line 12

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(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	
Total. *(Column (b) must equal Form 990, Part X col (B) line 13)* ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	0
DUE TO MEDICARE COST REPORT	225,005
PROFESSIONAL LIABILITY INSURANCE RESERVE	1,104,109
	0
	0
	0
	0
	0
	0
	0
	0
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,329,114

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,855,425
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,950,811
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,904,614
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	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,904,614

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	32,440,406
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	32,440,406
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	2,415,019		
c	Add lines **4a** and **4b**			4c	2,415,019
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	34,855,425

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

1	Total expenses and losses per audited financial statements			1	29,535,792
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	29,535,792
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	2,415,019		
c	Add lines **4a** and **4b**			4c	2,415,019
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	31,950,811

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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 ENTIT, THE HOSPITAL IS REQUIRED TO OPERATE IN CONFORMITY WITH THE CODE AND ITS TAX-EXEMPT PURPOSE TO MAINTAIN ITS QUALIFICATION

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

Part XIV Supplemental Information *(continued)*

THE AUDITED FINANCIALS DO NOT INCLUDE $2,345,456 IN DONATIONS FROM LAUREATE PSYCHIATRIC RESEARCH CENTER, INC THEY OFFSET EXPENSES THAT OCCUR IN THE RESEARCH COST CENTERS AND NET TO ZERO THEY ARE INCLUDED IN THE REVENUE ON THE 990 FORM

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

THE AUDITED FINANCIALS DO NOT INCLUDE $2,345,456 IN EXPENSES FROM THE RESEARCH COST CENTERS THIS AMOUNT WAS MATCHED WITH DONATIONS FROM LAUREATE PSYCHIATRIC RESEARCH CENTER, INC AND NET TO ZERO THEY ARE INCLUDED IN THE EXPENSES ON THE 990 FORM

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC IS A SUBSIDIARY IN THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT FRANCIS HEALTH SYSTEM SAINT FRANCIS HEALTH SYSTEM ADOPTED ASC 740-10(f/k/a FIN48) IN JUNE 30,2009 NO DISCLOSURES WERE REQUIRED UNDER GAAP AS SAINT FRANCIS HEALTH SYSTEM DOES NOT HAVE ANY MATERIAL TAX CONTINGENCIES THAT REQUIRED DISCLOSURES IN THE FOOTNOTES

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

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

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b	If "Yes," is it a written policy?	1b	X	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals [X] 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% [X] Other 225 %	3a	X	
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 ____ %	3b		X
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"?	4	X	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Does the organization prepare an annual community benefit report?	6a	X	
b	If "Yes," does the organization make it available to the public?	6b	X	
	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

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			1,228,264	0	1,228,264	4 10%
b Unreimbursed Medicaid (from Worksheet 3, column a)				0		
c Unreimbursed costs – other means-tested government programs (from Worksheet 3, column b)				0		
d **Total** Charity Care and Means-Tested Government Programs	0	0	1,228,264	0	1,228,264	4 10%
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.** Add lines 7d and 7j	0	0	1,228,264	0	1,228,264	4 10%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1		X
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,965,029		
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	1,572,023		
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, and 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	7,030,737		
6	Enter Medicare allowable costs of care relating to payments on line 5 .	6	8,054,993		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,024,256		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	X	
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	X	

Part IV Management Companies and Joint Ventures N/A

	(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

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC 6600 S. YALE AVE., STE. 400 TULSA OK 74136	X								OUTPATIENT CLINIC

Part VI Supplemental Information

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

PART I, LINE 3B DISCOUNTED CARE IS NOT PROVIDED PATIENTS ARE EITHER ELIGIBLE FOR FREE CARE, OR ARE BILLED AT STANDARD RATES

PART I, LINE 6A THE ANNUAL REPORT FOR THE FILING ORGANIZATION IS PART OF A CONSOLIDATED REPORT PREPARED AT A HEALTH SYSTEM LEVEL

PART I, LINE 7A A COST TO CHARGE RATIO FROM WORKSHEET 2 IS USED TO CALCULATE THE AMOUNTS OF LINES 7A-7C

PART III, LINE 4 LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL REPORTS BAD DEBT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) HEALTH CARE FINANCIAL MANAGEMENT ASSOCIATIONS STATEMENT 15 IS FOLLOWED TO THE EXTENT THAT BAD DEBT EXPENSE AT COST IS DETERMIND USING THE SAME COST TO CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE AND MEDICAID SHORTFALLS AND DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE ACCOUNTS RECEIVABLE ARE VALUES AT NET REALIZABLE VALUE LAUREATE ESTIMATES ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED ON HISTORIC WRITE OFFS AND THE AGING OF THE ACCOUNTS

PART III, LINE 8 THE AMOUNT REPORTED IN PART III SECTION B IS THE SHORTFALL THAT IS ESTIMATED BETWEEN THE COST OF PROVIDING SERVICES USING THE HOSPITAL COST TO CHARGE RATIO AND THE REIMBURSEMENT RECEIVED FOR PROVIDING THESE SERVICES LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL BELIEVES THAT THIS AMOUNT OF UNREIMBURSED COST SHOULD BE CONSIDERED COMMUNITY BENEFIT IF THE MEDICARE PROGRAM DID NOT EXIST MOST OF THESE PATIENTS WOULD QUALIFY FOR OUR CHARITY POLICY AND THE COST OF PROVIDING CARE TO THEM THEN WOULD BE INCLUDED WITH THE CHARITY THAT IS REPORTED IN PART I, SECTION 7

PART III, LINE 9B IT IS THE POLICY OF LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES LAUREATE APPLIES ITS COLLECTION EFFORTS CONSISITENTLY AND FAIRLY FOR ALL PATIENTS REGARDLESS OF INSURANCE IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR OUTSTANDING BALANCE IT IS THE GOAL OF LAUREATE TO WORK WITH THE PATIENT TO

Part VI Supplemental Information

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

PART III, LINE 9B (CONT'D) QUALIFY THEM FOR OUR CHARITY POLICY IF THE PATIENT QUALIFIES FOR CHARITY UNDER OUR CHARITY POLICY THEN WE WILL WRITE OFF THE AMOUNT OWED 100% IT IS THE FEELING OF THE BOARD OF DIRECTORS THAT OUR POLICY SUPPORTS THE MISSION OF LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL

THE STATE OF OKLAHOMA DOES NOT REQUIRE ITS HOSPITALS TO FILE A COMMUNITY BENEFIT REPORT LAUREATE IS A PART OF AN EXTENSIVE HEALTH SYSTEM, SAINT FRANCIS HEALTH SYSTEM SAINT FRANCIS FOR THE LAST SIX YEARS HAS SPENT MANY MAN HOURS PREPARING A WRITTEN REPORT THAT IS DISTRIBUTED ACROSS THE STATE OF OKLAHOMA TO HELP EDUCATE THE COMMUNITY ON THE BENEFITS THAT SAINT FRANCIS HEALTH SYSTEM PROVIDES TO THE COMMUNITIES WE SERVE IN RETURN FOR OUR NOT FOR PROFIT STATUS

NEEDS ASSESSMENT THIS ORGANIZATION HAS ON OF ITS FUNDAMENTAL OPERATIONAL GOALS TO IDENTIFY AND ADDRESS THE NEEDS OF THE DEFINED COMMUNITY THAT IT SERVES TO DO THIS THE SAINT FRANCIS HEALTH SYSTEM GATHERS AND OBTAINS INFORMATION IDENTIFYING THOSE NEEDS, AND DEVELOPS PROGRAMS AND SERVICES THAT ADDRESS AND PROVIDE ACCESS TO THOSE IN GREATEST NEDD OF HEALTHCARE SERVICES HISTORICALLY, THE HEALTH CARE SYSTEM'S FOCUS HAS BEEN CARING FOR THOSE WHO ARE SICK AND IN HARM'S WAY IN ORDER TO MAKE INFORMED DECISIONS O HOW TO CARE FOR SICK, AT-RISK, AND MINORITY POPULATIONS, THE SYSTEM MUST FIRST IDENTIFY PRIORITY HEALTH NEEDS THE COMMUNITY NEEDS ASSESSMENT IS THE METHOD UTILIZED BY THE HEALTH SYSTEM TO IDENTIFY THOSE NEEDS AND MAKE THEM AVAILABLE TO THE PUBLIC AT REQUEST

THE ASSESSMENT IS A COMPILATION OF NATIONAL SURVEY RESULTS, HEALTH INFORMATION DATABASES, GOVERNMENT DATA, AND ANALYTICAL FEEDBACK FROM STATE AND LOCAL PARTNERS THIS DATA IS USED TO IDENTIFY POTENTIAL COURSES OF ACTION BASED ON EXISTING HEALTH CARE FACILITIES, AVAILABLE RESOURCES WITHIN THE COMMUNITY, AND CAPABILITIES OF THE COMMUNITY IN TERMS OF BOTH SOCIECOMONIC AND EDUCATION STATUS (CONT'D)

Part VI Supplemental Information

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

CONTINUED

PATIENT EDUCATION AND ELIGIBILITY FOR ASSISTANCE

BECAUSE OF OUR NOT-FOR-PROFIT DESIGNATION WE WANT TO MAKE SURE THAT THOSE WHO CANNOT PAY FOR SERVICES ARE GIVEN THE OPPORTUNITY TO STILL HAVE QUALITY HEALTH CARE SERVICES WE PROMOTE AND OR OFFER OUR CHARITY POLICY IN SEVERAL DIFFERENT AVENUES TO ENSURE PATIENTS ARE AWARE OF OUR GENEROUS POLICY SO THEY CAN ACCESS IT OUR CHARITY POLICY IS FIRST DISCUSSED IN OUR PATIENT FINANCIAL RESPONSIBILITY HAND OUT WE GIVE TO ALL PATIENTS ALL SELF PAY PATIENTS ARE VISITED AFTER ADMISSION TO VERIFY THEIR SELF PAY STATUES BY A FINANCIAL COUNSELOR IF THE PATIENT CONFIRMS THEIR SELF PAY STATUS THEN AT THAT TIME THE COUNSELOR WORKS WITH THE PATIENT TO DETERMINE IF THE PATIENT MAY QUALIFY FOR ASSISTANCE UNDER A GOVERNMENT SPONSORED PLAN IF THE PATIENT DOES NOT QUALIFY FOR A GOVERNMENT SPONSORED PLAN THEN THE FINANCIAL COUNSELOR WILL WORK WITH THE PATIENT TO TRY AND GET THEM QUALIFIED FOR CHARITY BASED ON THE HOSPITAL'S CHARITY POLICY ADDITIONALLY, DURING THE COLLECTIONS PROCESS WE OFFER CHARITY POLICY AS WELL AS PAYMENT OPTIONS AS A PART OF OUR PATIENT RESPONSIBILITY FOLLOW UP COLLECTION CALLS

PART VI LAUREATE PSYCHIATRIC CLINIC & HOSPITAL FURTHERS ITS EXEMPT STATUS THROUGH ITS AFFILIATION WITH SAINT FRANCIS HEALTH SYSTEM, INC.

DISCOUNTED CARE IS NOT PROVIDED. PATIENTS ARE EITHER ELIGIBLE FOR FREE CARE OR ARE BILLED AT STANDARD RATES.

PART OF AN AFFILIATED HEALTH CARE SYSTEM

LAUREATE PSYCHIATRIC CLINC AND HOSPITAL IS A PART OF THE SAINT FRANCIS HEALTH SYSTEM. ANNUALLY, LAUREATE ADMITS APPROXIMATELY 3,0000 PATIENTS AND PROVIDES OVER 70,000 OUTPATIENT VISITS FOR PSYCHIATRIC SERVICES

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC

Employer identification number
73-1308273

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
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, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5–9.			
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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
JAKE HENRY JR	(i)	0	0	0	0	0	0	0
	(ii)	754,944	119,461	34,417	227,271	8,747	1,144,840	0
BARRY L. STEICHEN	(i)	0	0	0	0	0	0	0
	(ii)	418,596	182,420	8,852	120,070	10,558	740,496	0
THOMAS G NEFF	(i)	0	0	0	0	0	0	0
	(ii)	253,828	47,040	6,372	84,985	9,849	402,074	0
JEFFREY C. SACRA	(i)	0	0	0	0	0	0	0
	(ii)	182,106	0	1,448	51,746	7,258	242,558	0
ERIC SCHICK	(i)	0	0	0	0	0	0	0
	(ii)	184,986	0	1,843	45,629	9,384	241,842	0
JEFFREY MITCHELL, M.D.	(i)	305,862	0	11,983	32,377	10,333	360,555	0
	(ii)	0	0	0	0	0	0	0
PETER LANTZ, M D.	(i)	23,900	0	0	0	0	23,900	0
	(ii)	399,047	0	0	30,828	12,594	442,469	0
CRAIG JOHNSON, M.D.	(i)	324,268	68,310	16,500	30,828	16,094	456,000	0
	(ii)	0	0	0	0	0	0	0
OVIDIO BERMUDEZ, M.D	(i)	282,166	25,500	0	30,828	13,805	352,299	0
	(ii)	0	0	0	0	0	0	0
THOMAS LUISKUTTY, M D.	(i)	42,780	0	0	0	0	42,780	0
	(ii)	251,772	0	0	22,980	13,848	288,600	0
JIMMIE MCADAMS, M.D	(i)	291,942	0	0	30,828	13,005	335,775	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	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 ECOMONIC 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 OF BOARD MEMBERS IS FOR SERVICES AS EMPLOYEES OF A RELATED ORGANIZATION

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC	73-1308273

FORM 990 PART VI GOVERNANCE MANAGEMENT AND DISCLOSURE

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

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

3 THE CORPORATION DELEGATES ITS GOVERNANCE TO SAINT FRANCIS HEALTH SYSTEM, INC

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 VALUE GREATER THAN $10,000,000 AMENDMENTS TO THE CERTIFICATE OF 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

11 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, 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, INC THE FINANCE COMMITTEE DETERMINES IF AN ACTUAL CONFLICT EXISTS AND, IF SO WHAT MEASURES SHOULD BE TAKEN TO MANAGE THE CONFLICT

PART VI, LINE 2 JAKE HENRY, JR , DIRECTOR, WILLIAM K WARREN, JR , TRUSTEE, HENRY ZARROW, TRUSTEE, AND W R LISSAU, DIRECTOR, HAVE A BUSINESS RELATIONSHIP DUE TO SERVING ON OTHER BOARDS OUTSIDE THE SAINT FRANCIS HEALTH SYSTEM, INC

15b THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM, INC IS RESPONSIBLE FOR

Name of the organization	Employer identification number
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC	73-1308273

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, CONFLICTS 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 AMOUNG THE ENTITIES REPORTED ON SCHEDULE R THE COMPENSATION OF ROBERT ELI SMITH, EXECUTIVE DIRECTOR OF THE FILING ENTITY, 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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) N/A

(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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SAINT FRANCIS HOSPITAL, INC 73-0700090 6600 S YALE AVE., STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	NA
WARREN CLINIC, INC 73-1310891 6600 S YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	NA
PATIENT CARE SERVICES OF SAINT FRANCIS, INC. 73-0803027 6600 S YALE AVE., STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	NA
THE CHILDREN'S HOSPITAL FOUNDATION AT SAINT FRANCIS 20-2843418 6600 S YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	NA
SAINT FRANCIS HEALTH SYSTEM, INC 73-1501972 6600 S YALE AVE., STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	11b TYPE II	NA
LAUREATE INSTITUTE FOR BRAIN RESEARCH, INC. 73-1328881 PO BOX 470372, TULSA, OK 74147	MEDICAL RESEARCH	OK	501(C)(3)	11a TYPE I	NA
SAINT FRANCIS HOSPITAL SOUTH, LLC 01-0603214 6600 S. YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
					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** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
XAVIER INSURANCE COMPANY, INC. 03-0333599 76 ST PAUL ST., STE 500, BURLINGTON, VT 05401-4477	CAPTIVE INSURANCE	VT	NA	C Corp	0	0	%
SAINT FRANCIS PAYROLL SERVICES, LLC 45-0470422 6600 S YALE AVE , STE. 400, TULSA, OK 74136-3319	COMMON PAY AGENT	OK	NA	C Corp	0	0	%
SPRINGER CLINIC, INC. 73-1414359 6600 S. YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	NA	S Corp	0	0	%
RELATED HEALTH SERVICES, INC. 73-1288715 6600 S YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	NA	S Corp	0	0	%
SAINT FRANCIS HEALTH SYSTEM GENERAL-PROFESSIONAL LIABILITY PO BOX 3038, MILWAUKEE, WI 53201-3038	SELF INSURANCE	OK	NA	Trust	0	0	%
					0	0	%
					0	0	%

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r	X	

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	(b) Transaction type (a–r)	(c) Amount involved
(1)	SAINT FRANCIS HOSPITAL SOUTH, LLC	p	121,967
(2)	SAINT FRANCIS HOSPITAL, INC.	o	41,673,218
(3)	SAINT FRANCIS HEALTH SYSTEM, INC	b	3,700,000
(4)	SAINT FRANCIS HOSPITAL, INC.	l	2,531,726
(5)	SAINT FRANCIS HOSPITAL, INC	p	30,014,503
(6)	SAINT FRANCIS HOSPITAL, INC	r	76,086

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) N/A

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) 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			0		
					0			0		
					0			0		

Part II **Continuation of 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
LAUREATE MENTAL HEALTH CORPORATION 73-1328882 PO BOX 470372, TULSA, OK 74147	HEALTH SERVICES	OK	501(C)(3)	11a TYPE I	NA
LAUREATE BUILDING CORPORATION 73-1478020 PO BOX 470372, TULSA, OK 74147	HOLDING COMPANY	OK	501(C)(2)		NA

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.	l	64,013
(8)	WARREN CLINIC, INC	p	4,213,261
(9)	LAUREATE PSYCHIATRIC RESEARCH CENTER, INC	c	817,473
(10)	LAUREATE MENTAL HEALTH CORPORATION	c	1,190,000
(11)	LAUREATE MENTAL HEALTH CORPORATION	p	370,485
(12)	LAUREATE INSTITUTE FOR BRAIN RESEARCH, INC	c	4,192,180
(13)	LAUREATE INSTITUTE FOR BRAIN RESEARCH, INC	o	1,620,891
(14)	LAUREATE INSTITUTE FOR BRAIN RESEARCH, INC	p	1,133,423
(15)			0
(16)			0
(17)			0
(18)			0
(19)			0
(20)			0
(21)			0
(22)			0
(23)			0
(24)			0